Weekly Political Update
Week ending 22 June 2012

Westminster

Deafness, hearing loss and tinnitus
Click on link for full transcript

Item	Summary
Parliamentary Question on access to healthcare for people with hearing loss	Stephen Lloyd MP (Lib Dem, Eastbourne) asked what steps the Department of Health is taking to ensure that the communication needs of people who are hard of hearing and deaf British Sign Language users are met by the National Health Service. In response, Health Minister Paul Burstow MP (Lib Dem, Sutton and Cheam) stated that national health service organisations must ensure that they comply with the Equality Act 2010, which requires all public sector organisations to advance equality of opportunity between people who have a disability and those who do not. This includes considering the needs of people who are deaf or hard of hearing. He noted the creation of the NHS Equality and Diversity Council which was set up to help NHS organisations meet their equality duties. This question was tabled following engagement by the Government Relations team with our Parliamentary Champions on the issue of Action on Hearing Loss's 'Equal Treatment' campaign.
Parliamentary Question on adjustments at Jobcentre Plus for people with hearing loss	David Hamilton MP (Lab, Midlothian) asked what steps the Department for Work and Pensions has taken to ensure that deaf and hearing impaired people can communicate with Jobcentre Plus, including making urgent contact to rearrange appointments. Responding, Minister for Disabled People Maria Miller MP (Con, Basingstoke) noted that DWP offer a textphone and email service for people who are unable to use the telephone.
Parliamentary Question on education for deaf children	Stephen Phillips MP (Con, Sleaford and North Hykeham) asked what plans the Government has to improve the standard of national provision of education for profoundly deaf children, noting that one in four local authorities is cutting services for deaf children.

	Children's Minister Sarah Teather MP (Lib Dem, Brent Central) stated that the Government chose to protect the money for schools from the dedicated schools grant, so there is no excuse for wholesale cuts in this area. She also noted that the Government was supporting teachers and teaching assistants to gain specialist qualifications to support deaf children through the national scholarship programme and that the Government was working with voluntary organisations to improve the quality of information and advice available to schools and families.
Parliamentary Question on the e-Accessibility Forum video relay sub-group	In response to a question from Gemma Doyle MP (Lab/Co-op, West Dunbartonshire) about the e-Accessibility Forum video relay sub-group, Communications Minister Ed Vaizey MP (Con, Wantage) stated that the first meeting of the working group is due to be held on 5 July 2012 and the among those who have membership are the UK Council on Deafness, Sign on Screen, the Office for Disability Issues, BT and Ofcom.

Health/NHS

Click on link for full transcript

Item	Summary
Department of Health publication – Health and Social Care Act explained	The Department of Health has updated a series of factsheets about the Health and Social Care Act 2012 which explain particular topics and key themes. These can be read here.

Social Care

Click on link for full transcript

Item	Summary
Health Select Committee inquiry into social care	During a Health Select Committee evidence session on social care, witnesses from LSE, The King's Fund, Saga Group and Nuffield Trust all emphasised the issue of integration of health and social care services and a critical lack of funding for local authorities to provide social care.
House of Commons debate on disability benefits and social care	Responding to a debate on disability benefits and social care in the House of Commons, Health Minister Paul Burstow MP (Lib Dem, Sutton and Cheam) said that in the forthcoming Social Care White Paper the Government would seek to address long-held concerns about variability of quality, impersonal support and a focus on crisis rather than prevention.

Disability issues
Click on link for full transcript

Item	Summary
Demonstration about transport accessibility	Over 100 disabled activists convened outside Parliament last week calling for accessibility indicators to be at the heart of the procurement process. The Confederation for Public Transport agreed to meet with a delegation of disabled passengers to discuss the need for bus companies to take accessibility seriously.

Medical research
Click on link for full transcript

Item	Summary
Parliamentary Question on the UK Strategy for Life Sciences	Shadow Science Minister Chi Onwurah MP (Lab, Newcastle) asked what progress the Government had made on implementing the Strategy for Life Sciences published in November 2011. Science Minister David Willets MP (Con, Havant) responded with a list of early achievements, including the launch of the launch of the £180 million Biomedical Catalyst programme and a new Clinical Trials Gateway website.
Parliamentary Question on clinical research	In response to a question from Virendra Sharma MP (Lab, Ealing, Southall), Health Minister Simon Burns MP (Con, Chelmsford) outlined steps the Government is taking to develop clinical research in the UK and how it is increasing the number of clinical research professionals.

Third sector issues
Click on link for full transcript

Item	Summary
Written Ministerial Statement on charitable giving	The Economic Secretary to the Treasury Chloe Smith MP (Con, Norwich North) made a statement about the Small Charitable Donations Bill, which was introduced into Parliament last week. This will enable charities to claim Gift Aid style payments on the small cash donations that they receive. HM Revenue and Customs will be issuing guidance for charities ahead of the scheme commencing.
Debate in the House of Lords on the voluntary sector	A debate was held in the House of Lords on the voluntary sector and social enterprises. Responding on behalf of the Government, Lord Wallace of Saltaire (Lib Dem) said that the

	Government was concerned to encourage charitable donations and stated that the welfare state could not meet all the demands that would be placed on society over the next 20 or 30 years, particularly in adult social care.

Parliamentary Question on access to healthcare for people with hearing loss
Stephen Lloyd: To ask the Secretary of State for Health what steps his Department is taking to ensure that the communication needs of (a) people who are hard of hearing and (b) deaf British Sign Language users are met by the National Health Service.[110922]

Paul Burstow: In accordance with the Equality Act 2010, all public sector organisations have a general duty to advance equality of opportunity between people who share a protected characteristic, including a disability such as hearing loss, and those who do not. Advancing equality involves taking steps to meet the needs of people from protected groups where these are different from the needs of other people—this would include considering the needs of people who are hard of hearing and deaf (including British Sign Language users).

National health service organisations must assure themselves that they have complied with the Equality Act 2010. To help NHS organisations improve their equality performance and comply with the duties set out in the Equality Act 2010, the NHS Equality and Diversity Council launched the equality delivery system last year. The equality delivery system provides a common framework to support NHS organisations to address all protected characteristics covered by the public sector equality duty and help them deliver better outcomes for patients and better working environments for staff, which are personal, fair and diverse. It can be found at: www.eastmidlands.nhs.uk/about-us/inclusion/eds/

Parliamentary Question on adjustments at Jobcentre Plus for people with hearing loss
Mr David Hamilton: To ask the Secretary of State for Work and Pensions what steps his Department has taken to ensure that deaf and hearing impaired people can communicate with Jobcentre Plus through mechanisms other than the telephone, including making urgent contact to rearrange appointments.[109520]

Maria Miller: The Department, through Jobcentre Plus, recognises its responsibilities to make reasonable adjustments for those of its clients for whom the standard telephony channel is not suitable. It is also recognised that people sometimes need to contact Jobcentre Plus urgently, for example to rearrange appointments.

To help ensure deaf and hearing impaired people have full access to its services the Department has taken a number of steps.

Hearing loops are available in offices and textphones are offered as an alternative to telephones; textphone numbers are advertised on relevant websites and included in communication materials. DWP introduced Texbox in late 2009 to improve access to textphone services; this desktop application enables staff to answer textphone calls more effectively using their PCs.

The Department uses a framework of suppliers to provide a range of communication methods, including British Sign Language; lip speakers; sign language communicators and note takers. Jobcentres can arrange for these communicators to be available in offices to support deaf and

hearing impaired clients at interviews.

DWP can also communicate with people via email if this is needed as a reasonable adjustment relating to a disability.

Parliamentary Question on education for deaf children

Stephen Phillips (Sleaford and North Hykeham) (Con): What plans he has to improve the standard of national provision of education for profoundly deaf children. [111833]

The Minister of State, Department for Education (Sarah Teather): Our reform of the special educational needs system will make it easier for deaf children and their families to get the full range of support they need across education, health and social care. Through the national scholarship programme, we are supporting teachers and teaching assistants to gain specialist qualifications to support deaf children. We are also working with expert voluntary organisations to improve the quality of information and advice available to schools and families.

Stephen Phillips: My local authorities in Lincolnshire are continuing to invest in services for deaf children. However, the National Deaf Children's Society reports that as many as one in four local authorities is cutting the vital services that deaf children rely on to achieve and succeed. Does my hon. Friend share my concern that too many local authorities are failing to protect funding in this area for some of our most vulnerable children, and what will she do about it?

Sarah Teather: I am aware of the NDCS report. I understand that the financial difficulties are making it hard for everybody across local and national government, and that all of us are having to make difficult decisions. However, the Government chose deliberately to protect the money for schools from the dedicated schools grant, so there is no excuse for wholesale cuts in this area. We are also supporting the national sensory impairment partnership—or NatSIP, as it is known—to work with local authorities to benchmark services and improve quality on the ground.

Parliamentary Question on the e-Accessibility Forum video relay sub-group

Gemma Doyle: To ask the Secretary of State for Culture, Olympics, Media and Sport with reference to the answer of 16 April 2012, Official Report, column 8W, on the e-Accessibility Forum video relay sub-group, if he will now publish the list of members and the date of the group's first meeting.[112562]

Mr Vaizey: The first meeting of the eAccessibility Forum relay services working group is due to be held on 5 July 2012. The current membership comprises: BT, Intellect, PhoneAbility, Positive Signs, Sign Solutions, Significant, Soreiison, Telecommunications Advisory Group, Mobile Broadband Group, UK Competitive Telecommunications Association, UK Council on Deafness, Sign on Screen, Customer Contact Association, Cabinet Office, DWP ODI and Ofcom.

Health Select Committee inquiry into social care

During a Health Committee hearing on Social Care, the issue of integration of health and social care services was emphasised by all four witnesses, as was the critical lack of funding for local authorities to provide social care.

Evidence had shown that social care spending reduced health care needs and vice versa, said Dr José-Luis Fernández of the LSE, and because of that the mechanisms for coordinating the two needed to be on a more systemic level.

Senior Fellow at the King's Fund, Richard Humphries, said that forced structural reorganisations were not the answer, and the focus should rather be on how money, people and services could be integrated and add value, and added that the social care side of it would need to locate more money.

There was a critical lack of funding for social care, Saga Group Director-General Dr Ros Altmann told the committee, and said there needed to be a better system to encourage saving and make the general population aware of the need to plan for the future.

Reflecting on the issue of personal insurance for health care, Nuffield Trust Chief Economist Anita Charlesworth said that everyone were at risk of one day needing care and should therefore be protected, so the cost had to be spread between all at risk of needing care, not just those who were in need of care.

The Committee heard from:

- Richard Humphries, Senior Fellow (Social Care), The King's Fund
- Dr José-Luis Fernández, Principal Research Fellow, Personal Social Services Research Unit, London School of Economics and Political Science
- Dr Ros Altmann, Director-General, Saga Group
- Anita Charlesworth, Chief Economist, Nuffield Trust

Dilnot Report

Chair Conservative MP Stephen Dorrell opened the session by asking the witnesses for an overview of the state of affairs following the Dilnot report and whether they had any recommendations.

There had been some changes, despite the short amount of time since the report publication, said Dr José-Luis Fernández.

The Dilnot report addressed some worthy objectives and there was broad support for them, he said, but added that local authorities had realised difficulties with implementing some of the recommendations as care funding was limited.

Mr Richard Humphries supported the integrated approach of the Dilnot report and the establishment of health and wellbeing boards.

The health care budget constraints reinforced the need for change, he said, and he endorsed of cap cost model, adding that the necessity for reform had never been greater and there was no ‘no-cost’ option.

Dr Ros Altmann was supportive of conclusions of the Dilnot report, but emphasised that there still was a funding gap.

She was supportive of idea of using health and wellbeing board with a single commissioner and the inclusion of housing issues was moving in the right direction.

There was a substantial funding issue to be clarified, said Ms Anita Charlesworth, which needed to be accompanied by improvement of care provision.

The debate needed to move onto options for raising revenue for funding social care and there were no credible alternatives to Dilnot yet, she said, adding that any solutions to social care would require additional funding.

Carers

Labour MP Mr Virendra Sharma asked for their views on social care spending.

There was a sense of urgency that social care could not be left off the agenda, replied Dr Altmann. The third sector had an important role to play in social care, together with the public sector, she said, but one could not rely totally on one or the other.

What were their views on the statutory support for carer proposals, asked Mr Sharma.

It would depend on how it was implemented, said Dr Fernández. Supporting carers would be important, however, it was necessary to think about how it would be funded, local authorities' resource needs and also consider the issues of pensions for carers.

Care coordination and help with navigating through complex care systems was necessary, said Mr Humphries.

Local authorities needed to look at what workforce they would need in the future, he said, and address the gap in information and advice for carers. There also remained a need for professional social workers in the care system, he added.

Since budgets were constrained on a local level, Dr Altmann said it was important to equip carers with new rights or skills and consider care delivered in a different way.

Labour MP Barbara Keeley asked about the resource implications a pledge of funding and rights for carers would have.

Dr Fernández replied that it would have huge implications.

The profile of carers was changing, answered Ms Charlesworth and said it was a question of the right kind of support, especially considering elderly carers.

Social Care Spending

Conservative MP Dr Sarah Wollaston asked about what additional funding for social care had been secured to date.

The 2012 budget survey was the best source of evidence, said Mr Humphries, which showed that £600m had been incorporated into local authority spending plans.

However, £284m had been used to offset reductions in services and bail out the budgets that would have been cut, he explained. The rest had been used to achieve better outcomes and activities. It could be an alternative to consider single local budgets, he added.

Dr Wollaston asked if those local authorities that had used their budgets to change services had seen better outcomes.

Mr Humphries said he was not sure proper rigorous outcomes were evident yet.

With regards to the effectiveness of spending, there was a relationship between social care and the impact on health care, said Ms Charlesworth.

The lack of understanding of what a social care model entailed in terms of integration, made it harder to unlock health care spending, she said, explaining that it was important to gain a systematic understanding of new models that could unlock how integration could lead to savings.

Ms Charlesworth hoped that health and wellbeing boards would use the money they received towards innovating services.

Evidence on the ground showed that spending on care had fallen while charges were increasing, said Dr Altmann, recommending part ring-fencing budgets for care.

The Chair asked for the best definition of the concept of cost effectiveness.

Cost effectiveness involved a range of metrics, said Dr Altmann, and added that a fundamental redesign of system would require a number of aspects to ensure cost effectiveness.

And in terms of outcomes and savings, asked the Chair.

Dr Altmann replied that more challenging, outcomes based measures would help when considering cost effectiveness, together comparative studies reflecting before and after.

Such studies would look at for example recovery rates and ability to maintain an independent lifestyle, she explained.

Integration

Outcomes were important, said Dr Fernández replying to a question from the Chair on outcomes and spending measurements, and said that the ambition of the health and social care system was to combine the outcomes and spending measures.

Evidence had shown that social care spending reduced health care needs and vice versa, he said, therefore the mechanisms for coordinating the two needed to be on a more systemic level.

The NHS system was not fit for purpose and needed significant reorganisation, said Dr Altmann in reply to Liberal Democrat MP Andrew George's question about the existing health system structures, and she added that part of the problem was a political one.

Under the current system there was duplication between district nurses and social care staff, with short unsatisfactory intervention, said Ms Charlesworth.

Health and wellbeing boards could provide some help on the issue of integration between community services and social care, she said.

In reply to Conservative MP David Tredinnick's question about cross-governmental involvement in health and social care funding, Dr Fernandes said that better coordination and integration for resources would be an improvement, also for the attendance allowance system in health and means testing.

This was the crux of the matter, said Dr Altmann, as there were three separate streams to fund people with chronic needs through social care, the benefits structure, and health care.

Labour MP Rosie Cooper said there was different levels of delusions throughout the system, and asked how effective the current divisions of responsibility were between health, social care and benefits system.

The practical thing to do was to redress the balance between the health and social care resources, said Mr Humphries.

Forced structural reorganisations were not the answer, and the focus should rather be on how money, people and services could integrated and add value, he said, adding that the social care side of it would need to locate more money.

Ms Cooper commented that integration had been talked about for decades but had yet to be realised.

The Torbay pilot had showed successful integration of health and social care, said Torbay, which had been brought on by local community needs, said Dr Altmann.

GPs were an obvious place to start integration, she suggested.

Conservative MP Dr Daniel Poulter asked whether the primary drivers of integration had to be at a national or a local level.

Dr Altmann agreed that incentives for integration were crucial and was an obvious potential source of success.

Housing

Mr George asked if integration of health and social care was essential to achieve more preventative care in the community.

There needed to be reform of funding and delivery, answered Mr Humphries, adding that there also needed to be thoughts around what the goal of funding was, with regards to effectiveness and outcomes.

A different vision of social care was needed with more preventive, housing-based and technology-based solutions, which could not be done in current system, he said, explaining that the issue of housing could help construct alternative ways of organising social care.

Mr George asked how commissioning would function in such a new system.

Local authorities have key roles, and should continue to have such key roles, replied Mr Humphries. Health and wellbeing boards would take on a leadership role, with regards to both health and housing, he added.

Dr Wollaston asked for their views on appointing a single or joint commissioner for health and wellbeing boards and CCGs, as well as bringing housing into care considerations.

Mr Humphries said he did not know of anyone with single commissioner or pilots that had looked at bringing in housing into care considerations.

Unmet Needs

Ms Keeley asked about the number of people whose social care needs were not met.

It was difficult to define "unmet need", said Dr Fernández, and explained that at the moment there were about 150 different definitions of "needs".]

On the assumption that the current social care packages were the correct ones, there were about 8,900,000 people out there with unmet needs for different reasons, he said.

Local authorities did not track those who apply for services but were turned away, said Dr Altmann.

She said this was disappointing as it would help to understand the unmet needs, as well as the potential increase of need in the future and thereby enable better planning.

If those numbers were tracked, what implications would that have, asked Ms Keeley.

It was an aspect that had received less in focus in the Dilnot report, said Dr Altmann.

Tracking people turned away would provide an opportunity to signpost preventative measures to people following an assessment, she continued. It would be possible through a GP, even if it was just a matter of general public information provision, she said.

First stop counselling care could provide some information, said Mr Humphries.

The CSCI had the best information about the number of people that were turned away, he said, and added that he knew the numbers were growing while the number of services users was going down.

The Chair asked if the unmet need in social care led people to directly accessing health care instead.

Evidence on a mirco level suggested that, said Dr Fernández, with drops in social care, home care, day care, and residential care.

Ms Charlesworth said the findings of the Nuffield Trust suggested that those in residential care had less need of hospital care, compared to those people living at home.

The Confederation of British Industry (CBI) had published a good report on cost savings in local pilots on telehealth and telecare, said Dr Altmann, which showed evidence that receiving telecare or domiciliary care did save money.

Funding

Mr Tredinnick asked about the structures to funding and wanted to know about the possible funding models available for social care.

Dr Altmann replied that there were a large range of funding models, with varying degrees of partnership between individual and state contribution.

Dilnot framework made sense, she said, and added that national insurance could form part of a framework for funding.

The current system was dramatically unfair, she said, and suggested that a proportion of assets should be means tested.

There needed to be a better system to encourage saving, and make it clear that it would be something different from pensions, she added.

Mr Tredinnick asked if there was a fundamental problem of data collection with regards to means testing to fund social care.

Local authorities did not always perform satisfactory assessments, replied Dr Altmann.

Balance was needed in a system that provided care for all ranges of income and wealth, said Ms Charlesworth.

The problems with social care revolved around the difficulty of knowing what people's social care needs would be, with regards to personal insurance, she said.

The inheritance tax regime was based on assets of individuals and social care needed to be seen as a different issue, added Ms Charlesworth.

Reflecting on the insurance principle in the Dilnot report, Ms Charlesworth said that everyone were at risk of one day needing care and should therefore be protected, so the cost had to be spread between all in risk of needing care, not just those who were in need care.

Mr Tredinnick asked if it would require HMRC and Treasury involvement in health and social care.

Ms Charlesworth replied that it was about a conversation about a sustainable system, of finding new money, and that there was too narrow a focus in social care, which needed to be seen more holistically.

Dr Wollaston asked about how big the funding gap was at the moment.

All the modelling that had been done over last years had been based on the assumption that the current care packages were the correct ones, said Dr Fernández, so the size of the funding gap was a political decision.

Would an integrated system lead to reduced spend other places in the system, asked the Chair asked.

A proportion of spending elsewhere would be reduced, but one would seldom find investment in one area lead to 100 per cent returns somewhere else, replied Dr Fernández.

Accelerated discharge was a way to make savings in one area to another, said Dr Altmann. Reallocation of current spending from health to social care had to take into account the system as a whole, she added.

Spending profiles needed to reflect the demand pressures to come, said Ms Charlesworth, with demographic pressures from more elderly people and young people with learning disabilities requiring system wide efficiencies.

Reflecting on a residential cost cap, Mr Poulter asked about the risks to assets from the costs of residential care and hotel costs and .

Establishing thresholds were critical to the outcomes of model for means testing for residential care, said Dr Fernández.

A cap would need to reflect the flat-rate state pension so it would be enough to contribute to future care costs, said Dr Altmann.

Incentivising savings towards long-term care was one aspect missing from the Dilnot report, she said.

Health and Wellbeing Boards

How did they see the current powers of health and wellbeing boards for providing leadership, asked Ms Cooper, adding that they did not have an obligation to listen.

The power of health and wellbeing boards would come down to relationship between local authorities and commissioning boards, said Mr Humphries, adding that health and wellbeing boards would get people around the table.

CCGs and local authorities would be compelled to work together, he said, and should come together around a shared agenda that revolved around the place they operated in not organisational boundaries.

Integrated care was one of the top priorities of the boards, he said and added that their success would depend on strong local leadership and continuity, like in Torbay.

Integration should be made into the path of least resistance, replied Ms Charlesworth.

A number of things would help with integration, she said. Firstly NHS measures of service integration should be done from a patient perspective.

Secondly, the outcomes frameworks developed by the Department of Health should be integrated themselves in terms of administration and look at workforce divisions, with social workers and others working together.

Thirdly, NICE had a new responsibility to provide best practice guidelines for social care and for health care, and those should include integration, Ms Charlesworth said.

With regards to elderly people, Ms Keeley asked their opinion around, means testing and attendance allowance.

Attendance allowance was one of a number of ways of providing funding, said Mr Humphries, but emphasised that the money had to stay within the care system.

The Dilnot report was a good model, he said, adding that the priority had to be to make a decision.

Allocation of resources had to be done in a more effective way, said Dr Fernández.

Quality of Care

With regards to social care monitoring, Mr Poulter asked if it had to be up to the Care Quality Commission or whether it should be enforced on a local authority level.

Responsibility was discharged through a focus on the time spent on care service, rather the content of services, said Dr Altmann. “What gets measured gets managed”, she added.

The NHS track record for looking after elderly people was not great either, said Mr Humphries.

The root of the problem was that the financial wiring was different in the NHS compared to local authorities, he explained, adding that there was a need for new currencies and incentives in care commissioning

A single outcomes framework was needed, as well as a change in cross-commissioning currencies so organisations were supported to provide joined-up care, he said.

White Paper

Should the Treasury and DoH take part in providing measures to ensure care needs were met in the future, asked Mr George, with regards to a coming white paper

A future white paper needed to provide a progress report on the Dilnot report, said Mr Humphries, and address issues of carer support, the role of housing, telecare and integration, as well as costs and funding sources.

The documents needed to reflect a long-term roadmap, he explained with a cross-government perspective.

In the white paper, Ms Charlesworth wanted to see talk about consistency in assessment process, within a clearer national framework.

She also wanted to see plans for transparency on what was being delivered, also in the debates around funding.

The DoH needed to commit to understanding models of integration, she added.

Mr George asked if there were issues around the supply side of social care, not just demands side issues.

There was a lack of understanding among general population about need for social care planning, said Dr Altmann.

Ring-fenced resources for prevention were an option, and if not, a requirement for local authorities to show what they had done towards prevention of future care needs, she said.

The narrative needed to change, Dr Altmann said, so people understood that social care was not just about older people but also about families.

House of Commons debate on disability benefits and social care

The Government recognised the need to reform social care and was taking steps to balance budgets and reward carers, MPs have heard.

Responding to a debate on Disability Benefits and Social Care, Care Services Minister Paul Burstow explained that the Government wished to ensure that the personal independence payment took into account the impact of the mental health needs and fluctuating conditions of individuals.

Some 70 per cent of those on the case load had been handed “indefinite” or life awards, he added, a hangover from the previous Labour administration.

On the subject of PIP assessments, Mr Burstow said that the Government was still considering the findings of a recent consultation on the assessment process, with a published response expected in the autumn.

Turning to the issue of the subcontracting of the decision-making process to Atos, the Minister argued the Government had taken into account the recommendations of Professor Harrington’s independent reviews and was seeking a more accurate and responsive method of assessment.

Responding to questions on the role of Remploy, Mr Burstow said that the objective was to preserve jobs.

The sector faced a £68m loss, he added, forcing the Government to initiate changes.

The accrued rights of existing members of schemes would be protected, he assured MPs, and an independent advisory group would examine all of Remploy’s business plans and offer advice to the company’s board.

Previous governments had failed to tackle social care, the Minister asserted.

The Government would build on the “excellent” report by the Law Commission on social care law reform “to ensure that we have a legal framework that supports a much more personalised approach”, he added.

Continuing, Mr Burstow said that in a forthcoming White Paper, the Government would seek to address long-held concerns within the sector about variability of quality, impersonal support and a focus on crisis rather than prevention.

Turning to funding, the Minister said the Government had pledged to spend an extra £7.2bn on social care throughout the period of the spending review.

Councils were becoming “smarter” with social care budgets, and delivering greater value for money, he added.

Concluding, Mr Burstow said the Government recognised the burden carried by carers, which was why it had provided £400 million through the NHS to provide breaks for carers.

In addition, it was looking at ways in which carers could remain in employment while providing care services part-time, he added.

Moving the motion, Shadow Work and Pensions Secretary Liam Byrne argued that the Government had decided that the £9bn in additional spending on jobseeker’s allowance and housing benefit brought about by the recession would be paid for by the disabled and their carers.

New research from the House of Commons Library, he added, asserted that over the course of this Parliament Britain’s disabled people would pay more than Britain’s bankers.

According to Carers UK, Mr Byrne said, it was “a scandal that the UK’s carers are being let down in this way”.

The charity Scope, he noted, had predicted that the 20 per cent cut to disability living allowance would place 500,000 families into a financial black hole.

Mr Byrne argued that in reforming the allowance, the assessment should be designed first, and the savings calculated afterward, rather than the other way round.

The Government’s “arbitrary, top-down” cut had forced it to design measures whose primary focus was to deliver efficiencies rather than equitable, effective care, he said.

Elsewhere in the debate, Shadow Work and Pensions Minister Anne McGuire raised concerns that there had been an increase in hate crime, which had led to may disabled people “living in a climate of fear”.

The motion was rejected by 298 votes to 236.

Demonstration about transport accessibility

Yesterday, over 100 disabled activists convened outside Parliament, calling for accessibility indicators to be at the heart of the procurement process.

The Right to Ride, organised together with DPAC, brought together disabled activists from as far as Birmingham to ride the buses together and demand that when transport services are put out to tender, bus and train companies which consistently fail disabled passengers are penalised.

In Parliament, MPs Lisa Nandy, Maria Eagle, Jeremy Corbyn and John McDonnell addressed DPAC and TfA members.

“Disabled people being denied access to transport is not just an issue for disabled people“, said Lisa Nandy, to applause. “It’s an issue for all of us who want to live in a civilised society“.

Disabled people also spoke of their daily battles to get to work, friends and appointments; and of fears that proposed cuts to Disability Living Allowance would further restrict people's mobility and leave them isolated.

After the meeting, we were joined by more activists at Abingdon Street Bus stop. Protesters wielded placards reading 'How can I get to work if I can't get on a bus?' and 'ACCESSIBLE TRANSPORT. NO EXCUSES' We chanted "No ifs! No buts! No access cuts!". Several people spoke through the megaphone about their transport experiences, and people who had been involved in the historic Right to Ride actions of the 90s were present.

We were joined by Julian Huppert MP who spoke passionately about the need for disabled people to travel with the same freedom and independence as everyone else. Navin Shah, a London Assembly Member, also spoke and promised to raise the issue of inaccessible transport at Mayor's Question Time.

Demonstrators had planned to travel to the Confederation of Passenger Transport (CPT), which represents the bus industry, to present a letter of demands. It was clear that the bus stop was inaccessible: the high Cassel kerb meant that all passengers were faced with a large jump between kerb and bus; and the wheelchair ramp would not be able to operate.

When the 87 bus arrived, wheelchair users were denied access. The bus driver told us that the wheelchair space was occupied by a pushchair: in clear contravention of TfL guidelines that wheelchair users take priority in the bay; and bus drivers must request that the buggy user fold their pushchair.

The fact that the bus had a wheelchair ramp was irrelevent: the bus ramp could not work here, or at the hundreds of other London bus stops which are too high or low for a ramp; or blocked by street furniture.

In addition, the small size of the wheelchair bay meant that there was no possibility of the pushchair user and wheelchair user sharing the bay – conflict was inevitable. Bus occupation

Anger in the crowd was high. Adam threw his wheelchair into the bus and crawled on. Akira managed to jump on his wheelchair onto the bus. And three wheelchair users sat down in front of the bus and refused to move.

When another bus pulled up behind, three activists managed to board and headed off to CPT. Another group walked and wheeled to a nearby accessible bus stop where, happily, the bus ramp worked, and made the short journey to CPT's offices in Covent Garden.

We were met by two CPT members of staff and presented our letter. CPT agreed to meet with a delegation of disabled passengers to talk more deeply about the need for bus companies to take accessibility seriously

Parliamentary Question on the UK Strategy for Life Sciences

Chi Onwurah: To ask the Secretary of State for Business, Innovation and Skills what progress he has made on implementing the Government's Strategy for Life Sciences published in November 2011; and if he will make a statement.[111631]

Mr Willetts [holding answer 14 June 2012]: The Government are committed to early delivery of the Strategy for UK Life Sciences. We have appointed two independent life sciences champions, Sir John Bell and Chris Brinsmead, to oversee and drive implementation forward.

Early achievements on implementing the various commitments in the strategy include:

The launch of the Biomedical Catalyst jointly administered by the Technology Strategy Board and Medical Research Council. This three-year £180 million programme opened for applications in April 2012 to UK businesses (SMEs) and academics looking to develop innovative solutions to health care challenges either individually or in collaboration. It will support the maturation of an idea from concept to commercialisation.

The Clinical Practice Research Datalink was established on 29 March 2012. This provides researchers with access to patient data for clinical trials recruitment and observational studies.

Clinical Trials Gateway website and mobile applications for iphone, ipad and android devices have been launched. The website will provide patients and the public with information about clinical trials in the UK, with the anticipation that this will lead to patients feeling empowered to participate in clinical research.

At Budget 2012 the Government confirmed the launch of the Patent Box from April 2013. This will be phased in over five years from 2013 to give a reduced 10% rate of corporation tax on profits from patents and certain other similar types of Intellectual Property.

The UK Strategy for Regenerative Medicine was published on 28 March 2012. The Regenerative Medicine funding scheme, known as the UK Regenerative Medicine Platform, is open for calls to fund research hubs.

Progress is being made on the establishment of a Cell Therapy Catapult in London by the Technology Strategy Board through the appointment of Keith Thompson as chief executive officer for the Cell Therapy Catapult on 1 May.

The Sector Skills Council, Cogent, has developed an action plan to attract the best talent into the life sciences workforce. Progress includes:

Nine higher level apprenticeships incorporating a Foundation Degree in Applied Bioscience Technology commenced in February 2012. The apprenticeships form a pilot programme and provide an alternative pathway for entry into the industry at technician level. Our ambition is to deliver 420 apprenticeships over the next five years.

The Technical Apprenticeship Service (TAS) which acts as a one-stop shop for life sciences employers to access the apprenticeship programme has been up and running since January 2012.

The Society of Biology launched their undergraduate degree accreditation programme on 20 March 2012 following successful completion of a 2011-12 pilot programme.

The Strategy for UK life Sciences has been developed for the long-term to ensure the UK retains its position as a global leader in this field, and that the industry continues to deliver sustainable year-on-year growth. The impact of the strategy may take 10 to 15 years to be fully realised.

Parliamentary Question on clinical research

Mr Virendra Sharma: To ask the Secretary of State for Health (1) what steps his Department is taking to increase the number of clinical research professionals; [111023]

(2) what steps his Department is taking to develop clinical research in the UK; [111024]

(3) what his policy is on accredited training for clinical research professionals; [111025]

(4) what plans he has to make the UK a centre for excellence for clinical research training and education.[111549]

Mr Simon Burns: The Government has demonstrated a strong and urgent commitment to clinical research in the White Paper 'Equity and Excellence: Liberating the NHS', in the 2010 spending review, in establishing the Health Research Authority, and in the powers and duties set out in the Health and Social Care Act 2012.

Established in 2006, the Department's National Institute for Health Research (NIHR) aims to create a health research system in which the national health service supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.

The Faculty is at the heart of the NIHR. It includes all of the NIHR funded people working in the NHS, universities and registered charities in England, who generate research ideas in clinical and applied healthcare research, lead or support this research, and evaluate the effectiveness of healthcare interventions and policies.

The Faculty has goals to build a leading research capability to attract, develop and retain the best clinical, health service and public health research professionals, and to provide support to the academic training paths for all healthcare professionals and other key disciplines involved in health and social care research.

The 'Strategy for UK Life Sciences' included a commitment to fund clinical research leaders who can make a real difference early in their careers. In February this year the Government announced eight new NIHR Research Professorships, and the second Professorship competition is in progress.

There has been an increase in training opportunities available for clinical research professionals in the last three years. The NIHR Clinical Research Network (CRN) provides standardised courses in Good Clinical Practice (GCP) for staff delivering NIHR CRN portfolio studies**.**

Mr Virendra Sharma: To ask the Secretary of State for Health what steps he is taking to encourage the healthcare industry to employ new graduates in clinical research.[111022]

Mr Simon Burns: The Government's Strategy for UK Life Sciences, launched in December 2011, introduces a suite of incentives designed to ensure that the sector has the skills it needs at all levels. These include the development of an accreditation programme by the Society of Biology for degrees in the biological sciences and the Sector Skills Council—Cogent—developing an industrial placements programme for the sector, which will equip graduates with a range of business and employability skills.

There are also a number of other initiatives in this area. These include the Royal Society and the

Wellcome Trust's Sir Henry Dale Fellowship programme for outstanding young biomedical scientists looking to build an independent research career in the United Kingdom, and the Medical Research Council doctoral training programme in Clinical Pharmacology and Therapeutics, developed in partnership with the universities of Liverpool and Manchester.

Written Ministerial Statement on charitable giving

The Economic Secretary to the Treasury (Chloe Smith): The Government has today introduced the Small Charitable Donations Bill into Parliament. This will enable charities to claim Gift Aid style payments on the small cash donations that they receive. Charities and Community Amateur Sports Clubs (CASCs) can find it difficult to claim Gift Aid on donations collected in certain circumstances, for example bucket collections, where donors may be reluctant to stop and fill out Gift Aid declarations. This means that charities are currently missing out on potential income.

This new scheme will allow charities and CASCs to claim top-up payments of 25 pence for every £1 collected on small cash donations of £20 or less, up to a total of £5,000 of donations per year. The scheme is designed to allow top-up payments to charities on the donations for which they cannot easily get a Gift Aid declaration. It will supplement the main Gift Aid scheme, which provides over £1 billion a year in additional income for the charitable sector.

In developing the scheme, the Government has taken steps to ensure that it operates as fairly as possible, whilst keeping overall costs of the scheme affordable and also protecting against fraud. The scheme has been designed in order to make it fair and generous, and straightforward for charities to claim the top-up payments. HM Revenue and Customs will be issuing guidance for charities ahead of the scheme commencing.

Debate in the House of Lords on the voluntary sector

The welfare state could not meet all the demands that would be placed on society over the next 20 or 30 years, particularly in adult social care, peers heard today.

Responding to the debate on the voluntary sector and social enterprise, Lords Government Whip Lord Wallace of Saltaire said that one of the problems faced in the voluntary sector was that there was no longer that great pool of “capable women” who were not able to work because they were married. As a result, the retired had to be relied upon much more, he added.

Lord Wallace said that there was a changing culture in government contracting, while social impact bonds were another way of trying to help social enterprises cope with payment by results.

He added that the Government was concerned to encourage charitable donations, while the welfare state could not meet all the demands that would be placed on society over the next 20 or 30 years, particularly in adult social care.

A social economy review would take place this summer, he continued, adding that the Government’s focus was on communities where social capital was low. Lord Wallace said that that top-down government was not good for civil society.

Shadow Equalities Minister Baroness Thornton said that the growth of charities and social enterprises needed all-party understanding and support. Although she admitted that that Government was making some progress on enabling charities and social enterprises to be more involved in the running of public services, inconsistency was the problem.

Baroness Thornton cited the “unthinking cuts agenda” which she argued was driving the charitable and social enterprise sector into becoming a substitute for robust and thriving public services in a manner “sometimes reminiscent of the poorhouse of Victorian times”.

Opening the debate, Liberal Democrat Party President Baroness Scott of Needham Market said that the voluntary and social enterprise sector was at the centre of care for the elderly, support for people with disabilities, the provision of housing, advocacy, magistrates dispensing justice, the protection of wildlife and conserving the country’s built heritage.

Baroness Scott said that what “truly defines” the sector was that it was full of people who had identified a need and set out to fill it. She wanted the Government to “nurture the sector” by genuinely recognising and promoting the enormous contribution made by volunteers and by those who had chosen business models which put society before profit.

She feared that the Government was putting too much emphasis on giving money, as opposed to giving time, while it was important that the Government understood that voluntary organisations did not have limitless capacity to take on volunteers.

Baroness Scott cited a survey by the Lloyds TSB Foundation which found that half of all small to medium-sized charities had seen an increase in interest in volunteering, but a third of them were unable to cope with the demand.

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