

Brunswicks' Healthcare Review

Volume 4 Issue 20
20 May 2009



refreshingly modern, reassuringly traditional

This week's article

This week we reproduce, with thanks to the Department of Health, the text of Health Secretary, Alan Johnson's speech on health inequalities which was delivered to the Fabian Society earlier this month.

To read the speech in full, [click here](#)

Abuse/Dignity—page 3

Business news—pages 3-7

Care Homes—pages 7-8

Case reports—page 8

Children—pages 8-9

Conferences & Courses—pages 9-14

Consultations—page 14

CQC—pages 14

Dementia—pages 14-15

Ireland, Scotland & Wales—page 15

Learning Disabilities—pages 15– 16

Legislation update—page 16

Mental capacity—page 16

Mental health—page 16

Parliament

18.05.09 – HoC – Opposition Day, Mid-Staffordshire NHS Foundation Trust

18.05.09 – HoL – Coroners and Justice Bill

19.05.09 – HoC – Dental services, Oxfordshire; Westminster Hall

Continued on [page23](#)

Miscellaneous—pages 16-20

NHS—pages 20-22

Nursing—pages 22-23

Older people—page 23

Parliament—pages 23-25

Social Care—pages 25-26

Workforce—page 26

Editorial

As we were about to put this issue of BHCR 'to bed' the Report from the Ryan Commission (previously the Laffoy Commission) was published by the Irish Government.

The Commission, led by Mr Justice Sean Ryan took over nine years examining the role of the Roman Catholic church and the Irish State in the child abuse in Irish Catholic institutions and care facilities. The findings, contained in five volumes and extending to 3,500 pages, found that violence and sexual abuse was systemic and that there was a culture of silence.

The abuse went from severe punishment to violent sexual assaults. The report also found that there were dehumanising regimes with children referred to by number, separated from siblings and that many were used as a source of cheap, almost slave labour; all of this occurred from the 1920's until the 1970's.

Concerns have been expressed by victims that both the Church and the State failed to fully cooperate with the Commission and were slow to produce documents and records.

Disappointment surrounds the report because both the Ryan commission (and the earlier Laffoy commission) refused to scrutinise the role of the Irish courts system in sending children to places such as industrial schools and other places where they were subsequently abused; further, it has been announced that there will be no criminal prosecutions brought against the abusers or against those in the hierarchy of the church who were complicit in the brutal crimes against innocent children.

Over the past dozen or so years some 9,000 people have successfully brought claims for compensation amounting to tens of millions of euros.

The report has recommended that the Irish state build a memorial to the innocent abused victims.

Patrick Walsh one of those abused and now a business man in North London said: *"It is unlikely that officials from any government department will ever be held accountable having presided over an illegal, cruel and wicked system that led to untold suffering for tens of thousands of innocent Irish children and their families since the foundation of the state."*

One wonders whether there will be further claims for compensation, almost certainly there will. Perhaps the sense of injustice will be such that some of the compensation received will be 'pooled' and routed to the bringing of private prosecutions of not just perpetrators but others who were in a position to intervene and put a stop to the activities, but, who stood by and permitted such appalling behaviour to continue unchecked.



Abuse/Dignity

1. Baby P review reveals 'systemic failings' in NHS

13 May 2009 Health Service Journal

Trusts have been urged to ensure they are meeting child protection standards in a report revealing "systemic failings" in the NHS's treatment of Baby Peter.

2. 'Tackle advocacy shortage to combat elder abuse'

Action on Elder Abuse/Older Peoples Advocacy Alliance report finds advocacy can help pensioners escape abuse

12 May 2009 – Community Care

A report has said that independent advocacy can play a significant role in helping older people combat abuse but access to such services is still limited.

The claim was made after a study of 98 cases in which advocates had supported alleged abuse victims, from 2007-8, found abuse had been stopped in 46%, reduced in 11% and prevented in 17% of cases, in the judgement of advocacy schemes.

[For full report click here](#)

3. 'Major failings' at abuse school

11 May 2009 – BBC News

An independent inquiry into a school for vulnerable youngsters hit by child abuse allegations has reported "significant failures" in management.

The Kerelaw Residential Unit in Stevenson, Ayrshire, was closed in 2006 after a police investigation.

The report said physical abuse was "prevalent" at the school but for years no study was done of what was going on.

[For full report click here](#)

Business News

4. Advent eyes Four Seasons bid as debt deals near

15 May 2009 Reuters

Advent 'eyes Four Seasons'

12 May 2009 Manchester Evening News

Private equity firm Advent International is considering making a bid Four Seasons Health Care, two sources with knowledge of the situation said on Friday. Advent International has hired Close Brothers to advise it on a possible bid, one of the sources said. Four Seasons's property portfolio was valued at 900 million pounds by Knight Frank LLP late last year but real-estate values have fallen further since then.

Both Advent and Close Brothers declined to comment.

5. ECCA condemns e-auctions as prioritising cost over quality

12 May 2009 – ECCA

The English Community Care Association has condemned the practice of e-auctions to commission care services.

Martin Green, Chief Executive of ECCA, said:

"The London Procurement Programme is using e-auctions to procure services to meet a range of health care needs in care homes. The notion of treating services to vulnerable people in the same way you would

procure pens and paper is a scandal. It is particularly outrageous at a time when the Department of Health talks endlessly about personalised quality services to deliver individual dignity".

Martin Green continued:

"The taxpayer is putting millions of pounds into so-called 'World Class Commissioning' programmes. It's time the Department started to deliver on its rhetoric, and if it can't or won't then it should dismantle some of the expensive structures that it has put in place and put the money in the service, not the system".

6. Southern Cross Healthcare Group PLC Interim Results for the 26 weeks ended 29 March 2009

Monday, 11 May 2009

Southern Cross Healthcare Group PLC ('Southern Cross', 'the Group' or the 'Company'), the UK's largest care home provider, announced its interim results for the 26 weeks ended 29 March 2009.

Revenues in the first half increased by 6.9% to £460.8 million (H1 2008: £431.2m) reflecting a 4.4% increase in the number of available beds and 4.3% higher average weekly fees of £536 during the period. Like-for-like mature occupancy was 1.5% lower due, in part, to an increase in resident mortality experienced over the cold winter months. This led to a decrease in Adjusted EBITDA of 7.5% to £28.5 million.

This represented a resilient operating performance in the light of the lower occupancy levels but management believes significant potential exists to raise operating margins and occupancy within the existing portfolio.

Operating Highlights

- Comprehensive portfolio review completed: clear link established between quality of service, occupancy and profitability
 - Action plans being implemented to address declines in occupancy whilst maintaining margins
 - Available beds increased to 37,575 at period end (H1 2008: 37,084 beds)
 - Number of homes operated increased to 734 at the period end (H1 2008: 728)
 - Average occupancy in mature estate of 88.9% (H1 2008: 90.4%)
 - Average weekly fee up 4.3% to £536 (H1 2008: £514) and local authority fee increases from April 2009 expected to be c.2.7%
- Overall service quality has improved

Financial Highlights

- Revenue increased by 6.9% to £460.8m (H1 2008: £431.2m)
 - Adjusted EBITDA fell 7.5% to £28.5m (H1 2008: £30.8m)
 - Profit before tax and IAS17 charge for future minimum rental increases reduced by 16.1% to £14.1m (H1 2008: £16.8m)
 - Home EBITDAR margin, before central costs, decreased to 29.3% (H1 2008: 29.9%)
 - Cash inflow from operations £26.7m (H1 2008: £29.5m)
 - Adjusted earnings per share down 21.0% to 5.37p (H1 2008: 6.80p)
 - Net debt reduced since year end by £23.1m to £74.4m as at 29 March 2009
- Increased headroom following removal of £70m EBITDA covenant

Ray Miles, Chairman of Southern Cross, said:

"Southern Cross has grown rapidly by acquisition over the past four years but has now entered a period where the priority is to fully integrate those acquisitions. A new quality inspection system is being adopted to enable us to improve the quality of care and service we offer our residents across the entire portfolio. We want Southern Cross to be synonymous with industry leading levels of service quality within three years."

Jamie Buchan, Chief Executive of Southern Cross, said:

"Despite the challenging market conditions, we believe that Southern Cross has the potential to deliver significant operational improvement and that the initiatives being implemented will reverse the decline in occupancy rates and strengthen operating margins. At the same time, we are committed to the continued reduction of debt in the business."

Chief Executive's Statement Overview

Southern Cross has grown rapidly by acquisition over the past four years. The new management team has identified the need to fully integrate those acquisitions with the aim of growing both occupancy rates and operating margins.

In the first quarter of 2009, management conducted a thorough business review which was triggered by a recognition that business performance was being hampered by three issues which it believes are closely linked: inconsistency of service quality delivery together with declining occupancy and profitabil-

ity. However, the review also demonstrated clearly that the business has tremendous potential. Despite customer funding constraints, demand for care home places continues and demographic trends suggest it will continue to grow. As the leading national provider of elderly care, Southern Cross is in a strong position to capture a significant proportion of this growth by developing an improved understanding of the market and offering residents appropriate levels of quality and service.

According to the latest published figures for England (accounting for 75% of the Group's estate), service quality in 29% of our homes is externally assessed as either adequate or poor (71% good or excellent). This is not acceptable to management and similar challenges exist in Scotland, Wales and Northern Ireland. Underlying occupancy has been weakening over a three year period.

Management's priorities are to address the decline in occupancy rates whilst restoring operating margins, both of which can be achieved initially through improvements in service quality. These issues are already being addressed and we expect to see progress in the second half of 2009.

The specific quality targets set for the business in the medium term are to reduce the number of underperforming homes in the portfolio. For example in England, where homes are assessed by the Care Quality Commission ("CQC") our aim is to increase those in the good or excellent categories from the current 71% to 73% by September this year and, within two years, to 80%. This will take time to achieve partly because the CQC audit process for an individual home takes at least 12 months to complete. Similar improvements are targeted across the rest of the UK.

Demand for the services provided by Southern Cross and the adopted business model remain resilient but have not been unaffected by the economic downturn. Specifically, there is uncertainty about who will ultimately pay for the services required by a growing number of elderly people. In addition, our key local authority customers (69% of revenues) are applying increasingly stringent placement criteria in order to exercise control over their budgets. As a consequence, the average age and frailty of residents, on admission, is increasing.

Furthermore, approximately 10% of local authority weekly fees are now linked to service quality and, in many cases, explicit penalties are being introduced against homes delivering lower attributed service quality. We expect this trend to continue and expect to benefit from it once we have achieved the initiatives to improve the quality of care we offer our residents. Our policy is to support local authorities in introducing appropriate measures of service quality, but to remain highly challenging of those which do not pay a fair price linked to the true cost of care. Management is actively strengthening relationships with local authorities. In Northumberland, for example, a fee dispute was settled which had remained unresolved for 12 months.

Despite the evident challenges, management is confident that considerable value can be extracted from the existing portfolio provided that the required business improvements are implemented, a process that we believe will take two years to complete.

H1 Operating Performance

Revenues in the first half increased by 6.9% to £460.8 million (H1 2008: £431.2m) reflecting 4.3%

higher average weekly fees of £536 during the period...

In the light of the fall in occupancy, this was a resilient operating performance.

Service quality improved in the first half of the year. Our operations teams achieved an overall CQC scoring of 71% good or excellent against 69% at the end of the previous full year...

As a result of operating cash flow, together with the £17.6m tax repayment received in February 2009 (see Financial Review), net debt has been reduced by £23.1m, which is ahead of the level anticipated at the time of the refinancing in October 2008. Given the reduction in net debt and the continued strong operational cash flow, the business has negotiated the removal of the £70m EBITDA headline covenant which formed part of last year's refinancing in order to re-establish headroom.

Business Review

The review's findings supported management's expectation that there is a clear relationship between service quality and profitability: zero star rated homes have average home EBITDAR margins of 17% and occupancy of 80%, significantly below three star rated homes which have 35% home EBITDAR margins and 94% occupancy.

In response to these findings, each home has now agreed an action plan covering the quality of service, team development and local marketing, all of which have a direct bearing on operating margin.

One of the priorities for the new management team has been to improve the basic management controls and business stewardship across the portfolio. Internal controls have been improved and better information management systems have been implemented. As a result, significant enhancements have been made in both the quality and rigour of business analysis.

Investment in our people will be increased and further reviews are scheduled for the second half of the year covering the roles, responsibilities and training needs within the organisation.

Business Development

The Group has continued to grow the business, albeit with more measured expectations reflecting the current economic climate. Of the four "in-house" developments under construction at the start of the period, two have been completed and the others are expected to be finished by end June 2009. These will provide a combined 330 beds which are of an exceptional quality both in terms of design and specification.

In future, the Group expects to see growth principally through the acquisition of homes through agreements to lease but also through continued development of the existing portfolio. A number of homes already benefit from planning consents for extensions and discussions are underway with our landlords to explore opportunities to fund and develop on this basis.

Outlook

Following discussions with Local Authorities, average weekly fee increases are anticipated to be c.2.7% for

the year beginning April 2009. Average weekly private pay fee increases of 8% have been agreed, effective from February 2009. Within these increases is the impact of some Local Authorities introducing 'Quality Premiums'; further underlying the importance of achieving high standards of care across the entire portfolio.

Average occupancy of the mature estate (mature occupancy) for the first half was 88.9% (H1 2008: 90.4%) with a period end spot rate of 87.8%. Seasonally higher occupancy is anticipated in the remainder of the year and the return to higher levels over the next two years as our service quality and other initiatives deliver the expected results.

An indication is expected this month from the Low Pay Commission regarding its recommendation on the new level of the National Minimum Wage which will come into effect in October 2009.

Despite the challenging market conditions, the Board believes that Southern Cross has the potential to create greater value and management is actively engaged in business improvement, to increase occupancy rates and strengthen operating margins.

Jamie Buchan
Chief Executive
11 May 2009

Financial Review

Basis of Preparation

The financial information on pages 15 to 25 has been prepared using accounting policies consistent with International Financial Reporting Standards, as adopted by the EU (IFRSs) and in accordance with

IAS 34 "Interim Financial Reporting". In accordance with IFRS 3 "Business Combinations" the balance sheet as at 30 March 2008 has been restated to reflect finalisation of fair values on provisional goodwill on acquisitions completed within the last 12 months.

Revenue Statement

The Group's operating performance is summarised in the following table:

	26 weeks ended 29 March 2009	26 weeks ended 30 March 2008	Growth %
	£'m	£'m	
Revenue	460.8	431.2	6.9
Home EBITDAR	134.9	129.1	4.5
Home EBITDAR margin (%)	29.3	29.9	-
Adjusted EBITDA ¹	28.5	30.8	(7.5)
Operating loss	(8.6)	(3.6)	-
Loss before taxation	(12.5)	(8.6)	-
Average number of available beds	37,515	35,944	4.4
Cash generated from operating activities	26.7	29.5	(9.5)

¹ Adjusted EBITDA represents EBITDA after adding back charges for future minimum rental increases.

6 Loss per Ordinary Share

Basic loss per share is calculated by dividing the loss for the period attributable to ordinary equity holders of the parent, by the weighted average number of ordinary shares outstanding during the period.

Diluted loss per share is calculated by dividing the loss for the period attributable to ordinary equity hold-

ers of the parent, by the weighted average number of ordinary shares outstanding during the period plus the weighted average number of ordinary shares that would be issued on the conversion of all the dilutive potential ordinary shares into ordinary shares.

	26 weeks ended 29 March 2009	26 weeks ended 30 March 2008
	Num- ber	Number
Basic weighted average number of shares (excluding treasury shares)	188,067, 377	188,067, 377
Dilutive potential ordinary shares:		
Employee share options	-	-
Diluted weighted average number of shares	188,067, 377	188,067, 377

The Group presents exceptional items and future minimum rental increases on the face of the income statement. Items that are considered exceptional, by virtue of their size or incidence, are disclosed in order to improve a reader's understanding of the financial information. To this end, additional basic and diluted earnings per share information is also presented on this basis. Reconciliations of earnings and the weighted average number of ordinary shares used are set out below:

	26 weeks ended 29 March 2009			26 weeks ended 30 March 2008		
	Basic per share	Diluted per share	Basic per share	Diluted per share	Basic per share	Diluted per share
	£'m	£'m	£'m	£'m	£'m	£'m
Loss attributable to ordinary Shareholders	(15.3)	(8.1)	(8.1)	(6.3)	(3.3)	(3.3)
Charge for future minimum rental increases	26.6	14.14	14.14	25.4	13.52	13.52
Amortisation	-	-	-	0.8	0.41	0.41
Taxation impact of above (including impact of tax losses not recognised as a result of preparing subsidiary financial statements under IFRS)	(1.2)	(0.63)	(0.63)	(7.1)	(3.79)	(3.79)
Adjusted measure ¹	10.1	5.37	5.37	12.8	6.80	6.80

¹ Profit attributable to ordinary shareholders before charge for future minimum rental increases, amortisation and taxation impact thereof.

7 Dividends Paid and Declared

The Directors have decided not to recommend an interim dividend (2008 - 3.75p per share).

8 Bank Overdrafts and Loans

	As at 28 September 2008	Cash flow	Non-cash movement	As at 29 March 2009
	£'m	£'m	£'m	£'m
Cash and cash equivalents	2.2	26.8	-	29.0
Bank loans - net of arrangement fees totalling £1.6m (2008 - £1.0m)	(97.7)	(3.8)	-	(101.5)
Obligations under finance leases	(2.0)	0.3	(0.2)	(1.9)
Net debt	(97.5)	23.3	(0.2)	(74.4)

During the period bank loans totalling £41.8m were repaid, including scheduled repayments of bank term loans amounting to £5.6m (2008 - £3.0m) made in line with repayment terms. New loans totalling £45.6m were also drawn down in the period.

Bank loans outstanding at 29 March 2009 include £1.6m of mortgage debt (2008 - £1.6m), which is secured upon freehold property to which it relates. The debt is repayable on disposal of the property.

NOTE: The above report has been edited

Care Homes

7. Specialist Care Provider Embarks on a Journey of the Senses

14 May 2009 Craegmoor Healthcare

Craegmoor Healthcare has unveiled its first sensory garden devoted to providing rich and stimulating experiences for multiple senses at the company's Cedars Neurological Care Centre in Llangattock, Crickhowell.

As a result of their medical conditions, many residents can experience dulled senses, such as blurred sight or muted sound, but the new garden is intended to make maximum use of all the senses with the help of different textures, scented flowers and water features.

Alongside the sensory garden, Craegmoor has also invested in overnight accommodation for relatives to allow them to visit their loved ones more easily and spend extra time with them. The new facilities were unveiled recently to the local community at an open day featuring live music, table top stalls and guided tours.

Ted Smith, Craegmoor's Chief Executive Officer, said:

"Craegmoor is about providing care and support that is personal to the individual and tailored to their needs to ensure that we provide those who use our services with the care, support and experiences that they would not be able to get at home.

That was the rationale behind the creation of the sensory garden and over the coming months we want to

work with those who use our services, as well as their families, to ask for their feedback on how we can develop services to ensure we provide the most rewarding and enriching care and support.

The development of overnight accommodation for families was also central to our vision for the Centre as we want those who use our services to be able to live with as much independence as possible. Being able to spend time with loved ones in a relaxed, but supportive setting, is central to this."

8. Fairer Fees Forum

13 May 2009 English Community Care Association

Martin Green, chief executive of ECCA, has written to members inviting them to consider joining the Forum which will try to "mount a comprehensive and systematic challenge to local authorities across England and through the mechanism of the law deliver fairer funding for care providers."

Case Reports

Law Reports

Nothing to report

Disciplinary cases

Nothing to report

Cases in the news

9. Pensioners 'overcharged for care'

15 May 2009 – BBC News

A judge has ruled that an elderly couple should not have been charged for some care services they received.

David Boath, 95, took legal action against Perth and Kinross Council over the issue of free personal care concerning fees charged between July 2002 and June 2003, and Mr Boath sought payment of £3,081 plus interest.

[For full report click here](#)

10. Bug scandal boss renews pay fight

15 May 2009 – HSJ

Rose Gibb to take case to Court of Appeal

15 May 2009 – HSJ

Rose Gibb is still fighting her battle to get her £250,000 payoff - making a double-pronged approach to the Court of Appeal and an employment tribunal.

[For BBC report click here](#)

For HSJ report go to <http://www.hsj.co.uk/5001603.article>

11. Care worker stole resident's cash

11 May 2009 – BBC News

Anne Morris, a former care home worker, has admitted stealing nearly £10,000 from a resident's bank account.

Anne Morris, 22, of Goole, East Yorkshire, took the man's bank card from his room in the St John's Rest Home at Melrose in the Borders and used it to take money from ATMs in Galashiels, Lauder and Melrose between August and December last year.

She pled guilty at Selkirk Sheriff Court to obtaining a total of £9,440 by fraud.

[For full report click here](#)

12. Secret filming nurse will appeal

11 May 2009 – BBC News

Margaret Haywood, thenurse who was struck off the register last month for secretly filming care for the

elderly at a Brighton hospital is to appeal against the decision.

The Royal College of Nursing (RCN) confirmed that papers were being lodged at the High Court.

[For full report click here](#)

13. Cerebral palsy sufferer wins right to sue

07 May 2009 Foundation for People with Learning Disabilities

A cerebral palsy sufferer who has achieved an Eton scholarship and gained a place at Cambridge has won the right to sue a London health authority for damages.

More information at: <http://>

www.learningdisabilities.org.uk/information/news/?EntryId17=32625

Children

14. Slurred by the adoption Nazis

14 May 2009 Daily Mail

The state funded National Adoption Agency has branded critics of gay adoption as 'retarded homophobes'.

15. Ofsted: Inspections of safeguarding and looked after children services - Full evaluation schedules

14 May 2009 – OFSTED

Framework and guidance setting out arrangements for inspecting safeguarding and looked after children from June 2009. It needs be read alongside the framework for the new unannounced inspections of

contact, assessment and referral arrangements for children who are in need or who may be in need of protection.

For full report go to <http://www.ofsted.gov.uk/Ofsted-home/Forms-and-guidance/Browse-all-by/Other/General/Inspections-of-safeguarding-and-looked-after-children-services-full-evaluation-schedules>

16. New Every Child Matters website now live

14 May 2009 – Every Child Matters

The Department for Children Schools and Families has announced that the new Every Child Matters (ECM) website is now live and can be accessed at www.dcsf.gov.uk/everychildmatters.

17. Coughlan: Long-term hike in care cases would hit budgets Children's services leaders sceptical that post-Baby P care case hike will become trend

12 May 2009 – Community Care

A warning has been issued saying that councils could face significant financial difficulties if the post-Baby Peter spike in care applications becomes a long-term trend.

John Coughlan, Hampshire Council director of children's services, made the claim after family court body Cafcass revealed that applications from November 2008 to March 2009 were one-third higher compared with the same period in 2007-8.

[For full report click here](#)

18. Shadow children's minister says safeguarding unit will swallow up resources

12 May 2009 – Community Care

Tim Loughton, Shadow children's minister, has announced that a Conservative government would scrap the National Safeguarding Delivery Unit, which will launch in July to oversee child protection in England.

Loughton said the NSDU – one of Lord Laming's recommendations – was "yet another quango created at great expense".

[For full report click here](#)

Conferences and Courses

Westminster Health Forum Keynote Seminar

19. Healthcare Associated Infections: Hospitals to Beyond an Acute Care Setting

2 June 2009, Sixty One Whitehall, London SW1A 2ET

This seminar will examine progress in reducing Healthcare Associated Infections (HCAIs) including MRSA and C. difficile both in a hospital setting and beyond an acute care environment, the role of the Care Quality Commission in leading the battle against HCAIs, and what can be done to improve public confidence. This seminar will also discuss the role of new equipment and technology and what can be done to combat antimicrobial resistance.

Bringing together key policy makers with stakeholders, the seminar is timed to coincide with the launch of the National Audit Office report into tackling HCAIs in hospitals. Delegates will also discuss the role of the newly launched Care Quality Commis-

sion.

Booking arrangements

To book places, please use our [online booking form](#). Options and charges are as follows:

- Places at *Healthcare Associated Infections: Hospitals to Beyond an Acute Care Setting* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£218.50);
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT (£92.00). Please be sure to apply for this at the time of booking.

For those who cannot attend:

- Copies of the briefing document, including full transcripts of all speeches and the question and comment sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£95** plus VAT (£109.25);
 - Concessionary rate: **£50** plus VAT (£57.50).
- To order please follow the link [here](#).

20. New Vetting and Barring Scheme Road shows

A series of Roadshow presentations by the Home Office with the Department for Children, Schools and Families and the Department of Health has been announced.

The series is intended to demonstrate how the Criminal Records Bureau and the Independent Safeguarding Authority will deliver the new scheme created by the Safeguarding Vulnerable Groups Act 2006.

The events are free to attend and open to all interested parties; however, places are limited and must be booked in advance through the ISA website: <http://www.isa-gov.org>

Wednesday	03 June	Nottingham
Thursday	04 June	Coventry
Friday	05 June	Newmarket
Monday	08 June	York
Tuesday	09 June	Newcastle
Wednesday	17 June	Plymouth
Friday	26 June	London
Monday	29 June	Belfast
Monday	06 July	Reading
Friday	10 July	Southampton
Monday	13 July	Cardiff
Tuesday	14 July	Llandudno
Wednesday	15 July	Liverpool

Each venue will run a morning session from 10:00am until 1:00pm and an afternoon session from 2:00pm until 5:00pm, with the exception of London which will run a single session from 1:00pm until 4:00pm.

At the moment it is impossible to book a place – the ISA has overlooked placing a link on its website to enable people to book. Worse, it will not take bookings via the 'phone!!!

I am assured there will be a function link by the time you read this issue of BHCR!

21. Supported Living "Opportunities for partnership and barriers to progress" **4 June 2009**

America Conference Centre, London, EC3

Laing & Buisson's Supported Living conference will focus on the latest trends in the sector as well as making a detailed comparison with developments in residential care.

With contributions from government spokespersons, providers, commissioners and expert advisers, this

conference will consider the implications of recent changes within local authorities for providers, the future of residential care and whether supported housing can offer better value, new funding streams and the impact of new grants on the supporting people programme. An interactive panel discussion will explore procurement and the future for providers, providing opportunities for delegates to interact with one another and with the speakers.

[Download brochure](#) or [book online](#) For further details contact conferences on 0207 923 5348 or e-mail rachel@laingbuisson.co.uk

22. Home Care ... Is it Personal? **10 June 2009**

The full day course will take place at The Royal College of Surgeons, London and costs £140 – discounts available.

Key-note speaker is Simon Weston OBE.

Other speakers include:

Phil Hope MP, Minister for Care Services

Stephen Burke, Counsel and Care

Jeff Jerome, ADASS

Glen Mason, DoH

Julie Jones, SCIE

James Buckley, Tunstall

Cynthia Bowyer, CQC

Prof. Jane Gilliards

Caroline Ogden

For more info email info@ceretas.org.uk

0115 959 6130 - Heather Parfitt

Westminster Legal Policy Forum Keynote Seminar

Capita's 4th National

23. Independent Living Conference **17 June 2009 – Central London**

This conference is an excellent learning and networking opportunity for anyone involved with Independent Living, Individual Budgets, Direct Payments, Self-Directed Support, Adult Social Services and Supporting People Teams. Please feel free to forward these details on to anyone you feel would benefit from attending.

You can **book online** by [clicking here](#) and using **booking ref code: TSDE**. If you have any questions or difficulties please call **Dave Eastman on 0207 202 0597** or email dave.eastman@capita.co.uk

Westminster Legal Policy Forum Keynote Seminar:

24. The Future of the UK Third Sector – proving 'public benefit'

Thursday, 18 June 2009, Central London

This seminar will assess the future of the UK third sector and the new challenges facing charitable organisations, and the groups and individuals that benefit from their activities.

Sessions focus on the possible consequences of the stricter new requirements to prove 'public benefit' in line with updated guidelines from the Charity Commission, and evidence on the impact that the recession is having on donations.

Themes for discussion include the contribution to society that the third sector will be expected to make in the future and more generally the future relationship between the state, private sector and third sector. Debate will also examine changing public perceptions of the importance of third sector institutions in light of

recent economic developments, including organisations like credit unions and social enterprises.

Including a keynote contribution from the **Office of the Third Sector**, the meeting will bring together key policy makers in Government and Parliament with charities, their advisors and supporters, citizen groups and others with an interest in the issues. It is organised on the basis of strict impartiality by the Westminster Legal Policy Forum.

Booking arrangements

To book places, please use our online booking form [here](#).

Options and charges are as follows:

- Places at *The Future of the Third Sector – providing 'public benefit'* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£218.50); Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT (£92). Please be sure to apply for this at the time of booking.

For those who cannot attend:

- Copies of the briefing document, including full transcripts of all speeches and the question and comment sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£95** plus VAT (£109.25); Concessionary rate: **£50** plus VAT (£57.50). To order please follow the link [here](#).

Westminster Health Forum Keynote Seminar **25. Diabetes - Quality of care and patient safety**

19 June 2009, Central London Seminar

With the prevalence of diabetes in the UK standing at 2.5m and rising, this seminar examines what can be done to improve the experience, safety and outcomes for hospital patients with diabetes.

Focusing both on planned and acute admissions, the seminar will examine how effective the current National Strategic Framework has been, and will also look in detail at issues surrounding the prevention, treatment, clinical care of diabetes.

Including a response from the National Clinical Director at the Department of Health, planned session look at:

- Diabetes and inpatient care: the current position, and why the focus now?;
- Planned admissions: patient concerns, experience and safety;
- Emergency patients: current treatment and possible improvements;
- Diabetes as a secondary factor in outcomes for other illnesses and how this can be managed; and The challenges of co-ordination and staff training in hospital.

Booking arrangements

To book places, please use our [online booking form](#).

Options and charges are as follows:

- Places at *Diabetes - Quality of care and patient safety* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£218.50); Concessionary rate places for small charities, un-

funded individuals and those in similar circumstances are **£80** plus VAT (£92.00). Please be sure to apply for this at the time of booking.

For those who cannot attend:

- Copies of the briefing document, including full transcripts of all speeches and the question and comment sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£95** plus VAT (£109.25); Concessionary rate: **£50** plus VAT (£57.50). To order please follow the link [here](#).

26. Activity Coordinator training for Learning Disability Homes

22 June 2009

West Midlands Care Home Association

The course will be held at Salvation Army Hall in Cradley, £50 for members £100 for non members, to book email enquiries@wmcha.co.uk

27. National Commissioning Conference 09, Aston Conference, Lakeside Centre, Birmingham

22 & 23 June 2009

Run by the Guardian and OLM-Pavilion and supported by the Association of Directors of Adult Social Services, this two day event brings insight and best practice for commissioners to improve the quality of services in health and social care.

Key issues the conference will cover include:

- the future of funding care and support for adults social care
- the move towards choice and a new service market
- different systems of commissioning – how they work

to realise better outcomes

- engaging with service users and providers to shape services
- building safety, quality and performance into commissioning
- developing the workforce and skills to implement changes

To book your place, call 0844 880 5061 or visit www.olm-pavilion.co.uk/ncc09

28. National Care Association is hosting a series of three regional seminars when delegates will learn about:

DoH/CQC consultation on regulation and standards

Deprivation of liberty safeguards

Independent Safeguarding Authority

23 June 2009 - Bath

30 June 2009 - Chatham

07 July 2009 - Stratford-Upon-Avon

The cost is £25 for members and £40 for non-members.

For more info or to book contact the organisers on 020 7831 7090

Capita's National Conference

29. Lifetime Homes, Lifetime Neighbourhoods

Housing for an Ageing Society

26 June 2009 – Central London

Supported by CLG, Birmingham City Council, Help the Aged & Age Concern

Amy Campbell, Head of Strategy, Housing Care and Support, **Communities and Local Government**

will be making a keynote address at the **Lifetime Homes, Lifetime Neighbourhoods Conference** on 26th June.

Capita's National Lifetime Homes, Lifetime Neighbourhoods Conference focuses on the Government's plans for the development of appropriate housing to relieve the forecasted unsustainable pressures on homes, health and social care services. **The Government's National Strategy for Housing in an Ageing Society** states that all public sector funded housing in the UK will be built to the lifetime homes standard from 2011, with a target of 2013 for all private sector dwellings. This conference will bring together all those who provide housing services for older people to **establish best practice for meeting the new standard**.

For agenda and booking form please [click here](#), call 0870 165 8989, or e-mail Dave Eastham dave.eastman@capita.co.uk. Alternatively you can **book online** by [clicking here](#) and use **booking ref code: TSDE**.

30. Investing in Healthcare in Europe Conference 26 June 2009, America Conference Centre, London, EC3

Laing & Buisson's third Investing in Healthcare in Europe conference focuses on the services and medical technology sectors and seeks to provide many of the answers to these and other challenges facing investors during the present economic crisis. Diversity in regulatory systems, funding mechanisms and, above all, cultures presents an array of challenges for potential investors in European healthcare services.

This conference offers a forum for chief executives,

directors and senior managers from investors, operating companies and others engaged in the European healthcare and medtech services sectors, to hear about recent developments and future trends from people at the forefront of the industry.

[Download brochure](#) or [book online](#) For further information contact conferences on 020 7923 5348 or e-mail rachel@laingbuisson.co.uk

31. Navigating the Legal Maze - Health and social care and the law
9 July 2009, Hallam Conference Centre, London W1

Laing & Buisson's second conference focusing on legal issues facing health and social care providers offers a unique opportunity for organisations of all sizes to keep up to date with the ever-evolving agenda.

Offering both plenary and workshop sessions, delegates will hear first hand from the law firms themselves what they need to know to guide them through this legal minefield.

It is a not-to-be missed event for organisations providing health, long term care and specialist services in the UK. [Click here](#) to view the conference brochure or [book online](#) to receive a 5% discount.

For further information please contact us on 0207 923 5390 or email rachel@laingbuisson.co.uk

Westminster Health Forum Keynote Seminar

32. The Role of Prevention & Early Diagnosis in Healthcare

14 July 2009 Central London

This seminar will examine remaining practical, organisational and clinical issues relating to implementation - including the role of primary care, training, social marketing and new developments in diagnostic equipment.

To book places, please use our [online booking form](#).

Places at *The Role of Prevention & Early Diagnosis in Healthcare* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£218.50); Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT (£92). Please be sure to apply for this at the time of booking.

For those who cannot attend:

Copies of the [briefing document](#), including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£95** plus VAT (£109.25); Concessionary rate: **£50** plus VAT (£57.50).

33. The Migrant Workforce and the UK Economy – assessing the impact of new legislation

15 July 2009 Central London

This seminar will look at the future of the UK legislation relating to migrant workers.

It is timed to take place in the run-up to implementation of the forthcoming Borders, Immigration and Citizenship Act - which will affect how the UK manages

immigration at the border - and will look forward to the likely provisions of the second Immigration Bill, due later in the year. Discussion will also focus on how the Points Based System and other legislative measures are set to affect the UK economy in the immediate future and after the recession. The seminar will bring together policy makers from Government and Parliament with key stakeholders, academics and social commentators.

To book places, please use our [online booking form](#).

- Places at *The Migrant Workforce and the UK Economy – assessing the impact of new legislation* are **£190** plus VAT (£218.50);
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT (£92). Please be sure to apply for this at the time of booking.

For those who cannot attend:

- Copies of the [briefing document](#), including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£95** plus VAT (£109.25);
- Concessionary rate: **£50** plus VAT (£57.50).

34. Proposed Harmonised Data Standards and Definitions for the Children's and Young People's and Local Government Workforce: Consultation

Closing Date: 20 July 2009

This consultation seeks views on proposals for harmonised data standards and definitions for the children's and young people's and local government workforces.

For full consultation go to <http://www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1629&external=no&>

menu=1

35. Personalisation and Safeguarding

20 July 2009

Bloomsbury Hotel

[16-22 Great Russell Street, London WC1B 3NN](#)

The way in which social care services are being delivered is undergoing a tremendous transformation following the launch of the 'Putting People First' concordat. The 'personalisation' agenda, which seeks to give choice and control to those people using services and their families, is the cornerstone of government policy and is intended to impact upon the care received by thousands of people.

Safeguarding is arguably enjoying its highest profile since the launch of The No Secrets guidance in 2000. A 'once in a generation' review of the No Secrets guidance has been recently completed, and accountability for safeguarding work undertaken by local authorities has been subject to thematic review from CSCI.

36. Consultation on Giving Children and Young People a Right to Appeal

Closing Date: 21 July 2009

Consultation seeking views on giving children and young people a right to appeal decisions regarding exclusions and special educational need statements and assessments and to make disability discrimination claims in England.

For full consultation go to <http://www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1607&external=no&menu=1>

Westminster Health Forum Keynote Seminar

37. The Future of Dentistry – focus on the review into NHS dentistry

22 July 2009 - Princess Alexandra Hall, Over-seas House, Park Place, St James's Street, London SW1A 1LR

Seminar

Including keynote presentations from **Dr Barry Cockcroft**, Chief Dental Officer, Department of Health, and **Professor Jimmy Steele**, Chair, Independent Dentistry Review Team, and Professor of Oral Health Service Research, School of Dental Sciences, Newcastle University, this focused seminar will look at the thinking behind the review, the challenges of implementation, and will include a response from the Department of Health. **Lord Colwyn**, Member, Science and Technology Select Committee has kindly agreed to chair this session.

Booking arrangements

To book places at *The Future of Dentistry - focus on the review into NHS dentistry*, please [book online here](#).

Options and charges are as follows:

Places at *The Future of Dentistry - focus on the review into NHS dentistry* (including refreshments and PDF copy of the transcripts) are **£80** plus VAT (£92.00). Please note there no concessionary rates available for this seminar.

For those who cannot attend:

Copies of the briefing document, including full transcripts of all speeches and the question and comment sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£50** plus VAT (£57.50);

To order please follow the link [here](#)

38. Promoting the Health and Well-being of Looked After Children: Revised statutory guidance - Consultation

Closing Date: 3 August 2009

A consultation seeking views on revised guidance to authorities, primary care trusts and strategic health authorities on the exercise of their functions in relation to co-operation to promote the well-being of children and young people and the making of arrangements to safeguard and promote the welfare of children.

For full report go to <http://www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1610&external=no&menu=1>

39. A Better Future: A consultation on a future strategy for adults with autistic spectrum conditions

Closing Date: 15 September 2009

Consultation seeking views on a potential strategy to support adults with autistic spectrum conditions. It considers five key themes for delivering change: health, social inclusion, choice and control, awareness raising and access to training and employment.

For full consultation [click here](#)

Consultations

To follow next week

CQC

40. Call for improved hospital stays

13 May 2009 – BBC News

The Care Quality Commission is calling for the NHS to ensure hospital stays are as good as they should be.

The body's poll of over 72,000 people showed that 93% of patients in England rated care as good, very good or excellent overall.

But the survey also revealed they continue to be frustrated by the so-called softer aspects of care such as food, noise and delays.

[For full report click here](#)

Dementia

41. Chemical clue to dementia decline

11 May 2009 – BBC News

Scientists have managed to pinpoint an early warning system in patients that could indicate how fast or slowly patients with mild dementia will decline.

The level of chemicals within the spinal fluid seem to correlate with the rate at which thinking, learning and memory skills fade as dementia takes its toll.

The US study appears in the journal Archives of Neurology.

[For full report click here](#)

42. Improving dementia care in hospitals

14 May 2009 dhcarenetworks.org.uk

Alzheimer's Society is exploring the quality of care that people receive for their dementia when they are

admitted to hospital and the challenges that health care professionals face. To share your experiences as a staff member or patient please call 020 7423 3581 for a questionnaire.

43. Keep working to 'avoid dementia'

17 May 2009 BBC News

Researchers from the Institute of Psychiatry at King's College London have found that working in later life may be an affective way to ward of Alzheimer's Disease.

Ireland, Scotland & Wales

Ireland

Nothing to report

Scotland

44. C.difficile patients now reach 17

14 May 2009 – BBC News

NHS Grampian said that a total of 17 people have been infected with Clostridium difficile at a hospital in Moray.

The Trust said that, of those, eight remained on the wards at Dr Gray's Hospital in Elgin.

[For full report click here](#)

45. C.difficile hospital patients die

13 May 2009 – BBC News

Two elderly patients suffering from the Clostridium difficile bug have died at NHS Grampian in Moray.

The hospital said it was not admitting any new pa-

tients to two wards at Dr Gray's hospital in Elgin. Six other patients have contracted C.diff and a higher than usual number of patients are suffering from gastrointestinal illness.

[For full report click here](#)

46. Patient welfare fears 'ignored'

11 May 2009 – BBC News

A survey by the Royal College of Nursing has found that a third of Scotland's nurses who raised concerns about patient safety say no action was taken.

Four out of five who responded to the survey said they were worried about being victimized or causing damage to their careers if they spoke out.

The RCN is setting up a dedicated phone line to allow members to talk in confidence about their worries.

[For full report click here](#)

47. Abuse was 'prevalent' at Kerelaw, inquiry finds

11 May 2009 – Community Care

An independent inquiry has found that the abuse of vulnerable young people was "*prevalent*" at a Scottish school due to poor staff training and inaction by Glasgow Council.

[For full report click here](#)

Wales

48. Care level worry in mental health

15 May 2009 – BBC News

A review of mental health services in Wales has found that some detained patients are placed and held in inappropriate institutions.

Findings also revealed a lack of beds, escalating costs, poor communication and funding disputes in the service were blamed by the report.

The independent study was ordered by the assembly government following two deaths involving mental health patients.

[For full report click here](#)

49. Bed blocking problem 'improving'

13 May 2009 – BBC News

The Welsh Audit Office has found that less people are being affected by bed blocking in Welsh hospitals because of greater management co-operation.

Bed blocking mainly affects vulnerable elderly people who have nowhere to convalesce after hospital treatment.

[For full report click here](#)

Learning Disabilities

50. Best Down's test 'would save lives of 60 babies'

16 May 2009 The Times

150 fetuses are aborted each year – 60 more than would be the case if all mothers had the best screening.

51. Older people could help people with learning disabilities find jobs

Anne Williams, learning disabilities co-ordinator talks at Community Care LIVE

13 May 2009 – Community Care

Anne Williams, national co-director for learning disabilities has said that older and retired people could

be recruited to prepare people with learning disabilities to enter jobs, under a forthcoming employment strategy expected in June.

[For full report click here](#)

52. Specialist Care Newsletter

12 May 2009 Christie & Co

Guy Bosanko, director of Christie & Co, has launched a specialist monthly care newsletter aimed at the learning disabilities and mental healthcare sectors.

53. National care provider welcomes appointment of new Co-national director for learning disabilities

11 May 2009 Craegmoor Healthcare

Craegmoor Healthcare welcomed the appointment of Scott Watkin as the Department of Health's new Co-National Director for Learning Disabilities.

The position of Co-National Director was created in 2006 to provide joint national leadership around the delivery of the Government's original learning disability white paper, *Valuing People*. It was the first ever senior Government post specifically for a person with a Learning Disability.

A former Special Olympian, Scott Watkin will take up his post on 12th May 2009 for a period of three years and succeeds the first Co-National Director, Nicola Smith. Mr Watkin will work jointly with the Department of Health's current National Director for Learning Disabilities, Anne Williams, in delivering the Department of Health's latest learning disability strategy, *Valuing People Now*.

Legislation Update

No. 188 The Health and Personal Social Services (Superannuation Scheme and Injury Benefits) and Health and Social Care (Pension Scheme)

(Amendment) Regulations (Northern Ireland) 2009

15 May 2009 – OPSI

[For full legislation click here](#)

Mental Capacity

Nothing to report

Mental Health

54. Specialist Care Newsletter

12 May 2009 Christie & Co

Guy Bosanko, director of Christie & Co, has launched a specialist monthly care newsletter aimed at the learning disabilities and mental healthcare sectors.

Miscellaneous

55. Opinions sought on dying patients

17 May 2009 – BBC News

The General Medical Council is asking medical professionals and carers in the Highlands on how doctors deal with requests from patients who want to die.

The body's visit to Inverness is part of a roadshow gathering views on its new draft guidelines and includes advice on caring for people who wish to die, or refuse treatment.

[For full report click here](#)

56. Where carers can find much needed support

16 May 2009 The Times

Mark Bridge writes about the financial help and sources of help available for those who care for others – from health checks to holidays and state benefits.

57. NHS staff could have stopped abusive GP sooner

15 May HSJ

An independent review published by NHS North West into the conduct of Dr Roy Murray a sole GP working in St Helens, Merseyside, jailed for carrying out 23 indecent assaults on patients over a 20 year period has found NHS staff could have acted at least 12 years earlier than they did.

58. Probe into private health scans

15 May 2009 – BBC News

A group of medical experts has launched an investigation into private screening company Life Line, which offers tests to detect the early signs of stroke and heart disease.

The group is concerned about the reliability of results and the company's clinical procedures.

The company said it had very strict quality standards.

Around 75,000 people in the UK paid Life Line up to £150 for tests for conditions such as heart disease and strokes - often after getting letters.

[For full report click here](#)

59. Agreements secured for pre-pandemic vaccine for the UK

15 May 2009 COI

The Department of Health has announced that agreements have been signed between the UK Government and vaccine manufacturers to secure supplies of up to 90 million doses of pre-pandemic H1N1 vaccine before a pandemic begins.

The deals signed between Secretary of State for Health, Alan Johnson, GlaxoSmithKline, and Baxter, will enable production of pre-pandemic vaccine to begin as soon as possible.

The agreements may provide enough vaccine to protect the most vulnerable in our population before a pandemic is likely to arrive, without affecting our supply of seasonal flu vaccine.

Secretary of State for Health, Alan Johnson said:

"The localised cases of swine flu found in the UK have so far been mild, and our strategy of containing the spread with anti-virals appears to have been effective in reducing symptoms and preventing further spread of infection."

"Scientists tell us that as yet we don't know enough about this novel strain, or whether it's likely to mutate, but that this virus has the potential to become a pandemic and we can't predict how serious that would be. We have an opportunity to secure vaccine in advance of a pandemic wave. We have Advance Purchase Agreements to provide vaccine for the entire UK population which will take effect when Phase 6 pandemic is declared. It will then take over a year for all the vaccine necessary to be provided."

"These additional arrangements provide the opportu-

nity by December this year to have enough pre-pandemic vaccine to protect at least half of the population from swine flu. This will however depend on when and if the manufacturers switched from seasonal to H1N1 pandemic specific vaccine production at a time after Phase 6 is declared by the World Health Organisation, as this will take precedence over pre-pandemic contracts."

If a pandemic is declared, Advance Supply Agreements signed by the Government with GSK and Baxter in July 2007, will enable the UK to purchase up to 132 million doses of pandemic specific vaccine, when it becomes available.

60. Mimosa Healthcare Dignity Workshops

14 May 2009 dhcarenetworks.org.uk

Dignity Champions & managers from Mimosa homes have been brought together in workshops that primarily focus on person centred care, self awareness & care planning. Outcomes of these sessions include the implementation of protected meal times, 'personal care in progress' signs & dignity in care notice boards in all reception areas.

61. Statistical press notice - Direct access audiology referral to treatment (RTT) times data February 2009

13 May 2009 COI

The "Improving Access to Audiology Services in England", document in March 2007 by stated that:

"Improving Access to Audiology Services in England sets out a simple aspiration: for local health systems to transform the experience of the audiology service for all their patients. This requires a radical reduction in waiting...no local health system will be credible in

claiming success on 18 weeks if it does not make excellent progress in tackling long waiting times affecting large numbers of its local population, "

* Data to monitor against this aspiration is today being published for the fifth time.

Main Points

* Data is being published on Direct Access Audiology patients whose pathways were completed during February 2009 (completed pathways) and on those patients who were still waiting at the end of February 2009 (incomplete pathways)

* Publication is an important mechanism in order to improve coverage and completeness of the data.

* A data completeness assessment is being published alongside the figures on completed pathways. Details on the data completeness methodology are available on the departmental website at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Directaccessaudiology/index.htm>

* Currently national data completeness is 99.3%. However, there are a range of values across the providing organisations. The department continues to work with providing organisations.

* The data completeness assessment compares the number of completed pathways (with a known clock start) reported in the Direct Access Audiology RTT return against the expected number of pathways.

* Where possible, we have used a 5 month moving average of DM01 Audiological Assessment Waiting List Activity to assess the denominator for completeness.

* Where there has either been missing data or an evident discontinuity then this has been addressed in calculating their completeness score

* In total, 30,587 patients, for whom English commissioners are responsible, completed their Direct Ac-

cess Audiology RTT pathway during February 2009.

* The NHS reported both the clock stop and the clock start 30,518 (99.8%) of completed Direct Access Audiology RTT pathways.

* Of those pathways with both a known clock stop and a known clock start, 99.3% of patients completed their referral to treatment pathway within 18 weeks.

Additional Information

Full details of Direct Access Audiology RTT data for individual organisations is available at:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Directaccessaudiology/index.htm>

62. Government accepts it needs to act on commissioning behaviour

13 May 2009 UKHCA

The United Kingdom Homecare Association is delighted that the Government has accepted the Low Pay Commission's recommendation that it ensures the commissioning policies of local authorities and the NHS reflect the actual costs of care, including the National Minimum Wage.

The Government's response to the Low Pay Commission's 2009 report, comes after the fourth successive year in which UKHCA has highlighted how fees paid by statutory purchasers are not reflecting increases in the cost of providing care, including the minimum wage.

UKHCA Chair, Mike Padgham said:

"We commend the Commission for consistently drawing this matter to Government's attention and for taking homecare provider's

concerns on board. The Commission's own survey of employers found that when social care providers tried to renegotiate contracts in the light of minimum wage increases, two thirds were unsuccessful. This is clearly not sustainable given the demands being placed on the social care workforce and the need to retain and adequately reward care staff for the vital work they do.

In the long term the capacity of the homecare sector is inextricably linked with what councils pay. We will be pressing for more detail from the Government on how it plans to ensure that commissioners in both local authorities and the NHS recognise the true costs of service provision, and whether this is will be a UK strategy given the Commission's UK wide remit"

UKHCA's member organisations agree to abide by the Association's Code of Practice, which can be found at www.ukhca.co.uk/codeofpractice.aspx

63. Councils to lead job creation plans

13 May 2009 COI

Councils must be 'fully focused' on providing job creation programmes said Local Government Minister John Healey and Employment Minister Tony McNulty in response to a key economic report. Speaking on the same day as the latest unemployment statistics, the ministers asked councils to lead their communities through the downturn and spearhead bids for the £1bn Future Jobs Fund to create 150,000 new jobs.

The Fund, announced in the budget, aims to prevent another generation from ending up on the 'long term

employment scrapheap'. Government has not run a jobs programme for decades but it has learnt the lessons of the 1980s.

The full Government response to the Houghton report can be found at <http://www.communities.gov.uk/publications/communities/tacklingworklessnessresponse>

Cllr Houghton's report, Tackling Worklessness: A Review of the contribution and role of local authorities and partnerships - Final Report can be found at: <http://www.communities.gov.uk/publications/communities/tacklingworklessnessfinal>.

Ed. From the contact we at Brunswicks have with councils they are creating lots of jobs – staffing new teams of contract compliance as they didn't trust or like or approve of the inspections CSCI was undertaking. Particularly, many did not approve of the fact that a provider might go for up to three years without a CSCI physically inspecting the establishment.

Further jobs are being created in Adult Protection Units – there is a need for such units; however, many of the people are poorly trained and escalate almost every alert to requiring a 'full-scale' response!

64. Enhanced hot water safety and efficiency measures for all new homes

13 May 2009 COI

All new homes will feature inbuilt protection from hot water scalding in baths and will use water more efficiently under measures announced by Housing Minister Iain Wright.

From October this year all new build homes will have

protective devices fitted to baths to limit hot water temperature, and will need to meet a new minimum standard of 125 litres of water per person per day to improve water efficiency.

Ed. The rest of the building industry is being required to meet the same high protective standards as care home settings.

65. Diagnostics waiting times & activity data: month ending March 2009

13 May 2009 COI

Data showing the NHS' progress in tackling the waiting times for diagnostic tests like scans.

The monthly data published today gives the waiting times for 15 key diagnostic tests carried out in the NHS.

This data will help the NHS in delivering the 18 week maximum wait from GP to treatment, including all diagnostic tests, by end 2008. More information, including a diagnostic data Q&A, is available via the 18 week website.

Main findings this month

* The number of patients, for whom English commissioners are responsible, waiting over 6 weeks for one of the 15 key diagnostics tests at the end of March 2009 was 2,800, a decrease of 600 (18.2%) from February 2009, and a fall of 10,100 (78.0%) from March 2008.

* The number of patients, for whom English commissioners are responsible, waiting over 13 weeks for one of the 15 key diagnostics tests at the end of March 2009 was 300, a decrease of around 470 (61.2%) from February 2009, and a fall of 3,200 (91.5%) from March 2008.

* Waits for audiology assessments make up the highest proportion of long waits. Between February 2009 and March 2009, over 6 week waits decreased by 130 (16.7%) to 650.

Links:

Diagnostic data: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/HospitalWaitingTimesandListStatistics/Diagnostics/index.htm>

18 week website: <http://www.18weeks.nhs.uk>

66. US Medicare funding under threat

13 May 2009 – BBC News

New forecasts show that the US social security and Medicare system, which provide pensions and health care for older people, are set to run out of money sooner than expected.

The Medicare trust fund, which pays for hospital care, will run out of money by 2017, and is already running at a deficit.

The news will increase the urgency of the need for health care reform.

[For full report click here](#)

67. David Blunkett MP become Vice President of Alzheimer's Society

12 May 2009 – NCF

We are pleased to welcome David Blunkett MP as a Vice-President and Graham Browne as a new Ambassador of the Society.

David has been a long time supporter of the Society, particularly with the [Sheffield branch](#).

Graham's work for the Society has already included speaking about his experiences of living with Pick's disease at the launch of the [Dementia Out of the](#)

[Shadows report](#), attending the KPMG Disability Steering Group and participating in the UK Dementia Congress in Bournemouth.

Graham is a regular attendant of the Living with dementia volunteer meetings and is also on the committee of the Towner Club for younger people with dementia in Brighton.

An article featuring Graham and his family was published in the [September 2007 issue of Living with dementia magazine](#).

[For full report click here](#)

68. ECCA condemns e-auctions as prioritising cost over quality

12 May 2009 English Community Care Association

The English Community Care Association has condemned the practice of e-auctions to commission care services.

Martin Green, Chief Executive of ECCA, said:

“The London Procurement Programme is using e-auctions to procure services to meet a range of health care needs in care homes. The notion of treating services to vulnerable people in the same way you would procure pens and paper is a scandal. It is particularly outrageous at a time when the Department of Health talks endlessly about personalised quality services to deliver individual dignity.

The taxpayer is putting millions of pounds into so-called ‘World Class Commissioning’ programmes. It's time the Department started to deliver on its rhetoric, and if it can't or won't then it should dismantle some

of the expensive structures that it has put in place and put the money in the service, not the system”.

69. Statistical Press notice: Dental Commissioning - quarterly update

12 May 2009 COI

Dental Commissioning for quarter ending March 2009.

This data shows the number of Units of Dental Activity (UDAs) commissioned as at 31st March 2009.

Key findings this quarter:

* All 152 Commissioners (PCTs and Care Trusts) returned data.

* 83.3 million UDAs have been commissioned as at 31st March 2009.

* This represents an increase of 0.3 million (0.4 %) on the UDAs commissioned as at 31st December 2008.

Links:

Dental Contracts Statistics:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/PrimaryCare/DH_089886

http://www.performance.doh.gov.uk/dental_contracts/index.htm

70. Statistical Press notice: GP Extended Opening Hours - monthly update

12 May 2009 COI

GP extended opening hours for month ending April 2009.

This data shows the number of GP practices within each Commissioner area (PCTs and Commissioning Care Trusts) and how many of those practices were

offering extended opening hours on the census date (21st April 2009) Key findings this month:

* Of 8,250 practices, 6,159 (74.7%) offered extended opening hours on the census date. This compares with 73.5% in March.

* 151 (99.3%) Commissioners have achieved the Operating Framework aim of 50% of their GP Practices offering extended opening hours. This is the same as March.

* 72 (47.4%) Commissioners have 75% or more of their practices offering extended hours. In March this was 69 (45.4%).

* 3 PCTs (2%) had 100% of their practices offering extended hours this compares with 2 (1.3%) in March.

Links:

GP Extended Opening Hours data:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/PrimaryCare/DH_089459

NHS

71. NHS efficiency

16 May 2009 The Times, Letters to the Editor

Steve Barnett, chief executive of the NHS Confederation challenges The Times article ('This may hurt' 12.05.09) in which it was asserted that NHS productivity had fallen.

72. NHS celebrates success and progress in A&E

15 May COI

New figures show A&E departments in England have met the operational standard for 98% of patients to be treated within four hours of arrival at A&E over the last year.

Although the number of patients attending A&E continued to increase last year with 19.6 million visits recorded across England, NHS staff have continued to deliver the same excellent standards of care with almost all of these seen, diagnosed and treated within four hours of arriving at A&E departments.

Link: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AccidentandEmergency/index.htm>

Ed. I wonder how reliable the figures are. I still see and hear of patients in A&E left on trolleys for hours and patients being admitted to mixed sex wards for observation.

73. New indicators will help drive quality improvement in the NHS

15 May 2009 COI

A list of over 200 indicators of high quality care in the NHS is being published for the first time to help clinicians drive up the quality of care they deliver to patients, the Department of Health and The NHS Information Centre announced.

The Indicators for Quality Improvement will help measure the quality of care clinicians deliver, highlight areas for improvement and track the changes they implement. They span the three dimensions of high quality care: patient safety, effectiveness of care

and patient experience.

Clinicians can choose from the list the indicators that are most relevant to their work. The indicators are a key outcome from Lord Darzi's report 'High Quality Care for All in which he noted that high performing teams already measure the quality of care they deliver and benchmark their work against their peers.

Health Minister, Lord Darzi said:

"These quality indicators have been developed in partnership with frontline staff. This initial list is just the start of a NHS wide resource that will challenge and stimulate NHS staff to drive up the quality of care they deliver to patients."

At this stage, the aim is to enable clinicians to fully understand the indicators, their methodology and source. Within the next few months, we will publish data that will enable local clinical teams to compare themselves with others as the basis for local quality improvement.

Over the next three to five years the list will be further developed to improve depth of coverage across all care pathways and quality dimensions.

74. Rose Gibb to take case to Court of Appeal

15 May 2009 Health Service Journal

Rose Gibb is to fight on in her battle to get her £250,000 payoff - making a double-pronged approach to the Court of Appeal and an employment tribunal.

75. Agreements secured for pre-pandemic vaccine for the UK

15 May COI

Agreements have been signed between the UK Gov-

ernment and vaccine manufacturers to secure supplies of up to 90 million doses of pre-pandemic H1N1 vaccine before a pandemic begins, the Department of Health has announced.

The deals signed between Secretary of State for Health, Alan Johnson, GlaxoSmithKline, and Baxter, will enable production of pre-pandemic vaccine to begin as soon as possible.

Ed. I imagine that the pricing of the contract has caused a few sleepless nights in GSK – in the current climate of public concern over people 'taking advantage' the company will doubtless wish to avoid being labelled as a 'profiteer' in the face of what might yet prove to be one of the defining times of the 21st Century with millions dying around the globe. I hope that a pandemic is avoided.

76. Care Quality Commission will 'do a number' on weakest NHS performers

14 May 2009 HSJ

The chair of the Care Quality Commission has pledged to get tough with NHS and social care organisations languishing in the bottom 10% of performance tables.

Baroness Young said - *"We need to get smarter about anticipating and being pro-active," The annual health check would become a "more rolling process. A big bang, once a year approach may well be a snapshot but we don't want it to be such a cataclysmic one-off event [as] it has been in the past."*

77. Pass NHS savings to social care (letter)

14 May 2009 The Times

In a letter to *The Times*, Dame Jo Williams, Co-Chair

Learning Disability Coalition, states that "those of us involved with care for the elderly, disabled or people with a learning disability would like some of those [NHS] efficiency savings... to come over to social care where the level of underfunding is substantial... time and again the Government has promised that [social care users] should have the same life chances as everyone else. But these promises are hollow unless they are backed up by the funding necessary to make them a reality".

78. Better design to tackle superbugs

13 May 2009 – BBC News

Futuristic wheelchairs, magnetic cushions, mattresses that change colour when wet and colourful plastic pulse monitors were shown to staff and patients at Southampton General Hospital, as part of a national roadshow by the Design Council.

[For full report click here](#)

79. NHS criticised for Baby P errors

13 May 2009 – BBC News

The Care Quality Commission has said that a catalogue of failings by the NHS meant a series of opportunities that could have saved Baby P's life were missed.

The toddler - now named as Peter - from Haringey, London, had been seen by health services 35 times by the time he died after horrific abuse in 2007. Two doctors involved in his care have already been suspended.

[For full report click here](#)

80. PCTs spent £8.2m on suspended GPs in three years

12 May 2009 Health Service Journal

Primary Care Trusts have spent at least £8.2m over the last three years paying 134 GPs who were sus-

pending investigations into complaints about their conduct.

81. Putting the Patient in Control

12 May 2009 COI

Patients are a step closer to getting more say over their healthcare services as plans for a national pilot project reach the next stage, the Department of Health has announced.

Following a call for expressions of interest for sites across England to take part in the first trials of personal health budgets, 68 projects, involving a total of 75 PCTs, have been awarded provisional pilot status.

Lord Darzi first announced personal health budgets in his report High Quality Care for All last year. Under the proposals, patients will have greater involvement in how money is spent on their healthcare needs, giving them more control over what services they use and who provides them so they will be delivered in a way that best suits them.

Health Minister, Lord Darzi, said:

"I'd like to congratulate those sites who have been selected as provisional pilots. There is clearly real enthusiasm and energy across health and social care for this agenda. We were very encouraged by the overall quality of the applicants and look forward to working with as many sites as possible."

"During the consultation for the Next Stage Review, people said clearly and consistently that they want a greater degree of control and influence over their health and healthcare."

"The main aim of introducing personal health budgets is to support the cultural change that is needed to

create a more personalised NHS. They have the potential to improve the quality of patient experience and the effectiveness of care by giving individuals as much control over their healthcare as is appropriate for them."

82. PCTs spent £8.2m on suspended GPs in three years

11 May 2009 – HSJ

Primary care trusts seem to have spent at least £8.2m over the last three years paying 134 GPs who were suspended pending investigations into complaints about their conduct.

The figures were revealed through Freedom of Information statistics obtained by the Liberal Democrats.

For full report go to <http://www.hsj.co.uk/5001391.article>

83. £10m to encourage new health innovation and education clusters (HIECS)

11 May 2009 COI

The Department of Health is inviting applications for partnerships between health, social care, education and business sectors to become Health Innovation and Education Clusters (HIECs), which will deliver high quality care to patients. The £10million cash injection will fund the cost of setting up these new clusters, which will bring together organisations from across the NHS, higher education, industry and other public and private sector organisations.

The clusters will improve the knowledge and skills of NHS staff, by providing best practice education and training for nurses, doctors, dentists and the full range of professions in all healthcare settings. This in turn will quickly bring the latest innovations in care and treatment, including new medicines and devices to NHS patients.

Further information and a copy of the guide can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098887

Nursing

84. Nurses' dilemma as suicide requests surge

14 May 2009 Daily Mail

The RCN plans to send revised guidelines to members about assisted suicide after a report from nurses of a surge in requests for help from the public.

85. Nursing a caring profession back to health

15 May 2009 The Times

The RCN general secretary Peter Carter believes that the health service must take action to halt the decline in nursing numbers. With 200,000 British nurses – nearly a third of the workforce – due to retire in the next decade, there is “no question” that there will be a shortage of nurses in future unless Dr Carter acts fast.

86. Nurses hail Parkinson

14 May 2009 – NCF

Sir Michael Parkinson got a standing ovation after his rousing speech demanding greater respect for older people and asked: “What’s wrong with a wrinkle?”

He asked why people were afraid of growing older and called on younger generations not to “shove” those older than them into a corner.

Sir Michael, 74, also told heartfelt stories about his

mother's final months in a nursing home after she was diagnosed with dementia and urged people to think about and accept responsibility for the way older people in their families were treated.

[For full report click here](#)

87. Nurse recruitment crisis warning

11 May 2009 – BBC News

The Royal College of Nursing says that the NHS is facing a nursing recruitment crisis unless it does more to attract school leavers into the profession.

According to records, over the next decade, 200,000 nurses will retire, which is a third of the total number.

The Government admitted that more should be done to promote nursing.

[For full report click here](#)

88. Nurses' fears 'ignored'

11 May 2009 The Times

Nurses who raise concerns about care are being ignored and fear that it will damage their careers, according to a Royal College of Nursing poll. Nearly two thirds of nurses say they have raised concerns about patient safety or lapses in care with their superiors. Of these, a third said that no action was ever taken.

Older People

89. Elderly need more 'sun vitamin'

16 May 2009 – BBC News

Experts say that spending more time in the sun could help older people cut their risk of heart disease and diabetes.

Sun exposure helps the skin make vitamin D – which is a vitamin that older people are generally deficient in due to their lifestyles and ageing processes.

[For full report click here](#)

90. Elderly denied the right to die in their own homes

14 May 2009 Daily Mail

Up to 300,000 people who express a wish to die at home are ignored because of a shortage of health visitors according to Commons Public Accounts Committee report.

91. Parky's plea for respect

14 May 2009 Daily Mail

Sir Michael Parkinson said the elderly will never be treated with dignity until society celebrates old age – he was addressing RCN members at their conference in Harrogate.

Parliament

19.05.09 – HoL – question about prescriptions for cancer patients, Lord Clement-Jones

20.05.09 - HoC – Clatterbridge Centre for Oncology Progress of Better Healthcare Closer to Home strategy; Westminster Hall

Parliament in recess from 22.05.09 until 01.06.09.

The following section is produced in conjunction with PLMR – Political Lobbying & Media Relations – www.plmr.co.uk specialists in health and social care

13 May 2009 – House of Commons – Written Parliamentary Question and Answer that asked the Secretary of State for Health about Government expenditure on the operation and refurbishment of care homes. The Written Question was tabled by the Labour MP for Leicester East, Keith Vaz, and was answered by the Minister of State for Care Services, Phil Hope MP, on behalf of the Secretary of State. To read the Written Question and Answer online click on the following link: <http://www.publications.parliament.uk/>

13 May 2009 – House of Commons – Written Parliamentary Question and Answer that asked the Secretary of State for Communities and Local Government about Government expenditure on care home maintenance. The Written Question was tabled by the Labour MP for Leicester East, Keith Vaz, and was answered by the Minister of State for Care Services, Phil Hope MP, on behalf of the Secretary of State. To read the Written Question and Answer online click on the following link: <http://www.publications.parliament.uk/>

13 May 2009 – House of Lords– Written Parliamentary Questions and Answers which asked the Government about the level of training required to be fully qualified in the provision of social care. The Written Questions were tabled by the Labour Peer, Lord Ashley of Stoke, and were answered by the Parliamentary Under-Secretary of State at the Department of Health, Lord Darzi of Denham, on behalf of the Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

13 May 2009 – House of Lords– Written Parliamentary Question and Answer which asked the Government about the safeguards that exist to protect social

care workers from unreasonable employer demands. The Written Question was tabled by Labour Peer, Lord Ashley of Stoke, and was answered by Lord Darzi of Denham, the Parliamentary Under-Secretary of State at the Department of Health, on behalf of Her Majesty's Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

13 May 2009 – House of Lords– Written Parliamentary Question and Answer which asked the Government about the potential for establishing a minimum wage for social care workers. The Written Question was tabled by the Labour Peer, Lord Ashley of Stoke, and was answered by Lord Darzi of Denham, the Parliamentary Under-Secretary of State at the Department of Health, on behalf of Her Majesty's Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

13 May 2009 – House of Lords– Written Parliamentary Questions and Answers that asked the Government about the progress of the recently established Care Quality Commission. The Written Questions were tabled by the Labour Peer, Lord Ashley of Stoke, and were answered by Lord Darzi of Denham, the Parliamentary Under-Secretary of State at the Department of Health, on behalf of Her Majesty's Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

14 May 2009 – House of Lords– Written Parliamentary Questions and Answers which asked the Government about the extent to which social workers' work standards are monitored. The three Written Questions were tabled by the Labour Peer, Lord Ashley of Stoke, and were answered by Lord Darzi of

Denham, the Parliamentary Under-Secretary of State at the Department of Health, on behalf of Her Majesty's Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

14 May 2009 – House of Lords– Written Parliamentary Questions and Answers which asked the Government about the extent to which care plans are confidential and are adhered to by social care workers. The two Written Questions were tabled by the Labour Peer, Lord Ashley of Stoke, and were answered by Lord Darzi of Denham, the Parliamentary Under-Secretary of State at the Department of Health, on behalf of Her Majesty's Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

15 May 2009 – House of Commons – Second Reading Stage of the Special Educational Needs and Disability (Support) Bill. The Bill makes provision for further training of teachers and specialist staff and outlines requirements relating to access to specialist services. The Private Members' Bill was proposed by the Conservative MP for Buckingham, John Bercow MP, and the Parliamentary Under-Secretary of State for Children, Schools and Families, Sarah McCarthy-Fry MP, spoke on behalf of the Government. To read the transcript of the Second Reading stage online click on the following link: <http://www.publications.parliament.uk/>

15 May 2009 – House of Commons – Written Parliamentary Question and Answer that asked the Secretary of State for Health about the amount of public money spent on dementia research over the last 10 years. The Written Question was tabled by the Conservative MP for Tewkesbury, Laurence Robertson,

and was answered by the Minister of State for Health, Dawn Primarolo MP, on behalf of the Secretary of State. To read the Written Question and Answer online click on the following link: <http://www.publications.parliament.uk/>

18 May 2009 –House of Lords– Written Parliamentary Questions and Answers which asked the Government if they would grade all employers of social care workers. The Written Questions were tabled by the Labour Peer, Lord Ashley of Stoke, and were answered by Lord Darzi of Denham, the Parliamentary Under-Secretary of State at the Department of Health, on behalf of Her Majesty's Government. To read the Written Questions and Answers online click on the following link: <http://www.publications.parliament.uk/>

18 May 2009 – House of Commons – Written Parliamentary Question and Answer that asked the Secretary of State for Health about the support available for people diagnosed with dementia and their carers. The Written Question was tabled by the Conservative MP for Tewkesbury, Laurence Robertson, and was answered by the Minister of State for Care Services, Phil Hope MP, on behalf of the Secretary of State. To read the Written Question and Answer online click on the following link: <http://www.publications.parliament.uk/>

18 May 2009 – House of Commons – Written Parliamentary Question and Answer that asked the Secretary of State for Health about the number of care homes in England and Leicester that are operated by local authorities or private enterprises. The Written Question was tabled by the Labour MP for Leicester East, Keith Vaz, and was answered by the Minister of State for Care Services, Phil Hope MP, on behalf of the Secretary of State. To read the Written Question

and Answer online click on the following link: <http://www.publications.parliament.uk/>

Social Care

92. Pandemic influenza: supplementary information for third sector organisations

12 May. 2009 – DoH

Document giving background information and highlighting key areas for consideration to support third sector organisations to plan, prepare and respond to pandemic influenza. By planning well, third sector organisations could play a key role in contributing to the success of the general response to, and recovery from, a pandemic.

[For full report click here](#)

93. ADASS/LGA survey shows widespread progress implementing Putting People First across Councils in England

12 May 2009

A survey has showed that widespread progress is being made by councils nationally to transform social care for adults, giving people better access to and more control over a wider range of care and support.

148 of 150 English councils responded to the survey conducted by ADASS and the LGA to enable them to measure progress made in the first year of implementing the Putting People First programme.

Jeff Jerome, National Director, Social Care Transformation said:

'The information given to us from councils presents a strong positive message of engagement and commit-

ment to moving the Putting People First agenda forward. Extensive programmes of change are underway almost everywhere with evidence of good understanding, commitment and leadership, in partnerships with a range of organisations, including consumers and providers of services.'

'The survey indicates very strong progress indeed amongst a significant number of councils and we are confident this will become much more widespread over the coming year. We will be working both regionally and nationally to ensure this.'

Jenny Owen, President ADASS said:

'I am delighted to see that the hard work and commitment of authorities to this exciting and challenging agenda is showing such good progress and that so many more people now have control of the resources of care and support they need.'

Cllr David Rogers, LGA spokesperson on social care, said:

'Councils are focusing all their efforts on giving elderly and vulnerable people the care that they need and expect. Allowing people more of a say over the kind of care that they get is a vital way of modernising care and making sure that they get the right services at the right time.'

Care Services Minister Phil Hope said:

'Progress in all aspects of this programme is very encouraging, particularly the finding that nearly 93,000 people have benefited from a personal budget so far. This was well above my expectations for this stage.'

'It is clear that we have a long way to go to give everyone more choice and control over the care and support they receive. Local councils are clearly working hard to transform their systems to do this and we need to work together with local communities to ensure this progress continues.'

'I would like to thank ADASS and the LGA for the way they have mobilised authorities to begin this process of transforming social care. I know their efforts are already changing people's lives for the better all across the country.'

94. David Behan lowers expectations on adult green paper Behan emphasises need for 'affordability' in adult care

13 May 2009 – Community Care

David Behan has said that affordability will be a crucial factor in the government's reforms to adult social care funding given the current recession.

[For full report click here](#)

95. Week of Action on Care set for June 12 May 2009 – NCF

Between the 8th-12th June 2009, Age Concern and Help the Aged are holding a week of action to promote the need for quality care for older people. This will take place between the 8 and 12 June 2009.

The aim of the week is to get everyone talking about the issue of care and support.

[For full report click here](#)

96. Measuring Social Value

Page giving information on a project on social return on investment, which helps third sector organisations demonstrate the value they offer to society.

For full report go to http://www.cabinetoffice.gov.uk/third_sector/research_and_statistics/measuring_social_value.aspx

Workforce

97. Minimum wage is to rise by 7p

13 May 2009 Daily Mail

Britain's minimum wage is to increase to £5.80 an hour. The 7p rise was far less than unions were seeking. The increase, which will take effect in October, has angered business leaders who wanted a freeze on the rate to help companies cope with the economic downturn.

98. Minimum wage

13 May 2009 English Community Care Association

The English Community Care Association has commented on the new minimum wage level.

Martin Green, Chief Executive of ECCA, said:

"The Low Pay Commission took on board ECCA's submission that a large increase in the minimum wage would place significant strain on providers. In our evidence to the Commission we reinforced that providers want to pay much higher salaries and wages for their dedicated staff, but because of chronic underfunding by local authorities this was not possible.

"What we need is a robust cost of care exercise as the basis for establishing the true cost of care and we believe local authorities should ensure that providers are resourced to enable the same level of wages and support that exists in the public sector to be rolled into independent care services".

ARTICLE

Speech by the Rt Hon Alan Johnson, MP, Secretary of State for Health, Thursday 7 May 2009: Health Inequalities speech to the Fabian Society 7 May 2009

[http://www.dh.gov.uk/en/News/Speeches/
DH_098929](http://www.dh.gov.uk/en/News/Speeches/DH_098929)

I would like to thank the Fabian Society for hosting this event today.

It is entirely appropriate to talk about health inequalities at an event organised by the Fabians because this year marks the centenary of the publication of Beatrice Webb's Minority Report on the Poor Law. A report which, inter alia, called for the establishment of the NHS. It is also the 30th anniversary of the completion of Sir Douglas Black's seminal work on health inequality.

Webb's Minority Report was a novel and complete departure from the regressive attitudes towards poverty in the latter half of the 19th century, when it was characterised as a voluntary condition caused primarily by failure of character.

The Report's recommendations have had a profound influence on our society, providing the blueprint for the welfare state as we know and understand it today. However, it would be, some time before its promise was even partially fulfilled.

It's as well the Fabians believe in gradualism, because they would have to wait nearly 40 years before

the creation of the NHS, and nearly a century before another of Webb's recommendations, a National Minimum Wage was introduced. They will have to wait a few years more to see the realisation of that other great Fabian campaign, the raising of the education leaving age to 18.

As for the other anniversary, thanks to Douglas Black's work, 30 years ago, it is now widely acknowledged that the social determinants of poor health have as great an influence as genetics. As Black pointed out, the evidence is substantial and irrefutable.

[political content excised]

The price our society has paid for ignoring the Black report is substantial. Under the last Conservative Government the situation actually deteriorated. In the early 1970s, the mortality rate among men from the lowest socio-economic groups was twice as high as those in the top professional groups. By the early 90's, it was three times higher and by 1997 one in three children were being raised in poverty.

CURRENT POLICY

There can be no question about the importance of addressing the wider determinants of poor health today. It has been one of the defining mission of this government.

In 1997, the then Health Secretary Frank Dobson commissioned Sir Donald Acheson, the former Chief Medical Officer to revisit Black's report.

His recommendations formed the basis of our programme for action, and the introduction of the first ever target to narrow the health inequality gap by at least 10 per cent by 2010.

Like Black, Acheson identified the fact that success depended not just on better health services, but on many other factors – better housing, increased child benefit, dramatic expansion of access to childcare and pre-school education.

Today's figures from the Department of Work and Pensions showing the number of households on below average incomes demonstrate that we're not at the finishing line yet.

But the advances we have made cannot be denied.

In 1998, 3.4 million children were living in absolute poverty. This has now halved. This year, we will introduce legislation to make the eradication of child poverty a legal commitment.

We have invested £21 billion into early years education and childcare, to move us from the scandal of nursery vouchers to every three and four year old having a guaranteed free nursery place. And we have gone from no Sure Start Children's Centres in 1997 to over 3000 across the country today. The proportion of people living in poor housing has almost halved.

And the rejuvenation of the NHS means that it can now bring a greater focus to public health and prevention. In 1999, this country spent only 1.9 per cent of total health expenditure on public health, well below the international average. We now spend around

4 per cent – comfortably above the OECD average of 2.8 per cent.

Today, we publish Tackling Health Inequalities, ten years on. It too points to significant progress.

It shows that infant mortality is at its lowest ever level, and it has fallen fastest among routine and manual groups.

Life expectancy has risen by 3 years overall for men and 2.1 years for women. The gains amongst the poorest are proportionally larger than any other groups.

So whilst the gap remains, the health of people in the poorest categories is now at the level of the health of the general population back in 1997 when our quest began – if there hadn't been such dramatic gains among all social classes, and we're pleased there has been, the gap would have been eradicated altogether.

SO WHAT NOW?

The fact that the gap is wider does not mean that our approach is wrong – indeed, it has been acknowledged that the evidenced-based approach we have taken is leading the way internationally. We now have a strong foundation on which to make further and faster progress.

And the effect of initiatives such as the smokefree legislation introduced in 2007 has yet to be fully reflected in the statistics.

But it does tell us that our efforts must be intensified. To make sure our strategy remains on course for the long term, I asked Professor Sir Michael Marmot, the

leading international expert on health inequality, to lead a strategic review of the steps we must take beyond 2010 to narrow the gap even further.

There is much we can do in the short term. It's not enough to have the right policies and philosophy, if in practice, they are not being implemented effectively in every part of the country. So we are taking further steps to reduce infant mortality by setting up a national support team, which will work in the 43 areas of the country with the highest rates of infant mortality.

This work is by definition complex and difficult. Beatrice Webb's minority report was prescient for many reasons – but perhaps most significantly, because she did not see the poor as a homogeneous group, whose problems could simply be swept off the streets and into the workhouse.

Her Report made its intellectual case through the depth and breadth of its research. But it made its moral case through its stark description of the inhumanity and cruelty of the Victorian Poor Law, with its premise that the able-bodied poor were poor through choice. And therefore by offering relief only in the workhouse, no one would be tempted to "choose" poverty.

The principles of the Minority Report are as relevant to policy-making today as they were a century ago. Two examples stand out in relation to health inequalities.

First, just as people at the beginning of the last century did not choose destitution, so people today do not choose ill-health. People living in the poorest suburbs of London, Manchester or Glasgow do not choose to die 6, 7, 11 or even 28 years earlier than more prosperous neighbours.

Second, the Minority Report called for highly specialised support to help address the very different problems that poor people faced.

Just as Beatrice Webb saw the complexity of poverty, so we have to see the deep and intertwined roots of the causes of poor health. It begins in the womb. Smoking and heavy drinking during pregnancy can lead to low-birth weight babies and a greater risk of infant mortality. Low-birth weight babies are more likely to develop behavioural problems and be poor achievers in school, as well as being more susceptible to further health problems which is why the Health in Pregnancy Grant introduced last month is such an important initiative.

Children living in overcrowded housing are up to ten times more likely to contract meningitis. Those living in damp, mouldy homes are up to three times more likely to have respiratory problems, including asthma. The risk of accidental injury or death is significantly higher for children growing up in poorer families.

Responding to all these issues is no simple matter. It depends on local services – health, housing, education, early years – working together, and above all, being flexible and sensitive enough to accommodate the multiple problems that some families face.

ASTHMA

The experience of children with asthma exemplifies this all too clearly. Tuesday was World Asthma Day, highlighting the fact that this disease affects 5 million people in the UK, including 1.1 million children. It's one of the major causes of child hospitalisation.

The extent to which asthma can impact on a child's life is not always determined by the severity of the

condition, but by the way in which it is managed, both at home, in school, in the community and by local healthcare professionals.

While there is no direct correlation between poverty and asthma, poorer children with asthma are more likely to live in sub-standard housing, in highly polluted areas and to have a parent who smokes – all conditions which trigger attacks.

And if children and their families don't get the help and support to manage their condition properly, then they are more likely to be hospitalised as a result. As the report by Asthma UK shows, those without a personal asthma action plan are four times more likely to have an attack.

Across the country, there are huge variations in how the condition is treated. In some areas, children are 8 times more likely to have to go to A&E because of their asthma.

As Asthma UK's report also shows, many children with asthma feel excluded because of their condition.

Some are still told – even by teachers and parents – that they “can't” do sport, when many of our finest athletes who travelled to Beijing – including Paula Radcliffe, who is probably the greatest female endurance athlete of all time – have asthma.

This approach not only damages their physical health, it impacts on confidence and self-esteem – and in turn, it can lead to bullying and stigma.

So while asthma is a manageable condition for some children in some parts of the country, it is disabling for others, because of where they live and how they

are treated.

I very much welcome the work of Asthma UK in expanding their pilots of specialist asthma nurse posts in Dudley and Haringey, which has enabled more schools to develop better policies on asthma, and in the case of Haringey, has dramatically cut the proportion of children with this illness who can't control their condition, from 54 per cent to 18 per cent.

Along with the work we are pursuing with the Department of Children, Schools and Families to improve support in schools for children with long-term health problems, and the measures we are taking to ensure that every person with asthma has a care plan, I believe the work of Asthma UK will greatly improve the experience of children and young people with asthma.

Conclusion

Asthma is one of many long-term conditions that could be tackled in this way. Where the poor health that results is not just about the condition itself, but the quality of treatment and other social and lifestyle factors.

And where poor health in turn becomes a barrier to achievement and personal fulfilment.

This is why it is absolutely critical that across government, we continue our focus on addressing the wider social determinants of health inequality – this work does not happen on the fringes of policy making, it is intrinsic to everything we do.

Whereas between the 1930s and the 1970s, wealth disparities in developed countries declined dramatically, the 1980s marked the beginning of a dramatic change of course, as social mobility stagnated and

gaps between the rich and poor became more sharply pronounced.

Until as recently as 12 years ago, it was acceptable to see such discrepancies as the price that must be paid for economic success.

This is not the orthodoxy today. What the last 12 years has demonstrated emphatically is that if governments have the ambition and the imagination, they can make a real difference in areas such as child poverty and health inequality. And that this brings net benefits for the whole of society and the economy.

This does not mean that we have achieved everything we aspire to, and it is not to undermine the complexity of deeply entrenched issues such as health inequality.

Progress has been hard-won, and it is still not enough. But we have built a platform for future success, and Sir Michael Marmot's review will help strengthen our plans further.

Many will wonder whether such ambitions can be retained as the recession deepens. But the lessons of the past are very clear. We ignore the widening health inequality gap at our peril.

The choice we have before us is very simple. We can either take steps to protect people from the worst effects of the global downturn or we can watch from the sidelines as inequalities become more pronounced, and the incredible gains of the last 12 years slowly ebb away.

[political content excised]

Now is the time for more ambition, not less. As the

commentator suggest that moving from a debt ratio of 40 per cent of GDP up to 79 per cent is some kind of apocalypse, It is fitting to remember that the NHS was created at a time when debt was 213 per cent of GDP, because Attlee's government had the imagination and the courage to look beyond the bleak post-war world in which it was created. We need to be equally courageous today.

We are grateful to the Department of Health for granting permission for us to reproduce the text of the Minister's speech.

Editor

Keith M Lewin



0870 766 9285



0871 288 4089



keith.lewin@brunswicks.eu

Ass. Publications Manager

Emily Henshaw



0870 766 8400



0871 288 4089



Emily.henshaw@brunswicks.eu

Switchboard

0870 7668400

**Crisis Intervention Line
Available 24 hours, 365 days**

07855 855 588

Podcasts

<http://www.brunswicks.libsyn.com>

Brunswicks LLP is a limited liability partnership registered in England & Wales.
Registered Office Suite 3, 56 Hamilton Square, Birkenhead CH41 5AS. Registered Number OC311095.
Members: Andrew W Dawson; Keith M Lewin. Regulated by the Solicitors Regulation Authority.

Warnings

Brunswicks' Healthcare Review contains news summaries from a variety of third party providers. It is not a comprehensive guide from all potential sources. Whilst we try to ensure that the content of Brunswicks' Healthcare Review are correct, we do not check third party sources and we cannot guarantee total accuracy. You must not treat anything in this publication as constituting legal advice.

We cannot guarantee all hypertext links will always be in working order.

This newsletter is intended for health and social care businesses based and carried on in England and/or Wales.

Brunswicks LLP accepts no liability whatsoever for any act done or not done in reliance upon anything read in this publication. Liability is excluded to the fullest extent permitted. Regulated by the Solicitors Regulation Authority.

Data Protection Act

Brunswicks LLP will process (gather, use, store etc.) your personal information in our email database in accordance with the Data Protection Act 1998. The information may be disclosed to other Brunswicks' associated businesses to, for example, update you on new products or provide updates and briefings which we think might be of relevance to you. The information will not be disclosed to any other organisation, unless we have an obligation to do so.

If you want your details removed from our database please click [here](#) and type "Remove".

Subscription

If you no longer wish to receive this publication please click [here](#) and type "Stop".