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Weekly Political Update

Week ending 29 June 2012

Westminster

Deafness, hearing loss and tinnitus

Click on link for full transcript

Item	Summary
<u>Lords Question on telecommunications for BSL users</u>	<p>Baroness Goudie (Lab) asked the Government what its assessment was of the level of access to telecommunications currently available to British sign language users.</p> <p>Responding, Lords Spokesperson for Culture, Media and Sport Baroness Garden of Frognal (Cons) outlined the improvements that were being planned for text relay and noted that Ofcom will be consulting on specific proposals for video relay services later this year.</p>
<u>Parliamentary Question on telecommunications for BSL users</u>	<p>Gemma Doyle MP (Lab/Co-op, West Dunbartonshire) asked if the Minister for Disabled People will attend meetings of the e-Accessibility Forum sub-group on relay services. She also asked what meetings have taken place between Ministers in the Department for Work and Pensions (DWP) and Ministers in the Department for Culture, Media and Sport (DCMS) on the ability of deaf sign language users to access telecommunications services which are functionally equivalent to those enjoyed by hearing people, and what recent meetings DWP Ministers have had with representatives of the deaf community to discuss access to telecommunications.</p> <p>Responding, Minister for Disabled People Maria Miller MP (Con, Basingstoke) said that Officials from the Department for Work and Pension's Office for Disability Issues will attend the relay services meetings. She noted that whilst the Department for Culture, Media and Sport lead on this area, access to telecommunications comes up frequently in discussions with Department for Work and Pensions at the Disability Strategy meetings, which are also attended by representatives from the deaf community.</p>
<u>Government body press release – digital accessibility training course</u>	<p>The Equality and Human Rights Commission has partnered with AbilityNet and BCS, the Chartered Institute for IT, to develop the first ever digital accessibility training course. For more information please click <u>here</u>.</p>

Health/NHS

Click on link for full transcript

Item	Summary
Department of Health publication – Local Health Profiles	The Department of Health published 2012 Local Health Profiles for regions of England – interactive maps which provide an ‘at a glance’ summary of people’s health in a particular area. These are available here .
Department of Health response to consultation on Healthwatch England	The Department of Health published its response to the consultation on the regulations for the membership of Healthwatch England. This is available here .

Social Care

Click on link for full transcript

Item	Summary
Social Care Portability Bill – First Reading	<p>A Private Members’ Bill to require local authorities to make provision for the portability of care packages to promote independent living for disabled people in England and Wales was introduced in the House of Lords by Baroness Campbell of Surbiton (Crossbencher) and received its first reading.</p> <p>An information briefing about this Bill can be found here.</p>
Written Ministerial Statement on extending Right to Control pilot	The Government announced a proposal to extend the current Right to Control pilot scheme for a further twelve months beyond December 2012. The Department for Work and Pensions launched a public consultation in which it is asking for views about the extension of the pilot scheme. The consultation document can be viewed here .
Health Select Committee inquiry into social care	During a meeting of the Health Select Committee as part of its inquiry into social care, MPs were told that complex changes that resulted in the greater integration of services would only occur if all parties were prepared to change their existing approaches. A body should be set up with representatives of commissioning boards, clinical commissioning groups and local government to ensure the delivery of integrated services, witnesses told MPs.
Parliamentary Question on timing of Social Care White Paper	In response to a question from Sir Tony Banbury MP (Con, Banbury), Leader of the House of Commons Sir George Young MP (Con, North West Hampshire) confirmed that it was the Government’s intention to publish the White Paper on Social Care and the progress report on the reform of funding ‘in the very near future’.
Parliamentary Question on social	Lord Warner (Lab) asked the Government what proportion of

care spending	the additional funding for rehabilitation and adult social care services made available to the NHS and local government following the 2010 Budget has been spent on the services for which the money was intended. Lord Warner and Baroness Greengross (Crossbencher) also asked how much local authorities had spent on social care in each year since 2008.
Written Ministerial Statement on the first Care Quality Commission Market Report	The Care Quality Commission (CQC) published its first quarterly report on the provision of health and adult social care in England.

Disability issues – employment and welfare

Click on link for full transcript

Item	Summary
Parliamentary Question on work capability assessments	In response to a question from Shadow Employment Minister Stephen Timms MP (Lab, East Ham), Employment Minister Chris Grayling MP (Con, Epsom and Ewell) outlined which issues are taken into account when determining whether to call in a person in receipt of employment and support allowance for a repeat work capability assessment.
Parliamentary Question on incapacity benefit reassessments	Shadow Employment Minister Stephen Timms MP (Lab, East Ham) asked what proportion of completed incapacity benefit reassessments have been found fit for work, placed in the Support Group or placed in the Work Related Activity Group.
Parliamentary Question on the impact of welfare reforms on disabled people	Gemma Doyle MP (Lab, Dunbartonshire) condemned the Government's assessment of the impact of welfare reforms on disabled people as wholly inappropriate because they had considered one reform at time. Minister for Disabled People Maria Miller MP (Con, Basingstoke) said that neither the Institute for Fiscal Studies nor the Treasury had a methodology to assess the cumulative impact of welfare reforms.
Parliamentary Question on improving the Work Capability Assessment	Jo Swinson MP (Lib Dem, East Dunbartonshire) noted that three out of 10 people were still being wrongly found fit for work after having had a Work Capability Assessment, and asked what more the Government can do to improve the process.
Early Day Motion on Work Capability Assessments	John McDonnell MP (Lab, Hayes and Harlington) tabled an Early Day Motion condemning the high number of successful appeals to the Work Capability Assessment and applauding the British Medical Association's call for it to be ended immediately.

<p>Lords Question on the Personal Independence Payment assessment criteria</p>	<p>Baroness Thomas of Winchester (Lib Dem) asked the Government whether it will ensure that members of the House of Lords can view and comment on the third version of the assessment criteria for Personal Independence Payments. Responding, Welfare Reform Minister Lord Freud (Con) stated that the Government is not intending to have a formal period of pre-legislative scrutiny on the assessment regulations, which he said have already been subject to extensive consultation and co-production with disabled people and disability organisations.</p>
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Disability issues – other

Click on link for full transcript

Item	Summary
<p>Parliamentary Question on the cross-Government Disability Strategy</p>	<p>In response to a question from Lyn Brown MP (Lab, West Ham), Minister for Disabled People Maria Miller MP (Con, Basingstoke) outlined the stages of the cross-Government disability strategy.</p>

Older people

Click on link for full transcript

Item	Summary
<p>Debate in the House of Commons on a Minister for Older People</p>	<p>Older people deserved a voice at the centre of Government, but this could be served more effectively by all departments championing their needs rather than introducing a Minister for Older People, Pensions Minister Steve Webb MP (Lib Dem, Thornbury and Yate) told MPs during a debate on the issue in the House of Commons.</p>

Medical research

Click on link for full transcript

Item	Summary
<p>Parliamentary Question on patient data use</p>	<p>Dr Julian Huppert MP (Lib Dem, Cambridge) asked about the time taken to start up medical research projects due to the system of regulation and governance for patient data use.</p>
<p>Science and Technology Committee inquiry into the commercialisation of research</p>	<p>As part of its inquiry into the commercialisation of research the Science and Technology Committee heard from David Sweeney, Director (Research, Innovation and Skills), Higher Education Funding Council for England (HEFCE), Professor Ian Haines, Executive Secretary, UK Deans of Science, and Professor Nick Wright, The Russell Group. For the full transcript please click here.</p>

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Third sector issues

Click on link for full transcript

Item	Summary
<u>Prime Minister's Question on Gift Aid</u>	Sarah Wollaston MP (Con, Totnes) asked the Prime Minister about the level of public awareness of gift aid declaration forms. Responding, Prime Minister David Cameron MP (Con, Witney) noted the introduction of the gift aid small donations scheme, which will enable charities to claim a gift aid-style payment on donations when it has not been possible to collect a gift aid declaration.
<u>Community Right to Challenge provisions come into effect</u>	Last week the Community Right to Challenge (introduced by the Localism Act 2011) came into effect, enabling communities to bid to take over local services they think they can run differently and better.

[Lords Question on telecommunications for BSL users](#)

Asked by Baroness Goudie

- To ask Her Majesty's Government, further to the Written Answer by Baroness Rawlings on 10 March 2011 (WA 429), what is their assessment of the level of access to telecommunications currently available to British sign language users.[HL728]

Baroness Garden of Frognal: Ofcom has conducted research to better understand the needs of disabled consumers who use British Sign Language (BSL) when accessing telecommunications services. That research suggests that the current approved text relay service remains a valuable service for many users with hearing and/or speech impairments, helping them to communicate with others on an equivalent basis to voice communications.

However, the current text relay service was criticised for not allowing natural real time conversations, for slow conversation speeds and for not being compatible with mainstream equipment such as PCs and Macs. Users of BSL-particularly those with low levels of literacy-also reported finding text relay services difficult to use.

Ofcom announced on 30 May 2012 their proposals, which offer a number of significant improvements for disabled customers to the existing relay service provision. This includes the introduction of Next Generation Text Relay (NGTR), an improved and extended text relay service available 24/7, enabling support for two-way simultaneous communication and allowing mainstream equipment to be used.

I am keen that businesses including telecommunication companies provide Video Relay Services (VRS) for their disabled customers, and Ed Vaizey will be holding a round table soon with businesses that have customer-facing services to discuss this further. BT is currently running a trial for its disabled customers and I hope that its results will encourage others to follow suit. Ofcom will also consult on specific proposals for VRS later this year, and this will help to progress work in this area.

Parliamentary Question on telecommunications for BSL users

Gemma Doyle: To ask the Secretary of State for Work and Pensions (1) if the Minister for Disabled People will attend meetings of the e-Accessibility Forum sub-group on relay services; [112535]

(2) what meetings have taken place between Ministers in his Department and the Minister for Culture, Communications and Creative Industries on the ability of deaf sign-language users to access telecommunications services which are functionally equivalent to those enjoyed by hearing people; [112537]

(3) what recent meetings (a) Ministers and (b) officials in his Department have had with representatives of the deaf community to discuss access to telecommunications.[112538]

Maria Miller: Officials from the Department for Work and Pension's Office for Disability Issues will attend the relay services working group and keep me informed of progress, as this is not a ministerial group.

I recently met with the Minister for Culture, Communications and Creative Industries, my hon. Friend the Member for Wantage (Mr Vaizey), to discuss what steps can be taken to improve the lives of disabled people, and relay services was a part of those discussions. We share a common aim of seeing more progress in this area as it has the potential to transform lives. We were therefore pleased that Ofcom plans a consultation on Video Relay Services this later this year.

The Department for Culture, Media and Sport lead on this particular area, but access to telecommunications does come up frequently in discussions with Department for Work and Pensions at our new Disability Strategy meetings, which are attended by representatives from the deaf community.

Government body press release – digital accessibility training course

The Equality and Human Rights Commission has partnered with AbilityNet and BCS, the Chartered Institute for IT, to develop the first ever digital accessibility training course.

Businesses have a legal obligation to make sure that disabled consumers can use their websites [1]. But research by AbilityNet found that four out of the five most popular price comparison websites were inaccessible to disabled people.

“Digital Accessibility: Web Essentials” will help make sure that businesses are open to disabled people. It covers topics ranging from what web accessibility means to practical examples of how to make websites inclusive.

The short course is for web developers, online editors as well as anyone who generates digital content. At the end of the course, participants take a test to gain a certificate of achievement from BCS. It will be available online and disabled people can request accessible versions from the Commission.

Dr. Jean Irvine, OBE, Commissioner at the Equality and Human Rights Commission, said:

“Cutting out disabled consumers can be costly for businesses, not just in terms of their spending power [2] but also that of their friends and family [3]. They also run the risk of being taken to task for failing to comply with equality law.

“We have worked with several high street retailers to help them make sure their websites and shops are accessible to all consumers. It makes good business sense as simple changes that benefit disabled people, such as making a website easy to navigate, also benefit all customers.”

Robin Christopherson, Head of Digital Inclusion at AbilityNet, said:

“Disabled people such as myself love using the internet for shopping, banking, socialising or simply trying to find information - just like everyone else. In fact doing all these things online is often far easier for people who are older or have a disability as it is all there at our fingertips. But unfortunately, many well-known retail websites are inaccessible and it becomes a very frustrating experience.”

People can find out more about the training and register their interest via the Commission’s website at: www.equalityhumanrights.com/webaccessibilityessentials

or via:-

Online: www.bcs.org/wae

Email: waesupport@hq.bcs.org.uk

Phone: 01793 417 555

Textphone: 0845 604 6620

[Social Care Portability Bill – First Reading](#)

Social Care Portability Bill [HL]

First Reading

3.14 pm

A Bill to make provision for the portability of care packages to promote independent living for disabled persons by local authorities in England and Wales, and for connected purposes.

The Bill was introduced by Baroness Campbell of Surbiton, read a first time and ordered to be printed.

[Written Ministerial Statement on extending Right to Control pilot](#)

Government consultation on the extension of the Right to Control pilot scheme

The Minister for Disabled People (Mrs Maria Miller MP): The current Right to Control pilot scheme is implemented by regulations which expire on 13 December 2012. The Government believes that the best way to get more evidence about the delivery of Right to Control is to extend the current pilot scheme for a further twelve months beyond December 2012. Accordingly, the Government is proposing to put in place that extension.

Later today the Department will launch a public consultation in which it asks for views about its proposed extension of the pilot scheme.

In line with requirements under Part 2 of the Welfare Reform Act 2009 the Department will publish, for comment, draft regulations to enable the extension of the pilot scheme. Pending the results of the consultation it is our intention to lay the draft regulations before Parliament for approval in the autumn.

The consultation document, which includes the draft regulations, will be published later today on the Department for Work and Pensions website with details of the consultation process. I will also place a copy of the consultation document in the House Library later today.

Health Select Committee inquiry into social care

Session One

During a meeting of the Health Select Committee as part of its inquiry into social care, MPs were told that complex changes that resulted in the greater integration of services would only occur if all parties were prepared to change their existing approaches.

A body should be set up with representatives of commissioning boards, clinical commissioning groups and local government to ensure the delivery of integrated services, MPs heard.

The Committee was told that greater integration between health and housing, as well as more control for the individual through personal budgets and a modern legal framework, would help improve the integrated delivery of social care.

The Committee heard from:

- Geoff Alltimes CBE, Chair, Local Government Health Transition Task Group;
- Andrew Cozens CBE, Associate, Local Government Association (LGA)

Opening Remarks

Opening the session Conservative Committee Chair Stephen Dorrell asked what steps needed to be taken to speed up the integration of social care.

In answer, Geoff Alltimes CBE, Chair, Local Government Health Transition Task Group, said that he had been positive about discussions in which had been involved in terms of the commitment of intent to increase the integration of social care. It was fair to say that this was a work in progress and Mr Alltimes said that the level of integration would be dependent on local relationships.

There was an issue about the weight which was given to local priorities and local services within the health and wellbeing boards, Andrew Cozens CBE, Associate, Local Government Association, remarked, as well as the level of integration between health and social care and other areas such as housing which were also of significance when attempting to secure positive outcomes.

Health and Wellbeing Boards

Labour MP Rosie Cooper wanted to know what happened if the health and wellbeing boards did not agree with the decisions made by local councils.

There was no ability for one side to control the other and Mr Alltimes asserted that it would be necessary for the organisations to look at how they were spending money. Any outstanding issues would have to be resolved on a local basis, Mr Alltimes added. In his experience Mr Alltimes stated that it was possible to resolve local differences.

The minimal position was that people would be co-commissioning and Mr Cozens said that a range of measures could be taken within the framework of the health and wellbeing boards. The success of the health and wellbeing boards would ultimately be determined by the strategies they produced, Mr Cozens added.

Future Forum Report

Liberal Democrat MP Andrew George queried if there were still aspects of the Future Forum report that had been insufficiently “appreciated.”

The key recommendation from the Future Forum report was the priorities were to deliver joint commissioning and to integrate care around a patient and Mr Alltimes maintained that this should remain the overall objective.

Other recommendations were made about how to improve the operation of the system, Mr Alltimes continued, and local people responsible for delivering services should have the freedom to act however they determined was in the best interest of their local population.

Mr Alltimes said that he wanted the sector to take ownership of any problem that may occur in order to implement the recommendations in relation to sharing best practice and breaking down barriers to further integration.

It was then asked by Mr George if these changes could be easily delivered as a result of the recommendations.

Delivering change would not be easy but Mr Alltimes thought that there was a desire to achieve the aim of greater integration and joint commissioning.

Mr Cozens believed that the extent to which greater integration could be delivered was dependent on the “bravery and willingness to take risks” of local people in an existing context that was hard-wired to keep things separate.

A range of structures would need to be dismantled that kept local healthcare and social care separate, Mr Cozens argued, and one solution to this problem would be to commission services that straddled a number of boundaries as well as introducing genuinely integrated personal health and social care budgets.

When asked by Mr George if the reforms within the Health and Social Care Act helped to deliver greater integration of services, Mr Alltimes said that changes which were occurring on the ground were taking place despite of the existing tariff system and it would be helpful health and wellbeing boards to include clinical and commissioning groups to help design the future structure of the system.

Lawyers' Agreements

Conservative MP Dr Sarah Wollaston queried if fewer lawyers' agreements would be required under the new system as they were a significant barrier to integrated working.

Mr Alltimes hoped that the lessons would be learnt from the pilot project and the main driver to increasing flexibility in integrated working would be by reducing tariffs. This would allow the NHS and clinical commissioning groups to create individual strategies to deliver care to individuals that would allow them to stay and home and receive the most appropriate care, Mr Alltimes added.

The biggest issue according to Mr Cozens was not the legal framework but the accountability framework and being able to track spending in relation to integrated services. The national climate for integrated services would determine whether or not this process became simpler, Mr Cozens opined, and more specifically how tight or loose the arrangements were between central and local government.

Draft Care and Support Bill

Following on Conservative MP David Tredinnick asked which key ideas should be include in the draft care and support bill.

A range of elements had been identified by the LGA and Mr Cozens said that they included improving the experience of the individual and creating a more stable, predictable and transparent approach to social care that encouraged a long-term strategy.

In addition Mr Cozens wanted to see sufficient, appropriately directed funding in the system and that social care was not seen "in a box." Mr Cozens added that the totality of resources should be considered in order to best support the recipients of social care and their carers.

Mr Cozens hoped that the recommendation of the Law Commission would be implemented in full in order to provide a modern legal framework and statutory basis for safeguarding adults. No reforms in social care could be delivered with a suitably trained, rewarded and motivated workforce and Mr Cozens stressed the need for the White Paper to address this issue.

Market overview both nationally and locally was required according to Mr Cozens in order to provide clarity of the respective roles of a number of players, as well as setting standards and regulating the sector.

The LGA also wanted to see local leadership and governance of the social care sector within the context of a national framework of eligibility and entitlement and Mr Cozens wanted to see services delivered and designed at the local level.

Dilnot Commission

Labour MP Barbara Keeley sought the witnesses' view on the recommendations of the Dilnot commission.

The principles of the Dilnot commission were supported by the LGA because Mr Cozens believed that it offered the best option for the implementation of a fair, transparent, stable and predictable funding system.

However, the recommendations from the Dilnot commission did not provide all the answers to the funding of social and Mr Cozens cited the example of those people who relied upon funding from the state who would not be better off under the system proposed by the Dilnot commission.

Later in the meeting Mr Cozens said that the LGA was not convinced by arguments that voluntary insurance or housing levies could provide a solution as they would require a more predictable system with capped liabilities.

Ms Keeley then asked Mr Cozens to provide an assessment on the current state of the social care system.

The social care system was continuing to deteriorate, Mr Cozens opined, and it was manifesting itself on the negative impact of carers and their health, as well as providers and their viability to operate.

Additional resources

Conservative MP Chris Skidmore queried if there was any evidence to suggest that additional money provided to local authorities for social care had been used for other purposes, as this money had not been ring-fenced.

Two tranches of money had been provided and Mr Cozens believed the local authorities had not passed on to adult social care the proportion of cuts it should have received as a result of the money provided by the overall settlement.

Session Two

The Committee heard from:

- Dr Peter Melton, Accountable Officer, North East Lincolnshire Care Trust Plus;
- Geoff Lake, Adult Social Care Strategic Advisor, North East Lincolnshire Care Trust Plus

Opening Remarks

Opening the session Conservative Committee Chair Stephen Dorrell asked about the extent to which the Care Trust Plus model allowed an overview of the whole system and enabled resources to be moved freely across the system.

In reply, Dr Peter Melton, Accountable Officer, North East Lincolnshire Care Trust Plus, said that budgets were looked at as “integrated pooled budgets” and this enabled the seamless use of various budgets. The Care Trust Plus model was underpinned with a legal agreement between the NHS and the local authority, Dr Melton continued, and within that framework a list of agreed priorities were determined.

Geoff Lake, Adult Social Care Strategic Advisor, North East Lincolnshire Care Trust Plus, asserted that money could be moved around the system but any shift in the allocation of resources would be accompanied by the significant redesign of a particular service.

Once it had been established how much money was being spent in the systemic care model and in which particular areas that money was being spent, Mr Lake explained that service redesign could be considered within the context of the level of available resources, instead of concentrating on to whom the money belonged.

The Chair sought the witnesses' opinion on whether service users would notice a difference in the more coordinated services they received in North East Lincolnshire in comparison to other local authorities who had a more traditional configuration of services.

Based on the feedback he had received in his practice, Dr Melton told the Committee that it was very difficult to respond in a joined-up fashion in response to the most complicated of needs.

As a result of the co-location of a number of services in North East Lincolnshire, Dr Melton argued that it was much easier to provide services in a joined-up manner in North East Lincolnshire than was the case in neighbouring local authorities.

Later in the meeting Conservative MP Dr Sarah Wollaston asked what would happen to the secondary care market if GP surgeries in neighbouring local authorities to North East Lincolnshire also adopted an integrated funding approach to care provision.

Dr Melton said that care providers were asking for a more integrated approach to commissioning alongside defined quality outcomes. Once that had been established the care sector would work together to deliver the desired outcomes within the new framework, Dr Melton added.

Returning to this issue, Dr Wollaston questioned what needed to happen in order to encourage neighbouring local authorities to adopt the model being used in North East Lincolnshire.

The focus and priorities of neighbouring local authorities would ultimately determine their approach, Dr Melton opined. A leadership requirement was needed to articulate those priorities, Dr Melton continued, and it was possible that other clinical commissioning groups would prefer to adopt alternative approaches to meet the needs of the local population.

Contract Alignment

Liberal Democrat MP Andrew George sought more information on how contracts for different services were aligned and how this approach could maintain an integrated approach.

Across the system, Dr Melton said that everyone in the North East Lincolnshire Care Plus Trust was on the same contract with the same contractual values.

Continuing on this theme, Labour MP Barbara Keeley asked how quality in care homes could be ensured when budget cuts were having the greatest impact on local authority fees.

Two years ago the care homes sector in North East Lincolnshire was "extremely poor" according to Mr Lake. In order to improve the system, Mr Lake said that an increase in fees was adopted and it was easier to incentivise the quality agenda as services were integrated.

Sustained long-term resources were directed into the care homes sector, Mr Lake continued, and the placement rate had dropped by thirty five per cent over the last three years.

Integration

Labour MP Virendra Sharma questioned the level of integration in North East Lincolnshire between the NHS and local authority management and how he wanted to know how this had been achieved.

Dr Melton thought that integration began at the top and successful integration required strong leadership and co-sponsorship.

This point was amplified by Mr Lake, who said that arrangements had been put in place between the Care Trust Plus and the local authority to share a number of infrastructure functions. A number of posts in the Care Trust Plus had the ability to influence the health and wellbeing agenda in the local authority as well in the Care Trust Plus, Mr Lake added.

Funding Arrangements

The next question was posed by Conservative MP David Tredinnick who queried how the problems of the different funding mechanisms in the NHS and the social care sector were overcome.

In answer, Dr Melton asserted that the scale of the necessary savings that were required in the NHS and social care budgets were “massive” in terms of the disparity between the two, with a higher proportion of savings needed to be found from the adult social care budget.

Robust savings programmes were in place to meet the cost pressures on the NHS and adult social care, Dr Melton continued, and one way in which this would be achieved would be through integration and shared working.

A clear debate needed to take place with regard to the role of the public sector in terms of helping people and how investment could be diverted to develop communities to help care for the most vulnerable people in society, Dr Melton added.

Mr Lake stated that he had long argued the case for a single funding stream and the clinical commissioning groups offered an opportunity to take the delegated funding responsibility for adult social care and target particular groups of vulnerable people.

This would then allow a greater focus on how outcomes were delivered and whether the desired outcomes were being delivered, Mr Lake remarked.

Following on, Mr Tredinnick asked if a national framework should be set up in order to create easier interfaces that could be taken and matched.

Synergising and bringing together the outcome frameworks for public health, social and health would be welcomed by Dr Melton.

Real Changes

Labour MP Rosie Cooper asked for the witnesses to describe a real change that had occurred in North East Lincolnshire as a result of the changes that had been made.

Mr Lake maintained that the front-end of the health care, community health and adult social care systems had been improved, creating a single access point.

This together with a number of other changes had prevented the unnecessary admission of people into hospital, Mr Lake argued, as well as saving money. People had not been admitted inappropriately into long term care and Mr Lake stressed that it had stopped people being “sucked into the system” and at the same time allocated resources that would not provide the solution to their problems.

Budget Cuts

Ms Keeley queried if there had been any cuts to North East Lincolnshire’s budget and if so, whether or not they had been able to sustain adult care services budget within the overall budget envelope.

North East Lincolnshire local authority was the fifth hardest hit local authority and had lost around £25.7 million of its revenue, with adult social care saving £15.2 million over a period of three years from a budget of £50 million.

Personal Budgets

Conservative MP Chris Skidmore questioned what proportion of service users in North East Lincolnshire were on personal budgets.

Approximately 43.5 per cent of service users were utilising direct payments or personal budgets, Mr Lake told the Committee, and the around six hundred people were receiving direct payments.

Attempts were currently being made to align direct payments and personal health budgets, Mr Lake continued, particularly around continuing NHS healthcare and complex dementia needs which also included the carer payment.

Parliamentary Question on timing of Social Care White Paper

Sir Tony Baldry (Banbury) (Con): As co-chairman of the all-party group on carers, I ask my right hon. Friend to give an undertaking that, if the White Paper on social care is not published and a statement made on it next week, we will have both that White Paper and a statement before the rise of the House for the summer recess—not least to give right hon. and hon. Members the opportunity to study it during that recess? It would be good to see the White Paper, as I understand that it might include some enhanced rights and remedies for carers.

Sir George Young: I am grateful to my hon. Friend and take this belated opportunity to congratulate him personally on his knighthood. It is indeed our intention to publish in the very near future the White Paper and the progress report on the reform of funding. We plan to implement the recommendations of the Law Commission. I applaud my hon. Friend’s interest, and that of the group he co-chairs. We are determined to do more for carers and to drive up carers’ rights. I very much hope that when the White Paper is produced, he will be reassured by some of its proposals. As I said, we plan to bring it forward very shortly.

Parliamentary Question on social care spending

Asked by Lord Warner

- To ask Her Majesty's Government what proportion of the additional funding for rehabilitation and adult social care services made available to the National Health Service and local government following the 2010 Budget has been spent on the services for which the money was intended; and

what measures are in place to monitor whether that funding is used for the purposes intended.[HL627]

The Parliamentary Under-Secretary of State, Department of Health (Earl Howe): In recognition of the pressures on the social care system in a challenging local government settlement, the Government have allocated an additional £7.2 billion by 2014-15 to support the delivery of social care. As part of this, the National Health Service will provide support to local authorities by funding measures that support social care. This will promote improved joint working between the health and social care systems.

Of this additional funding for 2011-12, £648 million was allocated for transfer by the NHS to local authorities, with another £150 million allocated to primary care trusts (PCTs) for spending on reablement services, which help people to regain their independence after a crisis.

PCTs and local authorities are expected to work together to agree jointly appropriate areas for social care investment, with a shared analysis of need and a common agreement on the outcomes to be met. We will also expect them to monitor how this funding has been used and to report back to the department.

NHS planning assurance indicates that, at the end of 2011-12, all of the £150 million was planned for spending on reablement and that there were plans for the full £648 million to be transferred to local authorities.

In September 2011, the department collected information from primary care trusts to understand how the transfer of NHS money was progressing and on which services it was being used. A demonstrative graph of all of the forms that the money is being spent on can be found in the NHS publication *The Quarter*, a copy of which has been placed in the Library.

[Parliamentary Question on social care spending \(2\)](#)

Asked by Lord Warner

- To ask Her Majesty's Government how much local authorities spent on adult social care (in constant prices) in 2008-09, 2009-10, 2010-11 and 2011-12.[HL626]

The Parliamentary Under-Secretary of State, Department for Communities and Local Government (Baroness Hanham): Outturn figures for local authority net current expenditure for 2008-09 can be found from revenue outturn data on the Department for Communities and Local Government website at: <<http://www.communities.gov.uk/documents/statistics/xls/140135413.xls>.

[2009-10](http://www.communities.gov.uk/documents/statistics/xls/140135413.xls)"><http://www.communities.gov.uk/documents/statistics/xls/140135413.xls>.

2009-10 outturn figures can be found at:

<http://www.communities.gov.uk/documents/statistics/xls/2031748.xls>.

2010-11 outturn figures can be found at:

<http://www.communities.gov.uk/documents/statistics/xls/2123435>.

2011-12 figures are not comparative with previous years, due to transfers of responsibility between the NHS and local government.

2011-12 budget figures can be found from revenue account budget data at:

<http://www.communities.gov.uk/documents/statistics/xls/1933882.xls>.

Figures for the GDP deflator can be found on the HM Treasury website http://www.hm-treasury.gov.uk/data_gdp_fig.htm.

Parliamentary Question on social care spending (3)

Asked by Baroness Greengross

- To ask Her Majesty's Government how much local authorities have spent on adult social care services for the past six years for which data are available.[HL891]

The Parliamentary Under-Secretary of State, Department of Health (Earl Howe): The information requested is provided in the following table.

This information is collected through the personal social services expenditure and unit cost (PSSEX1) return, completed by local authorities and collected annually by the National Health Service Information Centre.

Net total adult social care expenditure 2005-06 to 2010-11 (includes supporting people grant that local authorities have classified as social care expenditure)	
Year	£ millions
2005-06	12,330
2006-07	12,810
2007-08	13,130
2008-09	13,850
2009-10	14,460
2010-11	14,610

Source; NHS Information Centre, PSSEX1 final return, 2010-11 report

Written Ministerial Statement on Care Quality Commission Market Report

The Minister of State, Department of Health (Mr Simon Burns): The Care Quality Commission (CQC) has today published its first quarterly report on the provision of health and adult social care in England, *Market Report Issue 1: 2012*.

The market reports are designed by the CQC to:

- provide an update on compliance in each of the sectors that CQC regulates on a quarterly basis;

- identify themes and trends in each sector's performance;
- flag issues of non-compliance to providers and other bodies who have responsibility for the health and adult social care system; and
- demonstrate the volume and effectiveness of CQC's inspection and enforcement action.

The report published today presents the results of inspections of more than 14,000 services, between June 2011 and 31 March 2012, across all the sectors that CQC currently regulates: healthcare, adult social care and dental care. This and future reports will provide a snapshot of the compliance of providers against the essential safety and quality requirements.

This report also includes a special feature on maternity services and focuses on midwife staffing numbers. The Department of Health is moving toward a workforce where the focus will be increasingly on supporting the whole maternity team to make the best use of their contributions by using innovation and new technology to drive up the quality of care and deliver value for money.

The Centre for Workforce Intelligence has been asked by the Department of Health to undertake an in-depth study of the nursing and maternity workforce. The final report will be published in summer 2012.

Market Report Issue 1: 2012 has been placed in the Library. Copies are available to hon Members from the Vote Office and to noble Lords from the Printed Paper Office.

[Parliamentary Question on work capability assessments](#)

Stephen Timms: To ask the Secretary of State for Work and Pensions what issues are taken into account when determining whether to call in a person in receipt of employment and support allowance for a repeat work capability assessment.[113916]

Chris Grayling: As part of the WCA, a healthcare professional will give advice on when they think a claimant's functional capability may have changed sufficiently that a return to work may be possible.

They must also give a justification for this advice, which is used by the Department to decide when to reassess claimants.

We recognise that asking customers to attend an unnecessary examination is in no-one's interests, for example, those people with terminal illnesses will not undergo a face-to-face assessment.

In addition, claimants who are unlikely to return to work in the longer term will be reassessed after two years if they have limited capability for work and after

three years if they have limited capability for work related activity. This is because it is important not to write people off completely, even if an individual is unlikely to see an improvement in their condition.

Wherever possible, these reassessments will not involve a face-to-face assessment and a decision will be made using paper-based evidence.

[Parliamentary Question on incapacity benefit reassessments](#)

Stephen Timms: To ask the Secretary of State for Work and Pensions what proportion of completed incapacity benefit reassessments have been (a) found fit for work, (b) placed in the Support Group or (c) placed in the Work Related Activity Group.[113915]

Chris Grayling: In March 2012 the Department released official statistics on the outcomes of incapacity benefits reassessment claims that had been referred for reassessment by the end of July 2011. This is the latest data available.

The publication can be found on the departmental website at the following link:

<http://research.dwp.gov.uk/asd/workingage/index.php?page=esa_ibr

[Parliamentary Question on the impact of welfare reforms on disabled people](#)

Gemma Doyle (West Dunbartonshire) (Lab/Co-op): What assessment she has made of the cumulative effect of welfare reform legislation on disabled people. [114068]

Nia Griffith (Llanelli) (Lab): What assessment she has made of the cumulative effect of welfare reform legislation on disabled people. [114072]

The Parliamentary Under-Secretary of State for Work and Pensions (Maria Miller): The Government consult fully with stakeholders on the impact of policy changes and produce robust equality impact assessments, as required by the Equality Act 2010 and its predecessor, the Equality Act 2006.

Gemma Doyle: I am sure the Minister will be aware of Scope's recently published report, which labels the Government's impact assessments as wholly inappropriate when applied to one reform at a time. Does she accept that, unless the impact of welfare reform is considered cumulatively, the human cost of her Government's austerity measures will be completely overlooked?

Maria Miller: I understand the hon. Lady's point, but she knows that neither the Institute for Fiscal Studies nor the Treasury have a methodology to assess such impacts in the way she describes, but I remind her that we have impact assessments and equality assessments for every policy in order to ensure that all the changes that we make benefit the people whom we are trying to support.

[Parliamentary Question on improving the Work Capability Assessment](#)

Jo Swinson (East Dunbartonshire) (LD): When disabled people are wrongly found fit for work, it causes a great deal of distress, and of course it is costly to have unnecessary appeals. So the falling rate of successful work capability assessment appeals is welcome and shows some improvement, but three out of 10 being wrongly found fit for work is still too high a figure. What more can the Government do to improve the process, particularly in terms of applying sanctions to Atos when it gets an assessment wrong, so that we can get more decisions right first time? [114076]

Maria Miller: My hon. Friend is absolutely right to want to drive through more good decision making in that process, and we are doing so across the board by working with Atos to make sure that it adheres to the contracts we have with it, and through the changes that we are making as a result of the Harrington reports, but importantly mandatory reconsideration, which begins in April 2013 for all decisions on benefits, will ensure that more decisions are right first time.

[Early Day Motion on Work Capability Assessments](#)

That this House deplores that thousands of sick and disabled constituents are experiencing immense hardship after being deprived of benefits following a work capability assessment carried out by Atos Healthcare under a £100 million a year contract; notes that 40 per cent of appeals are successful but people wait up to six months for them to be heard; deplores that last year 1,100 claimants died while under compulsory work-related activity for benefit and that a number of those found fit for work and left without income have committed or attempted suicide; condemns the International Paralympic Committee's promotion of Atos as its top sponsor and the sponsorship of the Olympics by Dow Chemical and other corporations responsible for causing death and disability; welcomes the actions taken by disabled people, carers, bereaved relatives and organisations to end this brutality and uphold entitlement to benefits; and applauds the British Medical Association call for the work capability assessment to end immediately and to be replaced with a system that does not cause harm to some of the most vulnerable people in society.

[Lords Question on the Personal Independence Payment assessment criteria](#)

Asked by Baroness Thomas of Winchester

- To ask Her Majesty's Government whether they will ensure that members of the House of Lords can view and comment on the third version of the assessment criteria for personal independence payments before the final draft of the instrument is laid before the House for approval, and if so, how.[HL985]

The Parliamentary Under-Secretary of State, Department for Work and Pensions (Lord Freud): The department's consultation on the assessment criteria closed on 30 April. We are now analysing the over 1,000 responses received, considering the changes we may wish to make to the assessment criteria to take account of those responses and to ensure the criteria allow effective assessment of the needs of disabled people. We intend to publish a response to the consultation and a final draft of the assessment criteria later this year, with regulations laid before Parliament thereafter.

An exact timetable has yet to be agreed but we are not intending to have a formal period of pre-legislative scrutiny on the assessment regulations, which have already been subject to extensive consultation and co-production with disabled people and disability organisations. The regulations will be made available to the Joint Committee on Statutory Instruments for its scrutiny and will be laid under an affirmative resolution, providing both Houses with the opportunity to debate and approve them before they can be made.

[Parliamentary Question on the cross-Government Disability Strategy](#)

Lyn Brown: To ask the Secretary of State for Work and Pensions when his Department expects to publish the cross-Government Disability Strategy.[113027]

Maria Miller: We are taking a phased approach to publishing the Disability Strategy. This ensures we can continue to work together with disabled people to develop and deliver an effective and practical strategy which makes a real difference to the lives of disabled people.

Phase 1: in September we will publish a summary of responses to “Fulfilling Potential”, a summary of decisions already made, actions already planned, and activities already under way. Alongside this, we will outline our next steps based upon the issues and ideas disabled people have told us about. This will include our strategic narrative, the priority areas for further action, specific next steps, and how we will continue to work with disabled people to deliver positive outcomes.

Phase 2: in the autumn we will publish an analytical document drawing on statistics and research, to explore the nature of disability in the UK today.

Phase 3: following from these, and continuing to draw on joint working with disabled people, we will publish a further strategic document and action plan in the new year.

Debate in the House of Commons on a Minister for Older People

Older people deserved a voice at the centre of Government, but this could be served more effectively by all departments championing their needs, MPs heard today.

Responding to a debate on a Minister for older people, Pensions Minister Steve Webb gave a range of examples of how Government departments adopted a joined-up approach when it came to older people.

He explained that the DWP was pioneering the way in acting effectively on tackling loneliness, along with outlining the work of the Age Action Alliance, under the umbrella of Age UK, which brought together a range of stakeholders to champion the needs of older people.

The Government also participated with the UK Advisory Forum on Ageing, Mr Webb added.

The Minister explained that Age UK had been more “nuanced” than expected in its position on the debate on the creation of the position of older persons’ Minister, explaining that the appointment of such an individual would “not be a panacea”.

There were risks, he said, in that having such a Minister could create confusion, leading to departments deciding that they were no longer responsible for thinking about older people. There certainly did not need to be two Ministers doing the same job, he added, referring to the role of Care Services Minister Paul Burstow.

Age UK, he said, had said that a “weak and ineffective” post of Minister for older people could “do more harm than good”. The Government was united in the view that older people needed a proper voice right at the heart and at the top of Government, he added.

Concluding, Mr Webb said that he welcomed the motion, but said that it was his proposition that one response could be that the UK Advisory Forum on Ageing could have a more cross-Government role. He stressed that there were plenty of cross-Government and coordinated efforts going on.

Shadow Care and Older People Minister Liz Kendall hoped the Government would follow Labour’s move in creating a position to mirror hers, explaining that older people were not a homogenous group and played an active part across different parts of society.

However, older people, like younger people, often said that they felt “invisible” to politicians, businesses, public services and the media, and there was a need to ensure that views were understood, she said.

Ms Kendall pressed for action by the Government towards the provision of the care system for older people, and hoped that there was recognition that issues cut across transport, education and employment policies, among others.

She expressed concern at the fact that the Government had “backtracked” in its promise to legislate in the Parliamentary session for a new legal and social framework for social care.

Bringing the debate, Conservative MP Penny Mordaunt said that the Government’s policy attitudes to older people too often focused on a stereotyped picture of older people. However, their interests cut across many policy areas, she noted.

There was no better mark of the values of a nation than the way in which it treated its older generation, Ms Mordaunt said, commenting that there would be a long line of people who could perform the role of a Minister for older people.

Elsewhere, Conservative MP Paul Maynard said that countries which had a dedicated Minister tended to have a clear strategy in place beforehand. If this was not in place, he said, there was a concern that a general Minister, whose objective it was to “proof” all policies, would end up with a role that was “a bit fluffy and soggy”.

Labour MP Julie Hilling spoke movingly about her mother, whose needs changed rapidly following a severe stroke. She said that she hoped that the Government could be encouraged to appoint a Cabinet member to champion the needs and aspirations of older people.

The motion was agreed.

[Parliamentary Question on patient data use](#)

Dr Huppert: To ask the Secretary of State for Health what recent estimate he has made of the time taken in starting up medical research projects due to the system of regulation and governance for patient data use.[113393]

Mr Simon Burns: When a research project requires access to confidential patient information without consent, statutory support is required to protect the discloser of the information from legal liability. This entails a review proportionate to the confidentiality issues highlighted by the particular research application. An application to the current process can take on average 40 days from submission to outcome or no more than 25 days for a more straightforward application. Research projects which already request explicit consent for confidential data to be used, or which can work from anonymised data rather than confidential data, can be commenced more quickly without the need for this further legal cover.

[Prime Minister’s Question on gift aid](#)

Dr Sarah Wollaston (Totnes) (Con): What assessment he has made of the level of public awareness of gift aid declaration forms.

The Prime Minister: Gift aid is an important way of supporting charitable giving through the tax system. We know that charities can have difficulties collecting gift aid declarations, for example when collecting donations in the street. That is why we are introducing the gift aid small donations scheme, which will enable charities to claim a gift aid-style payment on donations when it has not been possible to collect a gift aid declaration. We think that will help charities in many parts of our country and, I am sure, will be welcome on both sides of the House.

Dr Wollaston: I thank the Prime Minister for that answer. Community hospitals across Britain benefit greatly from gift aid donations through their leagues of friends. Will he reassure all those who give so generously that the equipment and facilities they fund will be guaranteed to remain for the benefit of local health communities, and may I invite him to visit a community hospital in my constituency to see gift aid in action?

The Prime Minister: I have visited a community hospital in my hon. Friend's constituency while having a holiday there and so have some experience of the excellent service provided in south Devon. I absolutely can say that leagues of friends do a brilliant job across the country and the money they provide for that equipment should remain local. I think that the gift aid change we have announced will be able to help hospitals and leagues of friends such as the one she refers to.

Community Right to Challenge provisions come into effect

From today more communities will be able to bid to take over local services they think they can run differently and better as the Community Right to Challenge provisions come into effect.

The Community Right to Challenge hands more power back to communities, allowing voluntary and community groups, parish councils and local authority staff to express an interest in taking over the running of local authority services, making services more responsive to local needs and delivering better value for money.

Also from today a range of specialist support is being put in place to help community groups wanting to take greater control of their community through every stage of the process - from setting up a group and developing a proposal right through to the delivering services on the ground.

The Social Investment Business, in partnership with Locality and the Association of Chief Executives of Voluntary Organisations will deliver a three year support programme worth £11.5million. The programme will include a dedicated advice phone line where support and information will be available. It will also include grants to help groups to use the new right and bid to run local public services, resources, and case studies.

Some examples of community groups already providing excellent local services include:

Bulky Bob's - a social enterprise that has contracts with Liverpool City Council and others to collect, reuse and recycle bulky household waste. 70 per cent of the furniture and white goods collected are recycled or reused, helping over 34,000 low-income families gain access to affordable, 'pre-loved' furniture and a huge saving for councils in landfill tax.

Shiney Advice and Resource Project (ShARP) - is an independent welfare rights advice centre based in Sunderland. Run as a charity it provides basic advice on debt, welfare benefits, housing and employment. Many of ShARP's users are vulnerable adults or people in stressful situations. Sunderland City Council has recently renewed its contract with ShARP to provide key advice to the Shiney Row, Houghton and Hetton wards of Sunderland.

Communities Minister Andrew Stunell said:

"The Community Right to Challenge gives communities another opportunity to be the driving force in the future of their local services. As the people who know their communities best and use and rely upon local services it makes sense, that where they feel they can run services better, they should be encouraged and supported to step in and do exactly that.

"Already we have seen some excellent achievements from local people taking the reins, and with these revolutionary rights now in place we can look forward to more communities getting involved in making their local areas better places to live."

Decentralisation Minister Greg Clark said:

"The Community Right to Challenge paves the way for communities to play a bigger part in shaping excellent local services around their needs.

"Councils do not have to have a monopoly over the best ideas and the most creative are already welcoming innovative ideas from communities about how services can be reformed and improved to better meet local need.

"This marks the next step in returning power back to citizens, communities and local groups to manage their own affairs free from Whitehall interference."

Jonathan Jenkins, Chief Executive, Social Investment Business said:

"The Right to Challenge presents a fantastic new opportunity for social ventures to grow through increased revenue, and therefore build their capacity to secure further investment - all with the goal of being able to reach more beneficiaries."

Steve Wyler, Chief Executive, Locality said:

"We are delighted that the Community Right to Challenge is coming into force, having pushed hard to make the Localism Act a reality. The Community Right to Challenge will give communities the impetus to suggest and put in place new ways of delivering services - meeting the needs of residents, employing local people and creating resilient community enterprises. Locality supports local people to run local services as the best way to deliver economic and social change."

Mohamed Aslam MBE, BEM, Director, Himmat Limited a community-led organisation based in Halifax said:

"At Himmat, we have expanded from our original base of Halifax to deliver services elsewhere in West Yorkshire. As a community-led organisation, we have been successful in being awarded contracts to run services such as with the local Youth Offending Team. It hasn't been straightforward establishing ourselves - we're lucky to have strong relationships with our local authority. The new Community Right to Challenge will make it easier for community organisations to suggest new ways of running council services. The 95 per cent attendance record at our Youth Offending Team programme is evidence that community organisations deliver results."

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