

## British Embassy Lisbon hosts live social media sessions

The UK Embassy in Portugal held a series of live sessions on their Facebook page Brits in Portugal. The sessions were hosted by Consul General Simona Demuro and Consular Policy Officer Marta Ceia who answered live the questions UK nationals in Portugal were sending on healthcare, driving and residing in Portugal. You can re-watch the sessions following the links below, even if you do not have a Facebook account.

To get the latest information, please check our [Living in Portugal guide](#) and [sign up for email alerts](#) to get updates on what you need to know about how the UK leaving the EU might affect you.

We will be continue to host our outreach events and Facebook Live sessions after the summer. You can find out dates and venues on our [outreach events page](#).

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## How local and national government can work together to improve health and care

It's great to be back in Bournemouth, home of that other well-known Hancock – Tony Hancock – sadly we're not related.

And, equally sadly, we can't make this a Hancock's Half Hour because we've only got 20 minutes, which is probably a blessing for you... because my jokes aren't half as good as Tony's.

But it's great to be here today. And it's fitting we're in Bournemouth to talk about the future, and how local and national government should work together to make life better for people.

Because the symbol of Bournemouth – its famous pier – is proof of the great things that happen when local and national government work in concert with each other.

You see, in 1876, a fierce storm destroyed the wooden pier. The locals demanded a new cast iron pier to replace it, but they were less keen about paying for it.

So national government stepped in to secure a deal with a private company to

build a new pier for £17,000, on the condition they could get Bournemouth's local commissioners to agree.

But Bournemouth's local commissioners didn't agree, and they came up with their own plans for a new pier – at a cost of £20,000 – and they managed to convince Parliament their plan was better...

Genius... And I'm sure the local ratepayers were just as pleased.

Because funding matters – of course it does. But what people really care about is the quality of service they receive.

You know your local areas, you know your people, far better than central government or the NHS ever can.

The relationships you build and nurture, every day, ensure people get the right support, at the right time, in the right place.

Local services should be delivered in partnership with local authorities. Because that's how you ensure local needs are met, and that's how we maintain democratic legitimacy.

Even before 1948, both local and national government have had a role in improving the health and lives of our citizens.

And, together, we should have fixed social care by now because it's one of the biggest challenges we face as a society.

You know we're committed to publishing the social care green paper, but it's been held up by the parliamentary logjam and a lack of cross-party consensus.

Let me level with you: to tackle this great challenge as a society, we need to be frank about the potential solutions.

Of course, we need a sustainable long-term solution to the funding of social care. The best solutions to these sorts of long-term problems are cross-party, and social care has been bedevilled by a failure to build a cross-party consensus.

Infamously, during the 2017 election campaign. But more recently too – when my colleague Damian Green recently proposed a scheme very similar to a plan supported by not one but 2 cross-party Commons select committees, by 10:42am on the day of the launch, the Shadow Chancellor had condemned it as a "tax on getting old".

It's not the first time narrow partisan politics has got in the way of a solution, but let us hope it's the last.

But this isn't the only frustration. I imagine you share my frustration too that the debate in public focuses almost entirely only on one part of the system.

Care for people as they get old is incredibly important. But half of the cost

is for people of working age – and that cost is rising – and the cost of children's social care is increasing too.

So yes, we need a long-term solution, preferably cross-party, to put social care on a sustainable basis.

But direct taxpayer funding is always going to be an important part of the solution.

Over the last 4 years we have ensured an 11% growth in the funding available for adult social care, including the £650 million uplift we secured for this financial year.

And securing a fair settlement for social care should be a key priority at the Spending Review.

Social care has for many years not received the attention and support that it deserves.

The only way we're going to solve social care is by building a new, sustainable social care system for the long term, one that's there when we need it, and is fair across the generations.

I know you agree.

Because I've spoken with many of you in this room about the problems you face in your local area.

I've listened to your brilliant Chairmen Lord Porter, and his brilliant successor James Jamieson. And I would like to take a moment to thank Gary for his public service – no one has championed the cause of local government more than he has, and we all owe him our gratitude. I've instituted regular meetings with the LGA Leadership just as I have regular meetings with the NHS. And we must work together yet more in future.

So as we work towards that Spending Review, what can we do right now to address the social care challenge?

First: we need to move ahead with the shift to integrated care systems (ICS), bringing together the NHS with local authorities, giving you both a seat at the table so you can work together to make better decisions about local health services.

That way we can deliver improvements in the best interests of individuals rather than merely in the best interests of organisations.

And I know of some great local examples where integration is already happening, where we're bringing together health and social care professionals with commissioners and providers, the NHS with local authorities, places where I've seen it in Hampshire, Salford, and Leeds... just to name a few.

Local areas are pooling budgets, jointly designating lead commissioners, creating more integrated systems, so we can deliver more integrated and

better services for local people.

To make ICSs work and have more place-based budgets, not payments based on a click of the turnstiles with all the perverse incentives that they bring, this is the direction we're going.

And of course, to make an ICS work, the relationships really matter, and my message to the NHS and to local government is: let's build those relationships to make place-based health a reality.

Because at its core, it's about greater choice and greater personalisation, services tailored to people's unique needs – that's the vision of the [NHS Long Term Plan](#), those are the commitments in the Making it Real framework, and that is where we are going.

Second: health and wellbeing boards.

They are a vital component in bringing together local authorities, NHS commissioners and elected representatives to create a strategic vision for a local area so we're accurately identifying needs, and co-ordinating care.

In places like Coventry and Warwickshire, they've created forums to draw together all of the constituent parts of health, wellbeing and care.

In other places, they've gone even further and brought in the police and the voluntary sector, to share their expertise so we can tackle wider issues like mental health.

This is the kind of thing we need to see more of. It's not the case everywhere. How strong is yours? What can you do to strengthen it?

We must support health and wellbeing boards to bring together leaders in one place so we can increase collaboration, and so we can increase integration of services.

Health and wellbeing boards are the formal way we bring together NHS and local authority services and I want to see them empowered.

Third: specialist training.

We've listened to social care staff, and what they keep telling us is that they want more specialist training to deal with the increasingly complex care needs they encounter.

So we're going to introduce new specialist content into the Care Certificate.

We're going to help care workers get the skills and training they need, so they can help people with learning disabilities, autism or mental health issues.

Fourth: better leadership.

I don't have to tell a room full of local government leaders about the

importance of good leadership.

It's leaders who create the culture – a culture in which everyone feels valued, and everyone feels part of the same team, with the same mission.

And that is so important in care, especially when there's challenging circumstances.

So we need to help care managers learn how to lead. We're going to make up to £3 million available this year for care managers to access learning and development so they can improve their skills.

And, we've launched a £3 million recruitment campaign so we can attract the right number, and the right type, of people into social care.

Ensuring we have a workforce that can meet the growing demand for social care is essential, but it's also essential we recognise the crucial role that families and carers play.

So fifth: we're increasing the Carers Innovations Fund from £0.5 million to £5 million.

This will help the millions of people who balance work with looking after a loved one. We're also going to look into dedicated employment rights for carers.

Ensuring that people with caring responsibilities can balance their work and home lives is essential to creating an inclusive economy, and a fair society.

Sixth: more control for care users.

We want to help 5 million more people benefit from personalised care within the next decade.

That means you will have more choice about your care, more control over personal health and social care budgets, and more connection to your community.

With proper personalised care everyone will be treated as an individual.

Everyone must be listened to, and valued, as an equal partner in their care, able to set their own goals, and with access to support so they have the knowledge and skills to manage their own health and wellbeing.

And over time there's a bigger, more radical change I want to see: getting more people into the setting that's right for them, more support at home, more support in the community, and building the right sorts of homes and communities so that people can get the care they need.

This agenda doesn't cost more, in fact it should save. It's better for people, it's better for budgets and it's where a progressive society needs to go.

The seventh, and final, area I want to touch on is tech.

Now, if you've been following the headlines – the kinder ones at least – you'll know that since I became Health Secretary, we've "axed the fax", "purged the pager" and generally made the tech inside health and social care system look more like the tech outside the health and social care system.

And the reason isn't because we need the latest gadgets and gizmos, it's because the right tech saves time, and saves lives.

The roll out of broadband, 4G, then 5G is a critical part of getting this right, and I will always support it.

NHSX, our new specialist tech unit, which officially launched this week, is going to take the tech transformation to health and social care.

We're already seeing everyday assistive tech like Amazon's Alexa helping elderly and vulnerable people remember to take their medication.

Social prescribing apps are being integrated with GP systems to give people greater access to social activities in their communities that can help improve physical and mental health.

And audio monitoring systems in care homes are helping us detect when someone's had a fall, or someone needs help – a vital, life-saving piece of tech, especially at night.

NHSX will drive forward this mission: it will spread the adoption of tech that helps humans do what only we can do: caring for each other. And the culture of NHSX will be to support the brilliant work happening on the ground.

NHSX will be a thin enabler not a fat dictator.

In fact, this is my approach to NHS central management right across the country. The NHS at a national level should be a thin enabler not a fat dictator.

So these are the steps we are taking to address the urgent challenge of social care.

But it's not something we can tackle in isolation.

Health isn't only something that happens in hospitals.

Just like care isn't something that only happens in care homes.

Keeping people out of hospital and in their own homes helps alleviate the pressures on the NHS.

But getting people the care they need out of hospital, and in their own homes, is also the right thing to do because it's best for them.

Both the health service, and the social care system, are important in their

own right, but we must view them as part of something bigger.

It's about treating health as an asset and treating people with dignity, not just treating diseases.

It's the only way we can deliver on public health and the prevention agenda.

We rightly took the decision to keep the lead commissioning of public health services with local authorities because you know more about your local communities.

You have expertise we need to draw on for innovation, delivery and value for money.

Similarly with prevention, preventing people from becoming ill in the first place is the foundation of public health, it's what you have done brilliantly for decades. It's about so much more than the public health grant – it's about healthy communities.

The forthcoming prevention green paper, and the prevention vision in the NHS Long Term Plan, recognise the vital role you have to play if we are to succeed in improving people's health.

Because that's the goal.

Good health is what makes everything else in life possible.

To give every child the best possible start in life, to ensure everyone gets the opportunity to fulfil their potential in life, we need to change the way we think about health.

To think of our health as an asset. This isn't just a change of policy, but a change of philosophy.

Traditionally, we take our health for granted.

When it's good, we don't tend to think about it.

When it's bad, we expect the NHS to patch us up and send us on our way.

We're seen as a problem to fix rather than an asset to invest in. But if we do invest in our health properly, it will be an asset that'll take us through life.

Healthy children born into safe and loving homes, given the right guidance and support, will take that asset into adulthood and later life.

Good health will open doors and opportunities and, like I said, health isn't just what happens in hospitals. Good health requires the right housing, the right environment, clean air and work that pays. It's so much more.

It's so much more than what national government can do on its own.

It's local and national government working in partnership with each other,

working in partnership with employers, and schools, the NHS, charities, communities, everyone who has a stake in society.

That's how we move from dealing with the consequences of poor health to promoting the conditions for good health.

That's how we help people live healthier, happier lives.

And that's how, together, we build a Britain that's there for everyone, where everyone can thrive, whoever they are and wherever they live.

And there is no one better to do that than you.

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## **Civil/crime news: LAA annual report & accounts and DLAC report**

Legal Aid Agency (LAA) annual report published alongside Director of Legal Aid Casework (DLAC) report.

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The LAA annual report and accounts for 2018 to 2019 have been published at the same time as the DLAC report for the same period.

These are the sixth such reports since the Legal Aid Agency came into being in April 2013.

The LAA and the DLAC role were both created by the LASPO Act 2012. The reports document the work carried out under these functions.

LAA Chief Executive, Shaun McNally, said: "We are continuing to make important progress on our commitment to provide more efficient legal aid services.

"We have challenging targets for our core business and the latest 'report and accounts' shows our operational successes."

Examples include:

- processing 91% of civil legal aid applications in 20 working days



- exceeding customer service and correspondence targets
- paying 99% of complete accurate bills within 20 working days

Shaun said: “We will look to build on these achievements in the coming year with the aim of reporting on an equally robust performance in 2020.”

### **Further information**

[Legal Aid Agency annual report and accounts 2018 to 2019](#)

[Director of Legal Aid Casework annual report 2018 to 2019](#)

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## **CMA to take further legal action against viagogo**

The CMA is to move forward with legal proceedings for contempt of court against viagogo following concerns it has failed to comply fully with a court order.