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## PUBLIC HEALTH ENGLAND (PHE)

### THE LISTENING EXERCISE

The Future Forum published their report on 13<sup>th</sup> June in response to the Government plan for the NHS. One week later on the 20<sup>th</sup> June, the Government formally responded. It seems the new amendment is for Public Health to be set apart from the NHS as an executive agency.

'There are plans to set up Public Health England as an executive agency rather than fully integrated in the NHS'

Also the NTA may be absorbed into an Observatory role:

*'Public Health Observatories' existing functions will... be brought together with information and intelligence roles of other bodies, such as the National Treatment Agency, in Public Health England'.*

The Governments response can be found here:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digit\\_lassets/documents/digitalasset/dh\\_127719.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digit_lassets/documents/digitalasset/dh_127719.pdf)

### LATEST NEWS:

The eATA salary survey is a special service for eATA members. The results will provide a set of bench-marking information for organisations about the salaries paid across the market, which they can use to inform their decisions about employee reward.

In carrying out this survey we undertake to:

- Keep all information specific to organisations confidential. The results of the survey will be anonymised and summarised.
- Provide a report of the findings to all organisations that provide data.

The results of this survey will be of great utility to members and, needless to say, the more data we receive, the more useful the reports arising from it will be. In order to ensure that the information is of use we will only prepare analysis if we receive at least 10 returns. If

In the survey we ask a number of questions about the salaries that your organisation pays to different categories of staff. We know that different organisations have different ways of describing their staff so we have given a short description, rather than simply a job title, of each category.

Please fill in the top and bottom gross salaries (without on-costs) that are paid to each category of staff.

When we receive the information from members we will analyse it and send a report to all participating organisations showing both average (mean) and ranges of salaries for different staff.

[Take part \(5 mins to complete\)](#)

**Deadline: Monday 27<sup>th</sup> June 12.pm**

## Featured Article

### Give Your Feedback to the CQC

The Care Quality Commission announced recently that it will be unveiling a new award for excellent care in April 2012. The old 'star' system was eliminated in October 2010 and replaced with new standards for evaluation, but the CQC feels that an additional award is necessary to keep individuals informed about which providers excel in high quality care. The parameters for receiving the award are still in the planning phase, and the CQC has requested that individuals and organisations provide them with feedback regarding realistic expectations it should have of providers when considering quality care. The feedback should come in the form of answers to three questions that are outlined online at [http://www.cqc.org.uk/db/documents/ISL466\\_10\\_EasyRead\\_Recognising\\_Excellence\\_in\\_adult\\_social\\_care\\_CONSULT...bit.ly/kkRq20](http://www.cqc.org.uk/db/documents/ISL466_10_EasyRead_Recognising_Excellence_in_adult_social_care_CONSULT...bit.ly/kkRq20). Instructions for submitting the information are also included at the bottom of the webpage.

In addition, a Public Health Committee is currently scrutinising the CQC, something it claimed it would do annually when a new Chair was appointed to the CQC last September. This comes at a time when the organisation is under great pressure to improve its registration process due to long waiting periods for processing applications. In the past, almost all applications were processed within

120 days, but now, 120 days has become the average.

Many providers are fully equipped and qualified to open their doors to clients, but they can't because their registration applications haven't been processed yet. This leaves the most vulnerable populations at risk because they don't have access to the care that they need. A spokesperson from the CQC said that the longer wait times are due to an influx of applications, with nearly 100 new applications each day. Employees have been working overtime, and temporary employees have been hired to try to manage the extra workload. However, many believe that if the CQC cannot keep up with the current registration guidelines, the registration process itself needs to change.

CommunityCare.co.uk examines the implications of long processing periods in this article:

<http://www.communitycare.co.uk/Articles/2011/02/11/116277/registration-delays-at-cqc-impact-on-vulnerable-people.htm>

The CQC will present evidence to the Health Committee on Tuesday the 28<sup>th</sup> of June and the Committee are currently reviewing information.



## Taking Drugs Seriously: A Demos and UKDPC Report

The think tank Demos, along with the UK Drug and Policy Commission (UKDPC), published a report last month detailing how the Misuse of Drugs and Alcohol Act fails to adequately address 'legal highs' due to the rapid invention of new drugs each year.

The 1971 Act was released at a time when new drugs came about every couple of years, while today's reality sees new substances appearing nearly every week. In 2010 alone, 40 drugs were added to the list, and, with over 600 substances covered, the law is virtually impossible to enforce.

The report suggests that instead of continuing with the current laws, it would be more effective to regulate new substances through consumer protection legislation, such as trading standards. These regulatory options would limit the number of vendors who could supply certain substances and require that suppliers demonstrate specific criteria in order to continue selling the substance. The report states that Government should also do research into the benefits of a new drug, in addition to the harms, much like it does with alcohol. These benefits could include preventing individuals from turning to more dangerous drugs.

Finally, for a long term solution, the report advises that Government writes a comprehensive Harmful Substances Control Act that would use one consistent framework for the evaluation of drugs, alcohol, solvents, and tobacco. This policy would be less confusing to the general population and would cope better with the ever-changing area of substance control in the 21<sup>st</sup> Century.

To read the entire report, titled *taking drugs seriously*, you can visit

[http://www.demos.co.uk/files/Taking\\_Drugs\\_Seriously\\_-\\_web.pdf?1305207826](http://www.demos.co.uk/files/Taking_Drugs_Seriously_-_web.pdf?1305207826).

## Drug Sector Partnership News

- Members are alerted to the new updates from Adfam on the website  
<http://www.drugsectorpartnership.org.uk/projects.html>

- Also to be aware there is now an online forum which has been opened by Bill Puddicombe on Payment by results, see here:

<http://drugsectorpartnership.blogspot.com/>

Members are invited to make your comments known.

## Breaking the Cycle – Government response

### The document sets out plans following the consultation – *published June 2011*

In relation to drugs and alcohol it is mentioned that providers will be paid according to results – to bring down reoffending.

The priority is to “get offenders off drugs and alcohol for good... with a move to a system focused on recovery which does not maintain heroin users on prescription alternatives such as methadone, unless absolutely necessary”.

The system will work to pilot drug recovery wings...“focused on providing short sentenced drugs dependent prisoners with continuity of treatment between prison and the community” (in five prisons).

There are also aims set out to introduce tougher security measures. In addition exploring options for...“drug and alcohol treatment based accommodation which works with the pilot areas in PBR”

For further details see here:

<http://www.justice.gov.uk/downloads/consultations/breaking-the-cycle-government-response.pdf>

## NHS Reports Alcohol Related Hospital Admissions Reach 1 Million

26 May, 2011

The NHS released a report stating that the number of alcohol related hospital admissions reached 1,057,000 in 2009-10. This is the first time that numbers have surpassed 1 million, increasing 12 percent from the 945,000 visits in 2008-09.

At the same time, statistics show that overall alcohol consumption in the UK has decreased, meaning that, while more people are choosing to abstain from alcohol, people who drink are doing so more recklessly.

Tim Straughan, chief executive of the NHS Information Centre, hopes that this study will demonstrate the magnitude of alcohol misuse to policy makers and health care professionals, and Public Health Minister Anne Milton said: "These statistics show that the old ways of tackling public health problems have not always yielded the necessary improvements...We will be publishing a new alcohol strategy later this year."

For a full report from the BBC, you can visit <http://www.bbc.co.uk/news/health-13559455>, and the original set of statistics from the NHS can be found at <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol/statistics-on-alcohol-england-2011-%5Bns%5D>

***Anything else you would like us to include?***

**This Policy Briefing is designed with our members in mind; if there is some area of policy you feel is relevant and we have overlooked, we'd love to hear from you.**

Email our office intern with any comments or questions:  
[volunteer1@eata.org.uk](mailto:volunteer1@eata.org.uk)

**Look for our next issue to come in August.**