

[This Government has failed to address the root causes of knife crime – Diane Abbott](#)

Diane

Abbott MP, Labour's Shadow Home Secretary, commenting on Government proposals to increase restrictions on the online sales of knives, said:

“Any and all sensible measures to prevent knife crime should be considered, but this measure is likely to be marginal at best.

“The truth is this Government has failed to address the root causes of knife crime. They have not mounted effective anti-knives campaigns in schools and colleges, the voluntary agreement signed with retailers just last year clearly has not worked, and they have repeatedly broken their promises on sentencing for knife possession

“Meanwhile, the police have lost over 20,000 officers since 2010 and cuts to local authority budgets have seen youth centres and services close across the country. All of this amounts to a record of failure by this Tory government.”

[The Conservative government's handling of the HS2 project has not inspired confidence – Andy McDonald](#)

Andy McDonald MP, Labour's Shadow Secretary of State for Transport,

responding to the awarding of contracts to build the first phase of HS2, said:

“The last Labour government initiated High Speed 2 and we continue to support the project to increase network capacity and deliver economic benefits.

“Labour will press the Government to ensure that the route causes as little disruption as possible and those affected are appropriately compensated.

“The Conservative government’s handling of the project has not inspired confidence, with independent experts already calculating cost over-runs of the initial section of almost twice the official figures. The Transport Secretary must reassure the public that there will be no repeat of the conflict of interest scandal between HS2 and CH2M. He must also clarify what steps he has taken to assure himself of the suitability of the decision to award contracts to Carillion, in light of the company’s recent difficulties.

“HS2 must deliver value for money and retain public support, which means ensuring jobs and apprenticeships for the UK workforce and, crucially, securing the best deal for taxpayers by running services under public ownership, not for private profit.”

[Jeremy Corbyn asks Prime Minister to broaden Grenfell Inquiry team](#)

Jeremy Corbyn has today written to Theresa May to request that the Grenfell Fire Inquiry team is broadened to improve confidence in the process and improve representation.

In the letter, Jeremy Corbyn writes: “The importance of residents and victims’ families having full confidence in this inquiry cannot be underestimated.”

He continues: “I urge you to consider broadening the inquiry team to a model more similar to that used in the McPherson Inquiry, including with representation from those from minority backgrounds, in order to support the judge leading this inquiry.”

Labour has urged the Government to conduct a two-part inquiry in order to get answers to urgent questions about what happened at Grenfell, with the first part reporting back this summer to minimise further suffering of survivors.

Labour is asking for the second part of the inquiry to take a “wide-ranging” look at the issues thrown up by the disaster. As Jeremy Corbyn writes: “We would be disrespecting the memory of those who died in the Grenfell fire, and putting further lives at

risk, if we fail to fully learn these lessons. It is therefore our view that an immediate inquiry into the proximate causes of Grenfell should be supplemented by a longer-term, more wide-ranging inquiry into the underlying causes of what went wrong at Grenfell and the extent to which they are replicated on a national scale.”

The letter has been hand delivered today ahead of the closure of the consultation into the inquiry terms of reference.

Ends

The letter in full

Dear
Prime Minister,

I am writing to set out our response to your consultation on the Terms of Reference for the inquiry into the fire at Grenfell Tower.

I strongly welcomed your promise that ‘no stone will be left unturned in this inquiry,’ and what follows is our assessment of how to ensure that promise is fulfilled. As stated in earlier correspondence, we believe that the interests of both Grenfell Tower residents and the general public would be best served by a two stage inquiry, the first into the specific circumstances around the Grenfell Tower fire and the second into its national implications.

Stage one of the inquiry should focus on residents’ urgent questions about what happened at Grenfell Tower itself, specifically to establish:

- What started the fire;
- Why it spread so rapidly and whether building regulations were contravened;
- Why residents’ complaints about the condition of the building’s fire safety features were repeatedly ignored;
- The priorities informing the Royal Borough of Kensington and Chelsea’s funding and administrative decisions and what impact, if any, they had on the circumstances

surrounding the fire;

- The soundness or otherwise of the advice given to residents during the fire;
- The support and advice given to those affected in relation to housing, mental health, benefits and immigration status after the incident and how effectively it was communicated and administered by the Council, the Tenant Management Organisation, task forces, Central Government and any other relevant organisations,
- Whether survivors have been treated reasonably and with due consideration since the tragedy;
- The nature of and reason for any constraints on the emergency service response to the fire;
- Whether existing building regulations are sufficiently clear, up-to-date and strong.

In addition, the early part of the public inquiry should examine what happened at Grenfell Tower in relation to the points of concern raised by the Coroners in rule 43 letters to the Government in 2013, namely: building regulations, the retrofitting of sprinklers, and advice and information to residents. Any early assessment of such aspects in light of the Grenfell Tower fire will enable necessary work to be started early rather than be delayed until after the final inquiry report.

There is widespread recognition that Grenfell Tower residents and victims' families deserve rapid answers to these questions, and that any undue delay risks adding to the intolerable levels of suffering they have already experienced. We suggest that stage one of this inquiry seeks to answer these questions in a timely fashion, producing an initial report this summer. Enabling the inquiry to report back rapidly on this specific set of issues would be a major benefit from conducting it in two stages.

However, we are also concerned that the information already in the public domain points to a series of systemic failures that may extend from local to national government and beyond. We would be disrespecting the memory of those who died

in the Grenfell Tower fire, and putting further lives at risk, if we fail to fully learn these lessons. It is therefore our view that an immediate inquiry into the proximate causes of the Grenfell Tower fire should be supplemented by

a longer-term, more wide-ranging inquiry into the underlying causes of what went wrong and the extent to which they are replicated on a national scale.

Following

the successful template of the Macpherson Inquiry, the rubric for this stage should be 'an inquiry into matters arising from the Grenfell Tower fire', that

is broad enough to allow the inquiry to follow different avenues as and when they become relevant and appropriate. We anticipate that the issues covered would include, without being limited to, the following:

- The adequacy or otherwise of existing building regulations and their enforcement;
- Housing allocation policy;
- Levels of funding for local councils, housing associations and the fire service and its impact on the quality and quantity of services they are able to deliver;
- The use of outsourcing and subcontracting to deliver local government and housing responsibilities, including how widespread it is, why, and its impact on standards and accountability;
- The responsiveness of TMOs and councils to their tenants.

Finally,

it is important to note that effective inquiries command confidence because of

both what they examine and how they are conducted. With this in mind, I urge you to consider broadening the inquiry team to a model more similar to that used in the McPherson Inquiry, including with representation from those from minority backgrounds, in order to support the judge leading this inquiry. In addition to the stated responsibilities to set out the Terms of Reference, the

Inquiries Act 2005 outlines the responsibilities that government ministers have

in making such appointments.

The importance of

residents and victims' families having full confidence in this inquiry cannot be underestimated. As your own Justice Secretary recognised when he told Radio

4's 'Law in Action' programme on 27 June: 'after the experience with the

Hillsborough families it's really important to make sure those who have been absolutely traumatically affected by this disaster have utter confidence that the inquiry will get to the truth.' Yet, as you will be aware, for a number of residents this confidence has so far been lacking. Choosing one of the options at your disposal to introduce a range of perspectives and experiences into the inquiry will help to both build trust and deliver justice.

As I set out in my letter dated 30 June, there is considerable concern among residents and others that the judge leading the inquiry has already been directed towards a narrowly defined Terms of Reference, which will not bring residents the answers they seek. I therefore urge you to give our suggestions in this letter the fullest consideration.

Given the importance of these issues, this letter will be made public.

Yours
sincerely,

Jeremy
Corbyn MP

Leader
of the Opposition

[Jonathan Ashworth speech on child health](#)

Jonathan Ashworth MP, Labour's Shadow Health Secretary, speaking at the Royal College of Paediatrics and Child Health, said:

*****CHECK AGAINST
DELIVERY*****

Good morning and can I start by paying tribute to the Royal College and to thank you for hosting me today. It is a pleasure to be at this great Royal College. A Royal College embarking on celebrating 21 years since granted a Royal Charter, 21 years where you have spoken out for children and ensured the voices of

children are heard at the very highest level.

It was Nelson Mandela who told us: "There can be no keener revelation of a society's soul than the way in which it treats its children." If that great man was right, then our country is in a great deal of difficulty. The state of children's health in the UK, and in England in particular, should be a matter for profound concern and concerted action. But sadly currently it isn't.

We can point to nearly any element of children's health, from care for disabled children, to child and adolescent mental health, to childhood injury, and, to childhood obesity. In all those areas we find examples of good practice but the overall picture reflects social inequality and failure, sometimes on a massive scale.

And my argument today is despite all the other challenges that face us as policy makers, from how we navigate Brexit with its inevitable impact on the NHS or we confront the fiscal and societal challenges of an ageing population, we must not allow the health and wellbeing of the next generation to be neglected and overlooked.

So as Labour's Shadow Health Secretary, I want to put children's health at the heart of Labour's vision for a 21st Century National Health Service, and at the heart of our drive to improve the health of our nation.

It's an ambition that has long been part of my Party's mission. In the Labour manifesto of 1945 we stated: "Labour will work specially for the care of Britain's mothers and their children – children's allowances and school medical and feeding services, better maternity and child welfare services."

During the recent General Election campaign, in which the future of the NHS played such a central role, we quite deliberately placed a focus on children's health – talking of an ambition to make Britain's children the healthiest in the world.

So today I want to say a bit more about why children's health is so central to my vision to improve the wellbeing of the country.

And I'm also here today to announce Labour's new Child Health Forum, where we're

inviting experts like yourselves, and members of the public across the country, to get involved with developing the detail of our policy platform.

We know that what a child experiences in the womb and through its early years has a profound effect on the rest of its life. As the review into health inequalities carried out by Sir Michael Marmot and commissioned by the last Labour Government stated:

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.”

The message is clear – if we don't get children's health right we will never have a healthy adult population in this country.

Yet when we consider how we are placed internationally we see the United Kingdom is not doing well in key areas of child health compared to other countries in Europe. For example, the rate of deaths to children under the age of one year old is higher than all our neighbouring countries and considerably higher than Scandinavian countries.

Breastfeeding remains lower than many other comparable countries; we fare poorly on aspects of physical health such as obesity.

Just last week the Children's Commissioner revealed that there are estimated to be over 2 million children with health-related vulnerabilities, including 800,000 with mental health disorders.

Sadly the Government's response to the issue of child health has been piecemeal, fragmented and unstrategic.

Indeed the Sustainability and Transformation programme have had shamefully little to say about improving children's health and wellbeing.

In the general election we said we would halt these plans and review whether they're really delivering for patients. Whatever the future of STPs today, a big test of them will be whether they

deliver for children.

And

now we see the consequences of the lack of an overarching approach. Let me offer three examples.

Firstly

on immunisation. It doesn't matter whether it is vaccination against measles, mumps, rubella, meningitis, diphtheria, tetanus, pertussis and even polio.

Immunisation

rates are falling and, in some cases, have been on a downwards slide for each of the last three years. Children in England are not being protected as well as

children in the rest of the UK.

In

the official report on immunisation, vaccination coverage in England at one, two and five years of age was, for all reported vaccinations, below that of the other UK countries.

Secondly

in the crucial area of childhood obesity, we are currently failing our children

on an enormous scale.

Not

only has the Government's feeble effort at a childhood obesity strategy fallen

flat but they continue to push through massive cuts to public health and education

budgets.

They

even tried, and hopefully it would seem failed, to deprive children in the first three years of primary school of their free school lunch.

It's

important to recognise that childhood obesity not only leaves children susceptible to major health problems such as diabetes, high blood pressure, asthma and cancer in later life, but, during childhood it also is associated with poor psychological and emotional health due to issues such as stigmatisation, bullying and low self-esteem.

But

despite all of the evidence, there is a profound lack of action – and the result is that levels of obesity amongst our schoolchildren are continuing to increase.

More

than one in three children in year six in our primary schools are either overweight or obese – and there is little sign of the problem doing anything other than getting worse.

If
the crisis in childhood obesity is not tackled, half of all UK children will
be
obese or overweight by 2020.

Not
only is it a betrayal of the nation's children it makes no sense for the
future
sustainability of the NHS either.

The
UK spends about £6 billion a year on the medical costs of conditions related
to
being overweight or obese and a further £10 billion on diabetes, but less
than
£638 million a year on obesity prevention programmes. Unless we act we are
building up future pressures on the NHS.

Thirdly,
perhaps the Government's biggest failing is on Children's Mental Health.

Half
of all lifetime cases of psychiatric disorders start by age 14 and three
quarters by age 24.

Around
13 per cent of boys and 10 per cent of girls aged 11-15 have mental health
problems – at least three young people in every classroom.

Suicide
is the leading cause of death in young people aged 15-24. Supporting our
young
people's mental health is crucial, particularly through prevention and early
intervention.

Yet
just 11 per cent of children's mental health needs are met by the NHS while
the
NHS spends 14 times more on adult mental health than the children and
adolescents' service.

We
know that in many parts of the country CAMHS budgets are raided to fund
wider gaps in the NHS because of the lack of ring fence.

Cuts
in one part of the system as usual lead to pressures elsewhere in the NHS.
Indeed today I'm publishing our new analysis from the House of Commons
Library
that shows the number of young people presenting at A&E with mental health
problems has risen 33 per cent over three years.

The

backdrop to all this is of course inequality in health and rising child poverty.

For example, infant mortality, an area where the UK has one of the worst records in Europe, is more than twice as high in the lowest socio-economic groups in our society compared with the most well-off.

Similarly, obesity is twice as common amongst children living in the most deprived areas as compared to children in the most privileged areas.

Your own RCPCH report, State of Child Health, from earlier this year makes clear: "Children living in our wealthiest areas have health outcomes that match the best in the world. But the gaps between the rich and the poor are stark, and some of the outcomes amongst our deprived groups are amongst the worst in the developed world."

The number of children living below the poverty line has increased by 400,000 since 2010, reversing a decade of major progress under Labour. At a local level, the figures are even more appalling: in some areas as many as 47 per cent of children live in poverty.

A boy born in Chelsea has a life expectancy of over 84 years. Yet just 5 miles away, a boy born in Islington can only expect to live to around 75 years of age.

Child poverty is a scar across Britain and one we're determined to confront.

A third of the most deprived children are predicted to be overweight or obese by 2020 compared to just under a fifth of the most affluent.

And 5-year-olds in the most deprived constituencies are almost seven times more likely to live with dental disease than their peers in Jeremy Hunt's local authority in Surrey.

So improving the health of all our children regardless of their background is central to Labour's health strategy. Put simply, no child will be left behind under the next Labour Government.

Just

as the last Labour Government had as its driving mission to eliminate child poverty, so for me as Health Secretary in the next Labour Government it will be

a driving mission to defeat child poverty and child ill health.

So

what should our response be?

Our

starting point will be familiar to everyone engaged in the debate about the future of the NHS, namely workforce and resources.

So

first on workforce.

Today

you have published new evidence of the strain on the paediatric workforce.

Prior

to reaching consultant level, children's doctors train for around eight years.

This

study shows that almost 1 in 5 of paediatric trainee positions are currently vacant even though trainees themselves report high levels of enthusiasm for the speciality.

Even

more alarming is that this figure jumps to nearly 1 in 4 in more senior trainee

positions, and almost 90 per cent of children's units express concern over how

they will cope over the coming six months.

I'm

also publishing today new analysis of the community child health workforce with

10 per cent of school nurses, 11 per cent of health visitors and 12 per cent of

district nurses lost to the NHS in the past two years.

It's

a scandalous loss of expertise and particularly concerning against a backdrop of a drop in nurse trainees.

As

if the cuts to the current workforce aren't bad enough, there appears to be no

account being taken of the growth taking place in the overall number of children. In the next ten years, the number of 0 to 16 year olds in the UK is projected to grow by almost 700,000.

So,
to make sure all children have access to the services they are entitled to,
and
to reduce health inequalities, we are committed to investing in the child
health and public health workforce.

We would ask Public Health England and Health
Education England to work together to identify how the public health
workforce
will need to be developed and shaped to support the UK's new ambition of
having
the healthiest children in the world.

But
it's not only in the area of workforce that the Government are failing our
children:

This
Government's failures in acute services are well documented. The sustained
underfunding of the NHS has pushed staff to the brink and has caused a
collapse
in patient standards. Waiting lists are up, treatments delayed and A&E
targets have been abandoned.

Our
research reveals the impact this is having for children in hospital.

Procedures
to repair broken bones, remove rotten teeth or insert grommets are among more
than 40,000 operations that have been cancelled over the last four years.

Over
12,000 surgical procedures on children and young people were cancelled last
year alone, that's an increase of 35 per cent in three years.

These
are children waiting in pain and suffering for treatments and, as you in this
room know, there will be serious long term effects to their physical and
mental
wellbeing.

In
a separate piece of research we looked at the number of hospitals which have
had to close wards because of maintenance problems – one hospital in the
North
of England told us of a utilities failure in their maternity unit – no
electricity throughout the night, beds that couldn't be adjusted, and no
heated
mattresses for the babies.

So
the NHS's biggest financial squeeze in history, capital budgets raided,

public

health budgets siphoned off, with valued early intervention services at risk, and the outcome is that local authority public health services are planning on spending less on 0-5 children's health this year than last.

It

is beyond debate that our NHS and care system now needs more investment.

And

at the election Labour pledged a boost of £7bn to turn round NHS services and deliver a long overdue pay rise for staff by scrapping the pay cap.

And

we promised to properly and effectively ring fence local authority public health spending in order to protect non-NHS services too.

But

for Labour it's a priority, not only to boost investment in our health and care system, but to make sure that money is used well.

And

for me the starting point in gaining best value for health spending is to prioritise prevention.

So

improving children's health services is not only the right thing to do in putting children at the heart of our NHS policy, we will also instigate a new drive for effective action on prevention across government.

Labour

strongly supports a 'Health in All Policies approach' and there is no better place to start than by addressing the serious problems confronting the country in children's health.

At

the election we began to set out the basics of how this would work:

Labour

would introduce a Child Health Bill, legally requiring all Government departments to have a child health strategy to set out how they will support this new ambition and to work in an integrated way in order to deliver that strategy.

We

want to work with experts like you to develop a new Index of Child Health to measure progress against international standards, looking at for example obesity, dental health, under 5s (including breastfeeding, immunisation and childhood mortality), and mental health.

Let

me be very clear on this, unlike the current government, we do not shy away from developing clear plans for better child health, neither do we shy away from collecting and publishing the data that can inform those plans.

Labour

is not scared of setting targets to improve our children's health and we have a strong track record of taking the action necessary to achieve our collective goals in improving health.

One

of the areas where we face a number of challenges is around diet and nutrition.

I've

spoken of how the UK has one of the worst childhood obesity rates in Western Europe.

Tooth

decay is the single most common reason why children aged five to nine require admission to hospital. More than 4 in 10 children in England (42 per cent) have not seen an NHS dentist in more than a year even though ideally, they should have a check-up every 6 months. The role of dental public health has been diminished in recent years, and we will make it a priority.

The

Labour Party's manifesto pledged to halve childhood obesity within ten years. And we would introduce legislation banning junk food advertising from being broadcast before 9pm, stopping unhealthy food from being promoted during primetime television, such as the X Factor, Hollyoaks and Britain's Got Talent.

Our

Shadow Education Secretary, Angela Rayner and Shadow Public Health Minister, Sharon Hodgson, pledged to extend free school lunches.

I

want to see more schools do what the Charlton Manor School I visited in Greenwich does, where the inspirational head teacher, Tim Baker, has deliberately put healthy eating and nutrition at the heart of the school ethos.

We

want also to go further and do more to help mothers and under 5s:

Breastfeeding

rates in the UK are among the lowest in the world. Just 44 per cent of mothers in England were recorded as breastfeeding at their 6 to 8 week health visitor

review in 2014/15.

For

Labour in Government it will be a priority to offer better support to mothers and to reinstate the infant feeding survey.

We

should be considering specific initiatives, like the "1001 Critical Days Strategy", to give support to mothers from conception to age 2.

So

Labour would develop a cross-departmental initiative to support breastfeeding, with a national public health awareness campaign promoting breastfeeding, including in the workplace and proper investment in peer support.

We

fully understand that a successful approach to breastfeeding requires the time and resources being available to give proper support for new mothers, whilst making sure that mothers who are unable to breastfeed, for whatever reason, are also supported.

Perinatal

mental illnesses affect at least 10 per cent of women, but access to mental health services is variable at best. Maternal mental illness approximately doubles the risk of subsequent mental health problems in children.

According

to one estimate, the long-term cost to society of a single case of perinatal depression is around £74,000, mostly because of adverse impacts on the child.

The

NSPCC have done some excellent work as part of their All Babies Count campaign to make the case for pregnant women and new mums at risk of, or suffering from, mental illness to be identified as early as possible and given appropriate and timely expert care. We agree.

Of

course the Prime Minister has promised parity of esteem for mental health – but has so far failed to deliver. Labour's strategy will be focused on prevention and early intervention, whilst ensuring acute CAMHS receive the money they have been promised.

Labour

will work towards eliminating the scandal of Out of Area Placements for acute mental health treatment.

And

Labour will introduce statutory high quality PSHE into all schools to ensure teachers, parents and pupils know how to spot, report and cope with online, and other types of abuse and bullying.

We

know there are many pressures which can cause adverse childhood experiences from poor housing and deprivation to problems at home. Its time also for a full understanding of the pressures of social media and to ask ourselves what action should be taken.

Social

media has revolutionised the manner in which young people communicate with themselves and the outside world.

An

increasingly digitised world brings welcome benefits but also negative effects such as cyber-bullying.

The

University of Manchester produced a report last week, looking at the common themes in the lives of young people who die by suicide. The study found suicide-related internet use in 26 per cent of deaths in under 20s, and 13 per cent of deaths in 20-24 year olds, equivalent to 80 deaths per year.

We

know that a child growing up with a parent who has alcohol or drug abuse issues can impact on the health and wellbeing of the child. I have worked with an excellent charity called NACOA and I spoke in the House of Commons earlier this year about my own experience as a child of an alcoholic. We believe it's time to put in place a clear cross-government strategy to support such children.

The

shameful picture of child health in England is terrifyingly real and should be receiving urgent attention from all who are concerned about the future health and wellbeing of our country, and particularly, its children.

Of

course, there are other extremely important challenges facing us at the present time but that is no excuse for the current disregard for the state of child

health.

The Conservative Government is squeezing our NHS and taking money from our public health system and our schools.

Labour

will make child health a national priority and one which brings together all of the academic, medical and economic expertise that we have in this country, to design and implement a programme that can ensure that, at some point in the not too distant future, we can point to our record on the health of our children with pride rather than dismay.

Labour

has a strong track record on improving the health of children and young people.

Amongst many other things, we can proudly point to the success of Sure Start and the continuing success of the teenage pregnancy strategy.

We

also created a properly resourced public health system that enabled us, for example, to implement, right across the country, the very important Healthy Schools programme.

Much

of this success is in danger of being reversed. The raiding of public health budgets and the downgrading of the public health system, including the invaluable network of Public Health Observatories, places us at an enormous disadvantage in taking forward steps on child health.

Nonetheless,

despite being in opposition, Labour has shown the way forward on child health.

For example, it was Labour that managed to steer through Parliament the legislation on protecting children from tobacco smoke in cars and the introduction of standardised cigarette packaging.

In

the absence of government leadership and action on child health, Labour will, over the next 12 months, convene a series of workshops which will draw together

the evidence and expertise that we know exists in abundance in the field of child health.

We

will develop evidence-based and feasible proposals for the action that is needed, not just to halt our relative decline in terms of the health of our children, but to create a dynamic programme for the country that can gain widely based public, professional and political support and which will give our

kids the chance to have the healthy childhood they deserve.

So today I'm launching our new Child Health Forum, so that you can feed in your ideas, let us know what you need from the nation's health and care system, and together we can work to give every child in the UK truly the best possible start in life.

Thank you.

[Cat Smith comments on the Electoral Commission's 2017 UK Parliamentary General Election report](#)

Cat Smith MP, Labour's Shadow

Minister for Voter Engagement and Youth Affairs, commenting on the Electoral Commission report on the 2017 UK Parliamentary General Election, said:

"We welcome the Electoral Commission's report which shows that 46.8 million people were registered to vote at the 2017 UK General Election, making it the largest electorate for a UK-wide poll.

"To build a healthy democracy we need active participation of all citizens, which is why the Labour Party delivered a ground-breaking digital campaign which sought to maximise the number of young people to register to vote during the election period. In contrast, the Conservative party assumed that young people were apathetic to party politics. They made no effort to encourage voter registration, or to put forward policies that would offer real opportunities to young people.

"We agree with a number of the key recommendations put forward by the Electoral Commission. Double voting is a serious crime and it is vital that the police have the resources they need to bring about prosecution. However, we urge caution when looking at measures to tackle this issue – a blanket ban on being registered at two addresses would exclude those who for reasons of work or study need to be registered in two places. This cannot be an attempt to make it harder for young people and students to register to vote.

“During
the General Election, the Labour Party put forward an inclusive, optimistic
and
transformative manifesto, which we will continue to strengthen and
communicate
to voters, in order to build a Britain that truly works for the many not the
few.”