

# News story: Companies House announces new Chief Executive

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Louise Smyth has been appointed as the new Chief Executive of Companies House and The Registrar of Companies for England and Wales. She will take up leadership of the organisation in September 2017 and joins Companies House from a long career at the Intellectual Property Office, including roles as Director of IT, Director of Corporate Services and latterly as Chief Operating Officer.

Lesley Cowley, Companies House Chair said:

“I am delighted to announce Louise Smyth’s appointment as the next Chief Executive of Companies House. We are at the forefront of the Government’s agenda for economic growth by making it easy to start a company, simple to maintain company information and easy and quick for everyone to access company information. Louise will be tasked with leading the successful implementation of our challenging business plans, in order to make our vision of becoming the best registry in the world a reality”.

Louise Smyth said:

“I am absolutely delighted to be given the opportunity to be Chief Executive of Companies House. I am very much looking forward to working with the team to build upon the great reputation of Companies House and to deliver exemplary services and operations for all our customers”.

## **Notes**

- The appointment of Louise Smyth follows an open competition overseen by the Civil Service Commission.
  - Louise will take up her post in September. She replaces Ann Lewis, who has been Interim Chief Executive and Registrar since the previous Chief Executive and Registrar, Tim Moss left the organisation in April this year.
  - Louise is currently Chief Operating Officer of the Intellectual Property Office.
  - Companies House can trace its origins to 1844, when the first Register of Joint Stock Companies was created. Louise will be the 33rd Registrar.
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## **News story: Hexavalent 6-in-1 vaccine to be made available to newborn babies**

All babies born on or after 1 August 2017 will be offered protection against hepatitis B as part of our universal childhood immunisation programme, Public Health England has announced. This is in addition to continued protection against diphtheria, tetanus, pertussis, polio and Hib.

The hexavalent vaccine replaces the existing 5-in-1 vaccine that children routinely receive. It is already widely used with around 150 million doses having been given in 97 countries in Europe and across the world.

There has been no change to the immunisation schedule or to the number of injections and children will continue to be immunised at the ages of 8, 12 and 16 weeks as part of the routine childhood immunisation schedule. The only change is to the components of the vaccine itself, which now provides extra protection for hepatitis B.

Mary Ramsay, Head of Immunisation at Public Health England said:

Until today, only children at high risk of hepatitis B would be immunised. The introduction of hexavalent vaccine means that all children will now be routinely protected against this serious infection, which is a major cause of cirrhosis and liver cancer in later life. The hexavalent vaccine has been extensively tested and shown to be safe and is widely used internationally with millions of doses being given around the world.

The UK government has signed up to the WHO global hepatitis strategy to work towards elimination of viral hepatitis as a major public health threat by 2030. People with hepatitis B infection may not be aware that they are infected as chronic infection mostly has no symptoms. As adults are the majority of infected individuals, vaccinating children will protect them in childhood from potential exposure to infected household or family members. Vaccinating infants will essentially reduce the risk of infection and will provide longer term protection against future exposure risks.

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## **News story: Councils share £75 million for major road improvements**

Councils in England have been awarded funding to refurbish bridges, improve

junctions and boost flood defences as part of a multi-million pound government investment announced today (1 August 2017) by Transport Minister Jesse Norman.

Nineteen projects across the country will receive a share of £75 million of government investment for essential road maintenance.

Local authorities were challenged to put forward schemes which could make a real difference to road users. Winning projects include junction improvements, repairs and resurfacing, flood resilience measures, bridge and viaduct refurbishment, and improved drainage.

These improvements will cut congestion, reduce journey times and improve reliability, as well as helping to support local businesses and boost economic growth.

Transport Minister Jesse Norman said:

We are taking the big decisions for Britain's future by investing in the infrastructure the country needs and ensuring motorists have the well maintained roads they expect and deserve.

This investment will enable councils to repair roads and key infrastructure like bridges – boosting reliability on our roads so people can stay connected with family, friends and employment, while also keeping businesses connected with customers.

Most of the schemes will be delivered within the next 12 months, so many drivers will see an immediate impact.

Among the projects which will receive funding is a £4.6 million refurbishment of the A589 Greyhound Bridge in Lancashire enabling HGVs to access the bridge, boosting access for businesses and securing skilled jobs locally.

Road users in Devon will benefit from a major carriageway and drainage renewal scheme to regenerate the dual-carriageway stretch of the A361. This will improve access from Devon to the M5, supporting local businesses and aiding tourism in the region.

In Northumberland £5 million for crucial maintenance will repair and strengthen key routes for the rural and regional economy, giving a boost to tourism by making it easier for visitors to reach destinations such as Hadrian's Wall World Heritage site and Northumberland National Park.

The challenge fund is one part of the £6.1 billion being provided to local highway authorities in England, outside London, between 2015 to 2016 and 2020 to 2021 to help keep Britain moving and the economy growing.

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## **Press release: Lebanon's Army Day message**

On the occasion of Lebanon's Army Day, Charge D'Affaires Benjamin Wastnage at the British embassy said:

The UK has been a steadfast supporter of the Lebanese Army for many years now, as a key component of a strong, sovereign state. The Lebanese Army can be proud that it is now a strong, professional army capable of controlling Lebanon's borders and protecting Lebanon from the threats it faces. The UK stands ready to continue supporting the Lebanese Army in the framework of UNSCRs 1701 and 1559 and the Lebanese Government's backing for the army as the sole defender of Lebanon.

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## **Press release: Manchester hospitals merger cleared by CMA**

The Competition and Markets Authority (CMA) has been looking at the impact on healthcare of the proposed merger between Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).

In its final report today, the group of independent CMA panel members found that the merger will give rise to substantial benefits for the care of patients. These outweigh any harm caused by a loss of competition between the merging trusts.

The benefits include reductions in patient mortality, clinical complications and infection rates.

Patients who are expected to benefit from the merger include those at risk of heart attacks or strokes, and those who need vascular surgery or kidney stone removal.

Together, the 2 hospital trusts involved operate 9 hospitals in Manchester. UHSM operates Wythenshawe Hospital and Withington Community Hospital, and CMFT operates Manchester Royal Infirmary, Manchester Royal Eye Hospital, Royal Manchester Children's Hospital, Altrincham Hospital, Saint Mary's Hospital, The University Dental Hospital and Trafford General Hospital.

In considering the merger, the CMA received advice from NHS Improvement and consulted with local commissioners, local authorities and the devolved health and social care body in Manchester and NHS England, all of whom expressed strong support for it.

John Wotton, Chair of the Manchester hospitals merger inquiry group, said:

We have found that this merger will have substantial benefits for the healthcare of patients.

Our confidence in this is strengthened by widespread support from commissioners, clinicians and local authorities in Greater Manchester, who have developed a clear shared vision for providing health and social care under devolved powers.

The hospitals involved presented clear evidence and a well-reasoned case as to how the merger would be beneficial to patients and we received NHS Improvement's advice on this – which helped us to reach our decision to clear the merger.

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.

A summary of the final report has been published on the [case page](#), where all other information relating to this investigation is available. The full final report will be published shortly.

## 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 see the [CMA's homepage](#) on GOV.UK.
2. On 25 February 2015, the 37 NHS organisations and local authorities in Greater Manchester signed an agreement with the government to devolve health and social care expenditure in Greater Manchester. This followed the agreement between the Chancellor of the Exchequer and leaders of the Greater Manchester Combined Authority (GMCA) devolving new powers and responsibilities to Greater Manchester on 3 November 2014. As a result, the Greater Manchester Health and Social Care Partnership assumed control over the region's health and social care budget, which amounts to approximately £6 billion per year.
3. The CMA began its investigation and set out the issues it would be investigating – the investigation examined the effect of the merger on

local patients having reduced choice between different hospital trusts for elective (ie non-emergency) procedures and operations across a number of clinical specialties and maternity services. It also looked at whether the merger will lead to reduced choice in A&E services, specialised services and community services. In its investigation the CMA took into consideration relevant developments in the Greater Manchester area – such as the devolution of health and social care and the proposal for a single hospital provider.

4. The test the group of CMA panel members applied was whether the proposed merger may be expected to result in a 'substantial lessening of competition' in relation to the services the hospitals provide. The group found that there would be a substantial lessening of competition in relation to certain elective and specialist services. The group then considered whether any remedy was appropriate, having regard to any 'relevant customer benefits' expected to arise from the merger.
5. All the CMA's functions in phase 2 merger inquiries are performed by inquiry groups chosen from the CMA's panel members. The appointed inquiry group are the decision-makers on phase 2 inquiries.
6. The CMA's panel members come from a variety of backgrounds, including economics, law, accountancy and/or business; the membership of an inquiry group usually reflects a mix of expertise and experience.
7. The members of this inquiry group are [John Wotton](#) (Inquiry Chair), [Malcolm Nicholson](#), [Robin Aaronson](#) and [Roger Witcomb](#).
8. For CMA updates, follow us on [Facebook](#), Twitter [@CMAgovuk](#), [YouTube](#) and [LinkedIn](#).
9. Enquiries should be directed to [press@cma.gsi.gov.uk](mailto:press@cma.gsi.gov.uk) or 020 3738 6633.