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Weekly Political Update

Week ending 13 January 2012

Westminster

Deafness and hearing loss

Item	Summary
PQ on BSL as an indigenous minority language	Andrew Stephenson MP (Con, Pendle) asked the Government what assessment it has made of the proposal to designate British Sign Language as an indigenous minority language in the UK.
PQ on support for children with sensory loss	Robert Buckland MP (Con, South Swindon) asked how many statedeafblind or multi-sensory impaired children have been provided with intervention support in the latest period for which figures are available.

Health/NHS issues

Item	Summary
Written Ministerial Statement - Government's response to the NHS Future Forum's latest report	The NHS Future Forum published a report following a 'listening exercise' on the issues of integration, information, training and the NHS's role in improving the public's health. The Government published a response to the report, accepting all of the Forum's recommendations.

Disability issues – employment and welfare

Item	Summary
Welfare Reform Bill – Report Stage	The Government's plan to time-limit contributory employment and support allowance (ESA) to one year was rejected by Peers during their scrutiny of the Welfare Reform Bill. This represents a success for people with hearing loss who face significant barriers to employment and has been a key aspect of Action on Hearing Loss's lobbying on the Bill as part of the Disability Benefits Consortium.
Report Publication	A report titled 'Responsible Reform: Changes to Disability Living Allowance' has been published. The report, written by disabled people, is based on an

	analysis of the 500 responses to the UK Government's consultation on its planned Disability Living Allowance (DLA) changes.
PQ on disability benefits	Lord Morris of Manchester (Lab/Co-op) asked the Government to provide information on the number of people who are entitled to disability benefits but do not claim for them.
PQ on benefit reconsiderations	Andrew Slaughter MP (Lab, Hammersmith) asked the Government to provide information about benefit decisions which were revised in the claimant's favour.

Disability issues – social care

Item	Summary
Report publication	The Department of Health published a report titled 'Transparency in outcomes: a framework for quality in adult social care'.
Health Select Committee Inquiry into Social Care	The social care system struggles to meet the needs of those with specific problems, MPs on the Health Committee heard during an evidence session on social care. Rosie Cooper MP (Lab, West Lancashire) noted the difficulties that deaf people face with a lack of communication support.

Disability issues

Item	Summary
PQ on access to elected office	Jo Swinson MP (Lib Dem, East Dunbartonshire) asked the Government about progress towards establishing a Democracy Diversity Fund to support disabled people who are parliamentary candidates.
Debate on parliamentary representation	In a debate on parliamentary representation in the House of Commons Equalities Minister Lynne Featherstone MP (Lib Dem, Hornsey and Wood Green) stated that a detailed plan of action on supporting disabled people to access elected office would be announced shortly.
PQ on access to train services	Jim Cunningham MP (Lab, Coventry South) and Richard Graham MP (Con, Gloucester) both asked the Government about access to train services for

	disabled people.
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Medical research

Item	Summary
<u>PQ on funding the value of new medicines</u>	Kevin Barron MP (Lab, Rother Valley) asked the Government about paying pharmaceutical companies more for drugs on the basis of their worth to the economy.
<u>PQ on future use of stem cells</u>	Andrew Rosindell MP (Con, Romford) asked the Department of Health what recent discussions it has had on the future use of stem cells.

[PQ on BSL as an indigenous minority language](#)

Andrew Stephenson: To ask the Secretary of State for Culture, Olympics, Media and Sport what assessment his Department has made of the proposal to designate British Sign Language as an indigenous minority language in the UK. [87585]

Mr Vaizey: The Department for Culture, Media and Sport has made no assessment of whether British Sign Language should be designated as an indigenous minority language in the UK.

[PQ on intervention support for children with sensory loss](#)

Mr Buckland: To ask the Secretary of State for Health how many statemented deafblind or multi-sensory impaired children have been provided with intervention support in the latest period for which figures are available; and if he will make a statement.[88386]

Sarah Teather: I have been asked to reply on behalf of the Department for Health. The school census collects information on pupils with different types of special educational need.

It includes a category for “multi-sensory impairment”, but not a separate category for “deafblind”. In January 2011, the school census showed that there were 510 pupils with multi-sensory impairment as their primary type of need who were receiving support through a statement of special educational needs. Information on the specific type of support provided, including intervenor support is not held centrally.

[Written Ministerial Statement - Government's response to the NHS Future Forum's latest report](#)

The Secretary of State for Health (Mr Andrew Lansley): The Department of Health commissioned the independent NHS Future Forum in the summer to conduct a second listening exercise on a series of key issues for health and care. The NHS Future Forum submitted its report to the Department on 20 December and it has been published today. The report contains a series of recommendations for Government and for key bodies in the system in the areas of:

- integration;
- information;
- the NHS's role in improving the public's health; and
- education and training.

The Department is pleased to be able to accept all the Forum's recommendations for Government and has today published its response to the report.

Also published today is *Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery*, which sets out the Government's policy for a new education and training system, and details how the Government is addressing the Forum's recommendations on education and training.

All documents published have been placed in the Library. Copies are available to hon Members from the Vote Office and to noble Lords from the Printed Paper Office.

[PQ on benefit reconsiderations](#)

Mr Slaughter: To ask the Secretary of State for the Home Department how many decisions were revised in the claimant's favour at reconsideration stage in respect of (a) employment and support allowance and (b) disability living allowance in each month since May 2010.[87926]

Chris Grayling: I have been asked to reply on behalf of the Department for Work and Pensions. Information on employment and support allowance (ESA) reconsideration decisions is in the following table:

	Total reconsideration decisions	Reconsiderations in claimant's favour
2010		
May	17,507	3,550
June	19,751	3,467
July	22,760	4,187
August	22,212	4,510
September	22,579	4,594
October	20,058	5,676
November	20,456	6,489
December	19,593	5,747
2011		
January	22,863	7,048

February	25,055	7,979
March	27,927	8,657
April	20,898	7,005
May	24,009	8,030
June	23,513	7,942
July	22,634	7,261
August	21,182	6,888
September	22,411	7,359
October	20,826	7,049
November	18,052	6,814

Source: Department for Work and Pensions—Decision Making and Appeals Case Recorder—ESA Management Information Statistics

Information on disability living allowance (DLA) reconsideration decisions is in the following table:

	Total reconsideration decisions	Reconsiderations in claimant's favour
2010		
May	10,498	5,759
June	11,395	5,010
July	11,696	4,934
August	11,037	4,758
September	13,658	5,644
October	13,031	5,412
November	13,738	5,861
December	9,750	4,166
2011		
January	11,506	4,895

February	9,850	4,379
March	13,008	5,685
April	9,438	4,029
May	11,102	4,458
June	11,120	4,626
July	11,104	4,927
August	11,647	5,003
September	11,706	4,899
October	12,234	5,323
November	11,848	5,269

Source: Department for Work and Pensions—DLA Management Information Statistics

Welfare Reform Bill – Report Stage

Summary

The Bill to introduce a universal credit has been debated at Report Stage in the Lords today.

Over the course of the session Schedule 3, Clause 40, 44, 46 and 51 were debated, as were Clause 52, 56, 68 and 69. Four divisions were held during the sitting.

Divisions and debates

Amendment 36a to Clause 51

Moving the amendment 36a to Clause 51 and the others in the group, Crossbench peer Baroness Meacher said that aim was to ensure that people who were severely disabled and who were assessed as qualifying for the support group continued to be entitled to contributory employment support allowance. She added that the amendments would accept the Government's position that those somewhat less disabled young people would be entitled to employment support allowance as a member of the work-related activity group, but for one year only.

Labour Shadow Work and Pensions Minister Lord McKenzie of Luton spoke in favour of the amendments as the employment challenges that young disabled people faced would be particularly acute in the next few years as unemployment soared. He described the abolition of the youth condition as "spiteful".

Welfare Reform Minister Lord Freud stated that the proposed changes to the condition relating to entitlement to ESA on grounds of limited capability during youth were part of trying to focus Government support for the poorest people, adding that universal credit was clearly a far more efficient way of directing resources. He did not want to create unnecessary uncertainty for claimants and operational difficulties for the Department.

Amendment 36a was agreed to by 260 votes to 216

Amendment 38 to Clause 51

Moving amendment 38 to Clause 51, Crossbench peer Lord Patel said that the amendments in this group opposed the introduction of a twelve month limit on the amount of time in which those in the work-related activity group were able to claim contributory ESA. He believed that people with a disability or illness who had paid into the system should be able to receive support for as long as they met the ESA eligibility criteria and were unable to work due to their condition.

Lord McKenzie supported the amendments as what the Government was proposing was fundamentally unfair, adding that being in receipt of a contributory benefit did not amount to having a life on benefits. He argued that although two years limit was still arbitrary, it was a more realistic timeframe within which to expect a return to work.

Responding, Lord Freud said the Government would always provide a safety net for those who had a limited income, but felt it was only right that those claimants in the work-related activity group who were above the income threshold for income-related ESA should have their contributory benefit time-limited in a similar way to contributory JSA. He added that the one year limit was similar to many other countries, while reducing the Government's cuts would cost £1.6bn over five years.

Amendment 38 was agreed to by 234 votes to 186

Amendment 38a to Clause 51

Moving amendment 38a to Clause 51, Crossbench peer Lord Patel said that cancer patients currently undergoing treatment or who had recently finished it, should be supported. She added that this was a small number of cancer patients, as most of them had recovered in a year.

Amendment 38a was agreed to by 222 votes to 166

Amendment 45a to Clause 52

After Lord Freud moved amendment 45a, Lord McKenzie stated that this was amendment was in the same group as the amendments the Government were defeated on and said Labour would force a vote if they insisted on it.

Amendment 45a was agreed to by 132 votes to 49

Full list of Government amendments made

Schedule 3

Amendment 33
Amendment 34

Clause 51

Amendment 37
Amendment 39
Amendment 40
Amendment 41

New Clause after Clause 51

Amendment 43

New Clause after Clause 52

Amendment 45a

Full list of probing amendments

Clause 51

Amendment 36a moved by Crossbench peer Baroness Meacher
Amendment 38 moved by Crossbench peer Lord Patel
Amendment 38a moved by Crossbench peer Lord Patel
Amendment 39a moved by Crossbench peer Lord Patel
Amendment 40a moved by Lord McKenzie of Luton

New Clause after 52

Amendment 46

Clause 69

Amendment 50

Full list of amendments not moved

Clause 40

Amendment 34a

Clause 44

Amendment 35

Clause 46

Amendment 36

Clause 51

Amendment 40b

Amendments 41a to 42a

Clause 52

Amendment 45

Clause 56

Amendment 47

Clause 68

Amendment 48

Amendment 49

Amendment 49a

The Welfare Reform Bill will return to the Lords for the 4th day of Report on the 17 January.

[PQ on disability benefits](#)

Lord Morris of Manchester: To ask Her Majesty's Government, further to the answers by Lord Freud on 12 December (*Official Report*, cols. 995-98), what is their estimate of the number of people entitled to disability benefits who did not apply for them in each of the past three years for which figures are available; and at what saving to public funds.[HL14277]

The Parliamentary Under-Secretary of State, Department for Work and Pensions (Lord Freud):

Estimates of the rate of take-up are available only for income-related benefits, therefore estimates

of the amount of unclaimed disability benefits-for example, disability living allowance, attendance allowance and contributory employment and support allowance-are not available.

Estimates are made for combined income support and income-related employment and support allowance (ESA). Small sample sizes do not allow for the production of both benefits separately. It should be noted that recipients of income support and income-related ESA fall into both the disabled and non-disabled populations.

The latest figures available for combined income support and income-related ESA take-up cover the 2008-09 financial year. They show that in 2008-09 between 78 and 80 per cent of the entitled population take up either income support or income-related ESA, representing a population of between 250,000 and 600,000 who are entitled to one or other of the benefits but do not take it up. It is not possible to infer why the entitled non-recipients do not claim what they are entitled to.

This represents between £590 million and £1.6 billion pounds in unclaimed benefits in 2008-09.

Table 1: Caseload take-up of Income Support and Income-Related Employment and Support Allowance		
	Year	All Families
		(Thousands)
Number of Recipients	2006-07	2,090
	2007-08	2,080
	2008-09	2,170
Range of Entitled Non-Recipients	2006-07	230:500
	2007-08	280:600
	2008-09	250:600
		(Percentages)
Take-up Ranges	2006-07	81:90
	2007-08	78:88
	2008-09	78:90

Table 2: Expenditure take-up of Income Support and Income-Related Employment and Support Allowance		
	Year	All Families
		(Millions of Pounds)
Total Amount Claimed	2006-07	9,060
	2007-08	8,930
	2008-09	8,690
Total Range Unclaimed	2006-07	500:1,290
	2007-08	630:1,550
	2008-09	590:1,630
		(Percentages)
Take-up Ranges	2006-07	88:95

Table 2: Expenditure take-up of Income Support and Income-Related Employment and Support Allowance

	Year	All Families
		10 Jan 2012 : Column WA9
	2007-08	85:93
	2008-09	84:94

Notes:

1. Figures are presented as ranges to reflect the uncertainty caused by both sampling and non-sampling error.
2. Amounts claimed and unclaimed are rounded to the nearest £10 million.
3. Caseload figures are rounded to the nearest 10,000.
4. Take-up percentages are rounded to the nearest percentage point.
5. Totals may not equal the sum of their parts due to rounding.
6. Full-time self-employed cases are excluded from all results.
7. Those not living in private households are excluded from all results.

The full publication covering the 2008-09 financial year can be found at the link:
<http://research.dwp.gov.uk/asd/index.php?page=irb>.

Health Select Committee Inquiry into Social Care

The care system relies on family input and many carers need more support, Carers UK argued today, warning of a “tipping point”, when the amount of family care available may not meet demand.

Carers have felt the impact of local authority budget cuts and a statutory responsibility for the NHS to support carers is an option, the Princess Royal Trust for Carers Chief Executive told the Committee, discussing the needs of carers and support available to them.

The health and social care debate needs to include housing and a housing expert should sit on Health and Wellbeing Boards as the three issues are strongly linked, the National Housing Federation’s Chief Executive argued.

Local authorities are under “enormous pressures” from increased demand and budget cuts, the Committee further heard.

During a discussion of the Dilnot Commission’s proposals, the Centre for Social Justice argued that placing all hopes of reform on a “cap for people with housing wealth” will not solve the problems faced by the poorest.

The issue of under-occupation in housing associations and the need to address long term care and problems in the residential sector were also discussed.

MPs on the Health Committee heard from the following witnesses in a two-part session on social care:

- Liz Fenton, Chief Executive, Princess Royal Trust for Carers
- Emily Holzhausen, Director of Policy and Public Affairs, Carers UK
- James Mumford, Senior Researcher, Centre for Social Justice
- David Orr, Chief Executive, National Housing Federation

Carer support

Conservative MP and Committee Chair Stephen Dorrell began by highlighting the £119bn monetary value attributed to informal care.

The monetary value is not the primary issue, Ms Holzhausen said, explaining that many people feel an obligation to care for a family member. It shows the scale of care that is required and it is important to consider that many of the UK's 6.4m carers want more support.

The cost of supporting carers is usually less than the care that would be required without their presence, the Committee heard.

It is hard to assess risk without knowing the level of unmet need, Ms Holzhausen told the Chair, confirming the benefits of "carer blind" assessments.

The level of care needed in a household should be the focus as otherwise there is a risk of undermining caring relationships. Many people will insist that they can cope when in fact they could benefit from further support, Ms Holzhausen continued.

60 per cent of carers are female and some are children, Labour MP Valerie Vaz said, asking about the importance of identifying care needs.

Young carers are particularly vulnerable, Ms Fenton said. The separation of adult and children's services means they can get overlooked.

The person with care needs should be assessed and then carers should be asked how much of the care they can provide.

Currently there is a presumption that local authorities will only "make up the difference". This can put pressure on carers who are expected to provide the majority of care, Ms Fenton said.

The care system relies on family input and as care needs increase a "tipping point" may be reached, when the amount of family care available may no longer be enough, Ms Holzhausen told Ms Vaz.

This "tipping point" may already have been reached, considering what families, the state and the private sector can provide, Ms Holzhausen said, hoping for flexibility from employers and increased carer support.

62 per cent of carers rate their quality of life positively, Conservative MP David Tredinnick said. Ms Holzhausen welcomed the figure, but noted that a “significant proportion” of nearly 40 per cent are unhappy.

Labour MP Grahame M Morris asked about increased charges and pressures on social care. Families are increasingly taking on caring roles, Ms Holzhausen said and incomes are being “squeezed” as care charges increase by an average of 12.5 per cent.

Mr Morris cited figures seen by the Committee including a 3 per cent fall in the number of carers being assessed and a 2 per cent fall in those receiving care packages.

The last census suggests that 10 per cent of the population recognise themselves as having a caring role, Ms Cooper heard when she asked about an estimate of “unknown carers”.

The system struggles to meet the needs of those with specific problems, Ms Cooper said, noting the difficulties that deaf people face with a lack of communication support.

The “personalisation agenda” will help to address individual needs better, Ms Fenton said, though Ms Cooper argued that many specialist services are simply “not there”.

Personal budgets

It is possible to pay carers through direct payments, Ms Holzhausen told Liberal Democrat MP Andrew George, who asked if it is possible for carers facing poverty to benefit from the personal budgets of those that they care for.

This could improve carers’ incomes “where there is no other option”, Ms Holzhausen said. Some carers would not want to be paid for the care they give, she added.

Carers UK has advocated for the option of paying relatives for care though their role must be clear in the assessment, Ms Holzhausen told the Committee. Ms Fenton said that carers should have the choice to “retain funding within the family” if they wish.

Local authorities and the NHS

Carer centres are being expected to provide more with less funding and there is a general reduction of social care spending, Ms Fenton told Labour MP Barbara Keeley who asked about the impact of local authority budget cuts on carers.

There has definitely been an impact on carers, Ms Fenton continued, while Ms Holzhausen said that Care and Support Alliance research shows that 9 per cent of people have seen an increase in provision charges. 1 in 7 people may also refuse services as they are worried about charges.

It is important for adequate information and advice to be given to carers about the condition and needs of the person being cared for, Ms Holzhausen told Mr Tredinnick.

Carers should be supported within the NHS as failing to do this can lead to hospital re-admittances for the person receiving care, Ms Fenton argued. Medical professionals can help to support and train family carers, the Committee heard.

In the second session, Mr Orr said that home adaptations are often simple to conduct but getting assessments and approvals can be complex, when Mr Tredinnick asked if local authorities adequately support adaptation.

Local authorities are under “enormous pressures” as they face increased demand and budget cuts, Mr Orr told Conservative MP Dr Daniel Poulter. Local leadership and cooperation is important, he continued, hoping for an increase in community budgets which is a mechanism that “we know works”.

Housing adaptation is an important part of good social care, Dr Poulter said, which Mr Orr agreed with. It is not an issue that all local authorities recognise and it needs to be better connected to health and social care, Dr Poulter continued.

Health, social care and housing are strongly linked, Mr Orr said, and the Health and Social Care Bill should require housing expertise on Health and Wellbeing Boards. Adequate housing is needed before someone can have their needs accurately assessed, Dr Poulter heard.

Two-tier local Government can be a detriment to effective communication and provision, Mr Orr said, noting that housing associations may have to approach personnel in two levels to address housing issues.

Local authority upper tiers should host, rather than try to “run and own” Health and Wellbeing Boards, to make them most effective, Mr Orr added.

Dilnot Commission

National eligibility criteria and a cap on care costs to be met by individuals would help carers, Ms Fenton said when Conservative MP Dr Sarah Wollaston asked about the Commission’s proposals.

People often face care crises as they do not plan for or expect to need social care, Ms Holzhausen said. Planning is “incredibly critical” and will help to improve the carers’ financial situations.

Carers UK would prefer a cap of around £35,000, Ms Holzhausen told the Committee, though it is important to strike a “balance” and many factors need consideration.

Carers should not be made worse off by the system, Ms Holzhausen said, when asked by Ms Keeley about the Commission’s approach to care “metering”.

Families are likely to avoid providing care themselves as this would not add to the cap, Ms Keeley argued. This may affect a minority of cases Ms Holzhausen said, but she was not concerned about a large disincentive.

Social care does not get debated enough publicly, Ms Keeley said, concerned that improvements to the system are unlikely without this.

If the NHS had a statutory responsibility to support carers improvements could be made, Ms Fenton said. Many carers are unaware that they need or are eligible for support. Carers need to be reached before they reach a “crisis point”.

Care tends to be a private matter and it needs ongoing public debate, Ms Holzhausen added, noting that the Dilnot Commission recommends a “public awareness campaign”.

In the second session, Ms Vaz asked how many elderly people own homes and can pay for their own care. Most housing association residents do not have property assets, while owner-occupiers do, Mr Orr said.

In a system that depends on insurance, there has to be a mechanism to limit the exposure of insurers which the Commission acknowledges, Mr Orr continued.

Equity release schemes are a possibility and homes could be sold to housing associations, allowing residents to remain in their homes, he suggested, insisting that options for paying for care "cannot be closed".

260,000 elderly people live in nursing and residential care, Dr Mumford said and the centre for Social Justice is concerned about whether the Commission's proposals will increase quality.

The funding is being increased but so are the number of people eligible for support, he continued, concerned about the poorest. Placing all hopes of reform on a "cap for people with housing wealth" will not solve the problems faced by the poorest, he argued.

The Commission is the "start of a negotiation", Mr Orr said when asked about the proposed cap. Defining housing support and care costs is difficult, he continued, expecting that costs will continue to be squeezed.

Some housing associations are at risk of becoming unable to provide good quality housing and conditions for their staff, he told the Committee.

Assessments and eligibility

Assessments should allow carers to discuss their needs and identify necessary support, Mr Morris heard when he asked about the Law Commission's proposals.

Ms Fenton agreed with Mr Morris that national eligibility would improve portability and help end "the postcode lottery".

There is an argument for ring-fencing money for carers breaks and respite care, Ms Fenton told Mr Morris.

The Government has made money available for carers, which is a "step in the right direction", Ms Fenton said, though she regretted that much of it has not been used.

Portability, national assessment, personal budgets and cash payments risk the danger of "reinventing social security", the Chair said, though Ms Fenton said that local decision-making will always be a part of care. National eligibility standards and local flexibility can both exist, she said.

Integration

Dr Poulter asked about elderly care and if there are examples of integrated support for carers across the country.

The NHS focuses on the patient, rather than the support around the patient, like family members, Ms Holzhausen said, agreeing with Dr Poulter that the system does not allow medical professional to interact well with families.

Medical professionals are not measured or funded for supporting carers which creates a “disincentive”, Ms Fenton said. There are no financial incentives for PCT budgets to support carers, she added.

Housing

Around half of housing association tenants are older people, Mr Orr said during the second session. The systems are not currently in place to ensure that proper home based care is available for these people.

The health and social care debate needs to include housing, he said, expressing “frustration” that this has not been the case in the past.

Proper integration beyond social housing is needed, he told the Chair, explaining that advantages include prevention, which can often be achieved through simple actions like installing grab rails in a person’s home to prevent injury.

The research base around the benefits of integrated services is lacking, Dr Mumford told the Chair when he asked if there is evidence that integration improves cost effectiveness.

There should be a housing voice on Health and Wellbeing Boards, to ensure that such expertise is available locally, Mr Orr said.

Health and Wellbeing Boards are “powerless” and unable to drive change, Ms Cooper, suggested, asking how this can be improved. Local strategic partnerships can work well, Mr Orr said. Expertise and willingness is needed and the quality of commissioning is key.

Residential care

Social care standards in England are low and residential care standards are among the lowest in Europe, Ms Cooper said, noting that the Care Quality Commission (CQC) monitors at the “lowest levels”.

Housing associations are currently regulated by the Tenant Services Authority as well as the CQC and regulation is “stringent” from the perspective of housing associations, Mr Orr said.

The standard of care provision varies nationally, Dr Mumford explained, responding to the next question. Some European countries have multiple occupancy residential care, which thankfully does not occur in the UK, he said.

There are problems in the residential sector, he continued, noting that many residents do not see GPs and can miss out on medical attention. There are problems of internal structure and relations with the NHS in residential care, Dr Mumford added.

The Health and Social Care Bill could offer opportunities to increase the amount of GPs in care homes, Dr Mumford said, arguing that GPs will be “empowered” by the Bill. At present there is little incentive for GPs to operate in care homes which should change.

Groups including the homeless are currently excluded from accessing GP services, Mr Orr said. These people therefore use expensive hospital services disproportionately. Preventing illness and intervention should be central.

The long term care sector including nursing care needs attention as the need for complex residential care will remain, said Dr Mumford, moving on to discuss the model of residential care being developed in the USA.

The distinction between residential and nursing homes is not clear in reality, Dr Mumford continued, arguing that nursing home money allocated from the NHS should be allowed to “follow” residents to residential homes if necessary.

Care homes and self-funders are struggling as funding for social care is being reduced, Ms Keeley said, describing Dr Mumford’s vision for a new model of residential care as “unrealistic”.

There are opportunities for the Homes and Communities Agency (HCA) and the Government to “incentivise” local provision, he offered. New models are not necessarily more expensive to run if done efficiently and the Government would not have to fund service redesign.

HCA capital funding is down two thirds from the last Comprehensive Spending Review period, Mr Orr said. Capital investment in specialised residential accommodation is low because capital is not there and there is a lack of confidence about revenue funding to support specialist provision.

Under-occupied housing

Many people are in three or four bedroom homes and offering poor quality one bedroom accommodation for them to move to will not help, Mr Orr told Dr Wollaston when she asked what can be done about under occupation rates in housing associations.

High quality two bedroom homes should be offered. Offers that will improve the quality of people’s lives are needed, Mr Orr continued. The process of moving should also be made as simple as possible and people should not feel as if they are being “penalised for becoming old”.

Creating “vacancy chains” that can allow for several moves to benefit several households would be effective, Mr Orr said when Dr Wollaston asked why some areas are addressing under-occupation successfully and others are not.

[PQ on access to elected office](#)

Jo Swinson: To ask the Secretary of State for the Home Department what assessment she has made of progress in establishing a Democracy Diversity Fund to support disabled people who are parliamentary candidates as recommended in the Final Report of the Speaker's Conference on Parliamentary Representation; and if she will make a statement.[89222]

Lynne Featherstone[holding answer 12 January 2012] :This recommendation is being taken forward through the development of the Access to Elected Office for Disabled People Strategy.

Last year, the Government held a public consultation which sought views on a range of policy proposals designed to provide additional support for disabled candidates applying for elected office to help them overcome disability related barriers.The Government published their response in September 2011.

Following the results of that consultation we are now working with political, disability and other stakeholders to take forward five proposals.

These are: (i) setting up a dedicated fund to help individual candidates with disability related costs; (ii) new training and development opportunities; (iii) Raising awareness; (iv) guidance for political parties on fulfilling their legal obligations under the Equality Act; and (v) working with political parties to share and promote good practice on disability support.

Debate on parliamentary representation

The Government would pursue a voluntary approach to getting political parties to publish diversity data, MPs have heard.

Responding to a debate today on parliamentary representation, Equalities Minister Lynne Featherstone assured the House that equality was at the heart of the Government's agenda, and that it was central to building a strong economy and a fair society. To achieve equality, it was vital that the country's democracy was representative of the people it served, she stated.

Detailing the progress made on the Government's equalities agenda, she pointed to the implementation of the Equality Act 2010 and the extension of the ability to use women-only shortlists. Public bodies were also now required to publish equality data every year and set equality objectives, she said.

A detailed plan of action on supporting disabled people in accessing elected office would be announced shortly, the Minister said. She added that the Department would host a round-table meeting with representatives of the political parties later this month to see how best to make the parliamentary selection process more transparent. Though, she indicated that the Government would pursue a voluntary approach to getting parties to publish diversity data.

In reply, Shadow Equalities Minister Kate Green warned that a Parliament that was unrepresentative of the make-up of the country was, by definition, a "failure" of democracy.

Commending all-women shortlists, she expressed concerns about the under-representation in Parliament of minority and protected groups. Parliament looked too much like a place for a narrowly drawn and privileged elite, she stressed.

Concluding, Ms Green urged the Government to take note of the recommendations of the Speaker's Conference. She sought an update on intentions to consult on the proposal for the introduction of a scheme enabling local parties to apply for funding linked to their receipts from membership subscriptions.

Bringing the debate, Labour Chair of the Work and Pensions Committee Dame Anne Begg moved a motion to note the need for greater diversity in the House of Commons. Only 22 per cent of MPs were women and only 4 per cent were from an ethnic minority, she said.

Increased competition for seats at the 2015 general election may leave under-represented groups more poorly represented among approved candidates, she warned, urging the Government to tackle continuing inequalities during candidate selection.

Dame Anne called on the Government and political parties to fulfil commitments made in response to the Speaker's Conference, including the commitment to secure the publication by all parties of diversity data on candidate selections.

Elsewhere, Labour MP David Blunkett stressed the need to revisit the way in which diversity in supporting Members was encouraged. Labour MP Hazel Blears drew attention to work she had done to set up a paid internship scheme in Parliament.

The motion was agreed.

[PQ on access to train services](#)

Mr Jim Cunningham: To ask the Secretary of State for Transport what steps she plans to take to increase access to train services for disabled people (a) nationally and (b) in Coventry.[88898]

Norman Baker: The information is as follows.(a) We are committed to improving access to rail stations and we have therefore continued the previous Government's Access for All programme, which will deliver accessible routes to 153 stations before 2015. £7 million a year is available for smaller access enhancements and a new Mid-Tier programme worth £37.5 million was recently introduced.(b) All three stations in Coventry (Canley, Coventry and Tile Hill) have step-free access.

Richard Graham: To ask the Secretary of State for Transport what steps she is taking to improve disabled access at railway stations.[88230]

Norman Baker: The Access for All programme will deliver accessible routes to 153 stations before 2015 and a further £7 million a year is available to train operators to use for smaller access enhancements.

We have also recently introduced a new Mid-Tier programme worth £37.5 million to fund projects needing up to £1 million of Government support.

[PQ on funding the value of new medicines](#)

Mr Kevin Barron:The current pharmaceutical price regulation scheme is able to recognise the fact that pharmaceutical companies based here and developing drugs here should be paid a little bit more for their drugs by the NHS on the basis of their worth for the general economy. Will the Secretary of State tell us whether his proposals for value-based prices will affect that?

Mr Lansley: The right hon. Gentleman will be aware that the existing PPRS does not in any sense directly fund innovation in the United Kingdom. Although it takes account of expenditure on innovation, it cannot identify that expenditure in the United Kingdom as a beneficiary through pharmaceutical pricing. As the right hon. Gentleman knows, we are continuing to discuss with the industry the shape of value-based pricing from January 2014, the purpose being to ensure that we fund the value associated with new medicines: the therapeutic value to patients, the innovative value—which will highlight the UK as a base for research and development—and the societal value.

[PQ on future use of stem cells](#)

Andrew Rosindell: To ask the Secretary of State for Health what recent discussions he has had on the future use of stem cells. [87742]

Anne Milton: The Department keeps developments in stem cell science under routine review in order to assess the potential for improved health care treatments.

Following a review of current national health service stem cell transplant services the report “Future of Unrelated Donor Stem Cell Transplantation in the UK” was published in December 2010. A copy has already been placed in the Library. £4 million was made available for improving United Kingdom stem cell services in this financial year. Also, in July 2011, we published, with the Department of Business, Innovation and Skills, a document entitled “Taking Stock of Regenerative Medicine in the United Kingdom”, which included consideration of future stem cell therapies. A copy has been placed in the Library.

Discussions have taken place between the Department and others to agree an appropriate response to the recent European Court of Justice ruling on patenting human embryonic stem cells.

Parliamentary terms

Early Day Motion (EDM)

Early Day Motions are formal motions for debate submitted by MPs in the House of Commons. There is usually no time available to actually debate an EDM, but they are useful for drawing attention to specific events or campaigns and demonstrating the extent of parliamentary support for a particular cause or point of view. MPs register their support by signing individual motions.

Parliamentary Question (PQ)

Parliamentary questions are oral or written questions to Ministers in the House of Commons and the House of Lords. They are used to seek information, and Ministers are obliged to explain and defend the work, policy, decisions and actions of their departments. Parliamentary questions are a vital tool in holding the Government to account. The Prime Minister answers to the House of Commons every Wednesday at midday.

Debates

Both the House of Commons and the House of Lords hold debates in which Members discuss government policy, proposed new laws and current issues. All debates are recorded in a publication called 'Hansard' which is available online or in print.

All-Party Parliamentary Group (APPG)

All-Party Parliamentary Groups (APPGs) are informal groups composed of politicians from all political parties. They provide an opportunity for cross-party discussion and co-operation on particular issues. All-party groups sometimes act as useful pressure groups for specific causes helping to keep the Government, the opposition and MPs informed of parliamentary and outside opinion.

Select Committees

House of Commons Select Committees exist to scrutinise the work of government departments. Most committees have about 11 members and reflect the relative size of each party in the Commons. They conduct enquiries on a specific issue, and gather evidence from expert witnesses. Findings are reported to the Commons, printed, and published on the Parliament website. The Government then usually has 60 days to reply to the committee's recommendations.

Select Committees in the House of Lords concentrate on four main areas: Europe, science, economics, and the UK constitution.

Written ministerial statements

Government ministers can make written statements to announce:

- The publication of reports by government agencies
- Findings of reviews and inquiries and the government's response
- Financial and statistical information
- Procedure and policy initiatives of government departments

Private Members' Bills

Private Members' Bills allow backbench MPs or Peers to introduce their own legislation. There are three types of Private Members' Bills:

- **Ballot Bills:** A ballot is held at the beginning of each parliamentary year the 20 MPs whose names come out top are allowed to introduce legislation on a subject of their choice.
- **Ten Minute Rule Bills:** The sponsoring MP is given a slot in which they may make a speech lasting up to 10 minutes in support of his or her bill
- **Presentation Bill:** a Member is not able to speak in support of it and it stands almost no chance of becoming law