Press release: Secretary of State appoints new members to Northern Ireland Human Rights Commission

Helen Ferguson, Helena Macormac, Paul Mageean, Samuel John McCallister, Edmond Rooney and Graham Shields will replace Christine Collins, John Corey, Milton Kerr, Grainia Long, Alan McBride, Marion Reynolds and Paul Yam who are standing down after serving two terms.

Mr Brokenshire said:

> The Northern Ireland Human Rights Commission under the leadership of Chief Commissioner, Les Allamby, plays a vital role in protecting and promoting human rights for everyone in Northern Ireland's diverse society.
>
> I am delighted to make these appointments to the Northern Ireland Human Rights Commission and I am confident that the new Commissioners will continue to enhance the Commission's central role in protecting and promoting human rights in Northern Ireland.

The Secretary of State also thanked the outgoing Commissioners. He said:

> The outgoing Commissioners have made a real and valued contribution to the promotion of the human rights agenda in Northern Ireland.
>
> Their dedication to the work of the Commission has been invaluable and I am extremely grateful to them for their commitment over the last six years.

Northern Ireland Human Rights Commission

The Northern Ireland Human Rights Commission is a national human rights institution with an 'A' status accreditation from the United Nations (UN). The Commission is funded by the UK Government, but is an independent public body that operates in full accordance with the UN Paris Principles.

The Secretary of State for Northern Ireland is responsible under the Northern Ireland Act 1998 for making appointments to the Northern Ireland Human Rights Commission.

More information can be found on the Northern Ireland Human Rights Commission

website http://www.nihrc.org/

Terms of appointment

The positions are part-time appointments for three years.

The positions attract a fixed remuneration of £7,500 per annum for a commitment of approximately three days a month.

These positions are not pensionable.

Biography of Appointees

Helen Ferguson was a Director, Carers Northern Ireland, from 1994-2015. She has over 30 years' experience of working in the community and voluntary sector. She is currently a member of the Equality Commission.

Helena Macormac is a lawyer currently employed as Policy Director for National Association of Head Teachers (NAHT).

Paul Mageean is currently the Director of Institute of Professional Legal Studies, Queens University and a Parole Commissioner. He is a former Head of Criminal Justice Inspectorate.

Samuel John McCallister is in the farming industry and formerly served as a UUP MLA from 2007 to 2013.

Edmond Rooney is a retired Senior Civil Servant who was Deputy Secretary in OFMDFM (now The Executive Office) and a former Chief Executive of the Public Health Agency

Graham Shields is the former Chief Electoral Officer for Northern Ireland and a retired senior police officer.

Political Activity

All appointments are made on merit and with regards to the statutory requirements. Political activity plays no part in the selection process. However, in accordance with the original Nolan recommendations, there is a requirement for appointees' political activity in defined categories to be made public.

As noted in the biographies Samuel John McCallister has declared political activity in the past ten years.

OCPA Code of Practice

The appointment process has been regulated by the Office of the Commissioner for Public Appointment (OCPA) and all stages of the process were overseen by an independent panel member.

News story: Manufacturing new medicines: apply for Industrial Strategy funds

UK businesses and research organisations can apply for a share of £15 million for innovative medicines manufacturing solutions. These should speed up access to new medicines and treatments, improve public health and build on the strengths of the UK's biopharmaceutical sector.

The funding was announced today by Greg Clark, Secretary of State for Business, Energy and Industrial Strategy, and Jeremy Hunt, Secretary of State for Health.

It is part of the leading-edge healthcare challenge in government's Industrial Strategy Challenge Fund. There is a £146 million commitment over 4 years to develop technologies and facilities that support the manufacture of medicines.

Developing new solutions

The competition for feasibility studies and industrial research and development projects is the first opportunity from the challenge.

Innovate UK will invest up to £15 million in UK businesses that address technical or commercial issues. The aim is to develop innovative methods or technologies that improve the manufacture of medicines for people.

We are looking for projects that focus on:

- in-process monitoring, control and release testing
- maintenance of product-critical quality parameters such as purity, potency and viability
- formulation processes
- packaging and storage processes
- product characterisation
- process challenges for increasing the scale of production
- process development and transfer for novel medicines
- transfer of technology from small-scale manufacturing to a good manufacturing practice (GMP) manufacturing facility
- lowering of the cost of goods
- increasing the yield of active ingredient
- increasing the speed of production cycle
- methods to increase the flexibility of established manufacturing facilities
- adaptation of processes from batch to continuous production

There will be other opportunities for businesses and research organisations within this challenge.

These include establishing a number of new centres that support medicines manufacturing innovation, vaccine development and advanced therapy treatments.

Market opportunity

The global medicines industry is in a period of significant change. Healthcare systems worldwide are demanding access to cost-effective, innovative medicines with improved patient outcomes.

At the same time, our improved understanding of disease is driving the move towards precision medicine. New, more complex types of medicines are being developed, which are presenting a manufacturing challenge in terms of scale and delivery to large numbers of patients.

Through the leading-edge healthcare challenge we will support the need for a fundamental shift in how medicines are developed and manufactured. It will help UK businesses and research organisations take advantage of the £64 billion lifesciences industry.

Competition information

- this competition opens on 4 September 2017 and the deadline for applications is 1 November 2017
- total project costs should:
    - range in size from £50,000 to £100,000 and last up to one year for feasibility studies
    - range up to £2 million and last up to 3 years for industrial research and experimental development
- you could get up to 70% of your project costs
- you must start your project by 1 February 2018
- there will be a briefing event on 13 September 2017

Press release: Birmingham hospitals merger cleared by CMA

The Competition and Markets Authority (CMA) found that, whilst the merger between Heart of England NHS Foundation Trust (HEFT) and University Hospitals Birmingham NHS Foundation Trust (UHB) could give rise to competition concerns across a number of elective specialties, these were outweighed by the substantial improvements to patient care that were expected to arise.

In reaching this view, the CMA has placed significant weight on the advice on probable benefits from NHS Improvement, the sector regulator, which strongly supports the merger.

NHS Improvement advised the CMA that HEFT had experienced sustained difficulties in governance, quality of care and finances since 2012, which successive management teams had been unable to address.

It also advised that the appointment of the UHB management to HEFT's executive team in October 2015 has already given rise to a number of benefits, such as reduced waiting times and improvements in the quality and safety of patient care for all HEFT patients. However, these improvements and a number of other longer-term benefits would disappear without the merger and the continued presence of the UHB management at HEFT.

The CMA found that HEFT would be a relatively weak competitor to UHB without the merger and that both parties were experiencing capacity constraints.

The CMA compared this to the wide-ranging nature of the benefits identified by the hospitals and NHS Improvement, which would benefit most patients at HEFT. It also examined UHB's track record and the results already delivered at HEFT since October 2015.

On the basis of the available evidence in this case, the CMA found that the benefits put forward by the hospital trusts outweighed the CMA's potential competition concerns.

The merger will therefore not be referred for an in-depth investigation.

Kate Collyer, Deputy Chief Economic Adviser and the decision maker in this case, said:

> We have found this merger will have substantial benefits to the healthcare of patients in the Birmingham and Solihull local area.
>
> This is the first time the CMA has cleared an NHS hospital merger on the basis of patient benefits at phase 1 and reflects the quality of the benefits case put forward in this instance and the consistent and detailed advice of NHS Improvement.
>
> The hospitals involved presented clear evidence and a well reasoned case.
>
> Competition currently plays a limited role in the NHS, as health commissioners and regulators have instead emphasised co-operative working to handle growing demand for NHS services.
>
> However, given the scale of the potential impact on patients in Birmingham and Solihull, it was appropriate for the CMA to examine this transaction to determine whether any loss of choice or competition would be outweighed by improvements undertaken by the Parties and overseen by NHS Improvement.

All other information relating to this investigation can be found on the case page.

Notes for editors

1. The CMA is the UK's primary competition and consumer authority. It is an independent non-ministerial government department with responsibility for carrying out investigations into mergers, markets and the regulated industries and enforcing competition and consumer law. For more information on the CMA see our homepage or follow us on Twitter @CMAgovuk, Flickr and LinkedIn. Sign up to our email alerts to receive updates on merger cases.

2. Under the Enterprise Act 2002 (the Act) the CMA has a duty to make a merger reference, resulting in an in-depth phase 2 merger investigation, if the CMA believes that it is or may be the case that a 'relevant merger situation' has been created, or arrangements are in progress or in contemplation which, if carried into effect, will result in the creation of a relevant merger situation; and that the creation of that situation has resulted, or may be expected to result, in a substantial lessening of competition (SLC) within any market or markets in the United Kingdom for goods or services.

3. Under the Act a relevant merger situation is or will be created if 2 or more enterprises have ceased or will cease to be distinct enterprises; and the value of the turnover in the United Kingdom of the enterprise being taken over exceeds £70 million; or as a result of the transaction, in relation to the supply of goods or services of any description, a 25% share of supply in the United Kingdom (or a substantial part of it) is created or enhanced.

4. At phase 1, if the CMA is of the view a merger raises a realistic prospect of an SLC it must refer the merger for a phase 2 investigation, unless an exception to the duty to refer applies. Section 33(2)(c) of the Act allows the CMA to exercise its discretion not to refer a merger giving rise to a realistic prospect of an SLC for a phase 2 investigation if it believes that relevant customer benefits in relation to the creation of the relevant merger situation would outweigh the SLC concerned and any adverse effects resulting from it.

5. The CMA notified NHS Improvement when it decided to carry out an investigation under the UK merger control rules, pursuant to section 79 of the Health and Social Care Act 2012, which applies to mergers involving NHS foundation trusts. NHS Improvement provided advice on the effect of the merger under investigation and this will be published on the case page as soon as is reasonably practicable.

6. UHB operates the Queen Elizabeth Hospital, and HEFT operates from 3 main hospitals and a smaller site (Birmingham Heartlands Hospital, Good Hope Hospital, Solihull Hospital and the Birmingham Chest Clinic).

7. The CMA's role is to examine the impact that the merger could have on patient choice and the quality of healthcare services provided by the merging trusts. The CMA undertakes an evidence-based assessment of the effects of NHS mergers on competition and aims to ensure that such mergers do not result in lower levels of quality of healthcare services for patients.

8. The CMA has found that in 25 elective specialty services the merger could reduce quality for patients by removing the incentives that currently exist for the trusts to attract patient referrals from each other. In Birmingham, there is limited choice for patients to go to other local hospitals, with the merger reducing the number of competing hospitals trusts from 3 to 2. The 25 services represent less than 15% of the revenue of all services provided by the Parties.

9. This is the first phase 1 hospital merger case that has been cleared on the grounds that relevant customer benefits will outweigh any adverse competitive effects arising from the merger.

10. The text of this decision will be placed on the case page in due course.

11. Media enquiries should be directed to press@cma.gsi.gov.uk or call: 07774 134814

Press release: PHE highlights 8 ways for local areas to prevent mental ill health

Public Health England (PHE) has today (30 August 2017) launched a ground breaking new tool for local public health teams identifying the most cost effective mental health programmes. One of these 8 initiatives is an innovative resilience programme in schools that results in an estimated saving of £5.08 for every £1 invested (over 3 years).

The tool was developed in partnership with leading economists at the London School of Economics and Political Science (LSE). The programmes it identifies

are proven to reduce the incidence and/or risk of mental health problems at all stages of life: children and young people, the working age population and older people. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year.

The full list of programmes identified in the Return on Investment tool are:

- Children: whole school anti bullying programme – every £1 invested results in an estimated saving to society of £1.58 (over 4 years)
- Children: social and emotional learning – every £1 invested results in an estimated saving to society of £5.08 (over 3 years)
- Workplace: wellbeing programme – every £1 invested results in an estimated saving to society of £2.37 (over 1 year)
- Workplace: stress prevention – every £1 invested results in an estimated saving to society of £2.00 (over 2 years)
- Collaborative care for physical health problems – every £1 invested results in an estimated saving to society of £1.52 (over 2 years)
- Older people: tackling loneliness through volunteering and social activities – every £1 invested results in an estimated saving to society of £1.26 (over 5 years)
- Adults: debt and welfare service – every £1 invested results in an estimated saving to society of £2.60 (over 5 years)
- Adults: suicide prevention – every £1 invested results in an estimated saving to society of £2.93 (over 10 years)

Alongside the tool, PHE has published several other evidence-based resources that will help local areas create effective public health systems that can prevent as well as treat mental ill health.

Duncan Selbie, chief Executive at Public Health England said:

> A lot of mental health illness can be prevented, this will not only improve the quality of life of the individual but also provide economic benefits by reducing the financial burden of mental ill health, which has been estimated to cost the UK £105 billion a year.
>
> In order to provide a truly 21st century response to this important public health issue we have to give equal attention to the prevention of mental ill health as well as treating it.

Health Minister Lord O’Shaughnessy said:

> Improving the nation’s mental health is a government priority.
>
> The tool and resources published today will give public services the evidence they need to ensure spending on mental health is as cost effective as possible.

> It is part of a broad and ambitious plan to combat mental illness, which includes the first ever access and waiting time standards and record levels of public spending on mental health provision.

Professor Martin Knapp, Director of PSSRU at LSE said:

> From our research in this field, there is good evidence for these (and other) interventions for mental health promotion and prevention. Our work, led by David McDaid, has concentrated on the likely returns on investment that adopting these interventions will make and bring to local areas. This work is good news for mental health and good news for encouraging a focus on prevention alongside care and treatment.

The tool and other resources are an important turning point in moving towards a more prevention focussed approach – helping those who are experiencing challenges to their mental health and also helping to improve mental health within local communities.

In order to achieve this movement action is required not just from the health, social care and public health sectors but also the community and voluntary sectors to give more attention to the wider causes of mental health problems including health inequalities and wider social determinants.

Major health bodies have thrown their support behind preventing mental ill health, signing a statement of intent. The Prevention Concordat for Better Mental Health has also been published today and is signed by agencies including NHS England, the Local Government Association, NICE, the Faculty of Public Health and Association of Directors of Public Health.

PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health. www.gov.uk/phe. Follow us on Twitter @PHE_uk

Professor Brian Ferguson, Chief Economist at Public Health England said:

> One in four adults experience at least one diagnosable mental health problem in any given year. 10% of children aged 5 to 16 have significant mental health difficulties. By investing in interventions for children, the workplace, adults and older people we can support people throughout the course of their life and prevent common mental health conditions.

£105 billion a year figure taken from: NHS Five Year Forward View for Mental Health February 2016

The full list of resources published by PHE today:

1. Prevention Concordat for Better Mental Health: consensus statement

2. Prevention Concordat for Better Mental Health: prevention planning resource for local areas (PHE) is a practical guide developed to support local areas across England to put in place effective arrangements to promote good mental health and prevent mental health problems.

3. Prevention Concordat for Better Mental Health: prevention planning resource for local areas and overview infographic

4. Prevention Concordat for Better Mental Health: local planning resource summary

5. Stocktake of local strategic planning arrangements for the prevention of mental health problems: summary report (PHE and Kings Fund) is a high-level summary of how local areas are currently incorporating mental health promotion and prevention of mental ill-health in their planning processes. The stocktake was based primarily on a content analysis of key planning documents in 35 local areas, including a random sample of 16 areas across England and 19 areas selected as possible examples of good practice.

6. Mental Health and Wellbeing Joint Strategic Needs Assessment Toolkit: knowledge guide (PHE) complements the Mental Health Joint Strategic Needs Assessment Online Profile which is designed to support local Health & Wellbeing Boards in developing Mental Health JSNAs. It brings together nationally available data on mental health prevalence, risk and protective factors and healthcare services

7. Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental health problems (PHE and LSE) summarises the findings of modelling work to estimates the cost of investing in several different interventions for which there is evidence that they can help reduce the risk and/or incidence of mental health problems in individuals of different ages and/or promote good mental health and wellbeing.

8. Barriers and facilitators to commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health (PHE and LSE) examines some of the barriers and facilitators to the implementation of actions to promote better mental health and wellbeing and prevent mental health problems.

9. Mental Health Promotion Return on Investment Tool and tool guide (PHE and LSE) reports the Return on Investment to health and other sectors from investment in 8 different interventions to promote better mental health and prevent the development of mental health problems. Results can be tailored to local settings. The guide provides users with step-by-step instructions and guidance on how to use the Mental Health Promotion Return on Investment Tool.

10. Psychosocial pathways and health outcomes: Informing action on health inequalities (PHE and UCL Institute of Health Equity) provides a conceptual framework that focuses on the psychosocial pathways between factors associated with social, economic and environmental conditions, psychological and psychobiological processes, health behaviours and mental and physical health outcomes.

For further information contact:

Speech: “Peacekeeping is one tool in the sustaining peace toolbox. It cannot be used in isolation…”

Statement by Ambassador Jonathan Allen, UK Deputy Permanent Representative to the United Nations, at the Security Council open debate on Peacekeeping and Sustaining Peace

Thank you Mr President. And thank you to the briefers for their insightful contributions. And let me also, through the Deputy Secretary-General today, thank the women and men of the UN around the world for their service and courage.

The UK aligns itself with the upcoming statement of the European Union.

Mr President, conflicts rarely follow a predictable path. We must move beyond the idea of a set of sequential responses, which is why the United Kingdom supports the Secretary-General’s vision for a more holistic and inclusive approach to conflict prevention, management, and resolution. Sustaining peace requires that all of the UN system is aligned in every context and able to carry out multiple tasks simultaneously.

I would like to focus on two issues today related to sustaining peace. The first is on how peacekeeping missions should be situated within wider UN efforts.

At the most basic level, the starting point for any peacekeeping mission should be from all of the information gathered by the UN family over the years including what the UN has already achieved in the field. It should be clear what peacekeeping missions will deliver with UN partners during their deployment and how. And how they will hand over to other UN actors when they leave. For example, the peacekeeping mission in South Sudan may be the second largest in the world – but it is also only one of 20 UN bodies and agencies represented in the country.

We in this Council must reflect on these questions during mission mandating and planning. We need to take in clear views and understanding ground truth from the field. The Council must be more disciplined in setting out strategic goals which can be translated through mandates into prioritised objectives, benchmarks for success, and plans for mission draw-down once these have been achieved.

On the ground, the whole of the UN should have a joint analysis of the situation, common objectives, and clarity over roles and responsibilities towards meeting them. In the context of Liberia's transition, a shared peacebuilding plan has gone some way towards achieving this.

Moreover, a better balance of responsibilities between missions and country teams needs to be struck. Not every conflict driver can be addressed within the lifetime of a peacekeeping mission. Long-term change is best supported by UN country teams. They should be taking on responsibilities much earlier, not waiting until a mission draw-down looms. Important lessons will soon emerge from the Democratic Republic of the Congo and Darfur, contexts where more may be asked of country teams.

And support from the top is needed for an integrated approach. The coordinating role of the Strategic Planning and Monitoring Unit in the Executive Office of the Secretary General is a welcome start. It will enable more integrated analysis and a more coherent cross-United Nations review of activity in country. We would like to see the unit regularly reviewing peace operations and look forward to its contribution to the review of MONUSCO. Mr President,

Peacekeeping missions cannot create the conditions for their own exit without a sustainable political solution to conflict. As such, the second issue I would like to focus on is the primacy of politics.

SRSGs need to be politically active, using their good offices and leveraging support from their missions and the wider UN system. We must accept that missions are political tools in themselves, both representative of the will of this Council and in their actions on the ground.

The tasks of peace operations are never merely technical. For example, the re-establishment of effective states often sits at the centre of mission exit plans. But missions cannot improve the functioning of state institutions without an understanding of how these institutions will be used and by whom. Politically blind capacity-building efforts risk worsening the situation.

UN country teams, integrated into the wider effort, also have a role to play in promoting sustainable political solutions. Greater understanding of who does and does not benefit from development programming, and how this is linked to political dynamics, is critical. And let’s face the facts: where political regimes are unaccountable, unresponsive to their own people, and unrepresentative – including of women – appeals to national ownership will ring hollow.

Finally, we in this Council must be politically engaged and ready to speak. A Council united around a shared political strategy to de-escalate tensions could have a powerful effect. But even in the face of flagrant violations of its resolutions, the Council too often finds itself deadlocked and unable to act. Gertt Rosenthal noted that the Security Council rarely acts to prevent conflict. My own short experience here has shown that we are not willing to act, even when as in South Sudan, there has been conflict for five out of the six years of the country, a third of the populations is displaced, half are in food insecurity, and UN resolutions and promises made, have been repeatedly broken.

Mr President,

Peacekeeping is one tool in the sustaining peace toolbox. It cannot be used in isolation and we are seeing progress towards more integrated approaches. But even the most coherent UN response will still be blunt without attention to the primacy of politics. And here, we have further to go.

Thank you Mr President.