

Civil news: eligibility changes for separated migrant children

Separated migrant children will be eligible for legal aid to help with citizenship and non-asylum immigration applications and appeals from 25 October 2019.

The changes are being made through an amendment to Parliament Schedule 1 of the Legal Aid, Sentencing and Punishment of Offenders Act (LASPO) 2012.

What does this change mean?

This amendment means that separated children seeking to regularise their non-asylum immigration status in the UK will be within the scope of legal aid.

In the past, separated children in this position would have had to apply for exceptional case funding.

How to make applications

We are introducing transitional arrangements to enable separated migrant children to apply for legal aid in line with the new rules as quickly as possible.

These transitional arrangements are explained on GOV.UK so you can see how to make applications and claims.

Existing guidance relating to the 2018 Standard Civil Contract and working with the LAA will be updated and published shortly.

Need for transitional arrangements

Transitional arrangements are being put in place because we have not had time to make the necessary changes to our case management systems. Once long-term system changes have been completed we will publish the permanent arrangements.

We have had to take this approach because of the uncertainty around the Parliamentary timetable. As a result, the amendment has been made in a shorter time-frame than expected.

Why is this happening now?

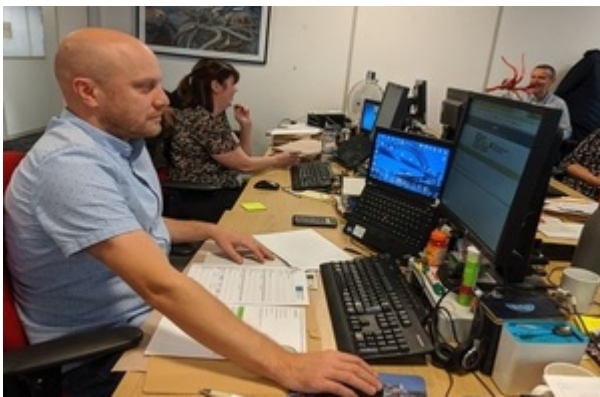
The government decided to bring these cases into the scope of legal aid following a judicial review brought by the Children's Society.

It made this decision after examining both the evidence presented as part of the case and data on applications for funding. This included the distinct nature of the cohort in question, and of the data regarding them.

Further information

[Separated migrant children transitional guidance](#)

[Marine Management Organisation \(MMO\) to administer new £15.4 million funding scheme for English fishing industry](#)



Environment Secretary Theresa Villiers, today delivered a boost for the English fishing and seafood industry ahead of Brexit by opening applications for £15.4 million from two UK fishing funds.

The £14.7 million share of a £37.2 million UK-wide fund announced last December, will encourage the take up of innovation and technology, supporting jobs in coastal communities. In addition, £700,000 from a £2 million UK-wide fund announced in the 2018 Budget is ring-fenced for fishing safety improvements on board English vessels and around ports and harbours.

English fishermen and those working in the seafood sector will today be able to apply for a share of the new Maritime Fisheries Fund (MFF) run by the MMO Grants team, which is designed to ensure the fishing and seafood industry continues to thrive once the UK leaves the EU on 31st October.

The three-year fund builds on the government's commitment to secure a fairer share of fishing opportunities for UK fishermen as it takes back control of fishing waters and establishes the UK as an independent coastal state. The fund in England is open to applications that:

- deliver productive investment in the processing of fisheries and aquaculture products
- support innovation – in technologies to enhance economic growth, increase energy efficiency, reduce environmental impact and improve fishing safety

- improve port infrastructure – so more fish can be landed in UK ports, and help the sector take advantage of new export opportunities after Brexit
- boost coastal communities – by providing benefits to areas that depend on a vibrant and profitable industry
- help the sector adjust – to new arrangements on access and fishing opportunities by improving capacity and capability to exploit new export opportunities and markets, and
- improve safety on fishing vessels or on shore – funding safety measures that prevent accidents such as new handrails and ladders This fund is in addition to the existing European Maritime and Fisheries Fund (EMFF) which is currently administered by the MMO Grants team. The government has already guaranteed that all EMFF projects approved before 31 December 2020 will continue to be fully funded.

This new fund is open for applications in England from today until March 2022.

Submissions are to be made through the Marine Management Organisation [MFF E-system](#)

Published 24 October 2019

International Development Minister thanks Brits fighting debilitating disease on World Polio Day

To mark World Polio Day this year, International Development Secretary Alok Sharma met with fundraisers, campaigners and polio survivors to thank them for their tireless efforts in the fight against the debilitating polio disease.

Speaking at the event, the International Development Secretary underlined the importance of support across society to end the disease, which can leave children unable to walk for the rest of their lives.

The commendable work of the Rotary Club's members was celebrated, with clubs around the world having raised almost \$2 billion to fight the disease. More than \$40 million of this was raised by the Rotary Club's 45,000 members in Great Britain and Ireland.

The UK is playing a leading role to eradicate polio, helping to immunise more than 45 million children around the world each year. The number of people contracting the disease around the world has been reduced by over 99.9% since

1988.

While only three countries in the world are yet to be declared wild polio free, experts predict that new cases could increase to 200,000 a year over the next ten years if efforts to fight the disease stall.

Speaking at the event, International Development Secretary Alok Sharma said:

Meeting with British people from across the country passionate about the fight against polio was a really uplifting moment. It was an honour to meet British polio survivors who have not only overcome adversity to succeed, but are now campaigning tirelessly to end the disease around the world.

We have made tremendous progress to fight the disease, and members of the Rotary Club here today have been pivotal in this, raising almost \$2 billion globally since efforts began.

The UK is the second largest government donor in the fight against polio globally, and this is something I am incredibly proud of. We need to continue this vital work to immunise children, both around the world and in the UK, to keep polio at bay.

If we were to pull back on immunisations, in a decade we could see 200,000 new cases each year, which would be a tragedy for the children and the families affected, but also the world.

British polio survivors from across the UK joined the event to talk personally about how the disease affected their lives and why it is vital we work together across the world to eradicate it once and for all.

Fundraising efforts led by the Rotary Club in the UK has included their famous "Purple for Polio" campaign, where fundraising efforts are themed by the colour dye used to mark children's fingers when they have received the polio vaccine. Creative fundraising events have included purple ice cream and teddy bears with purple jumpers.

There are now only three countries around the world that have not yet been declared wild polio free – Pakistan, Afghanistan and Nigeria – with Nigeria not recording a case in the last three years.

General practice is the bedrock of the NHS

Good morning.

It's great to be able to join you today through the wonders of modern technology. And if this call cuts out it's probably due to the patchy wifi in Westminster rather than a failure with the tech.

The Commons isn't the most dynamic, fast-moving place – as you may have noticed.

I'm delighted to have the opportunity to speak with you today because, even amid everything that's going on here, some things are more important than Brexit. Things like the NHS. Things like primary care.

Primary care is the foundation of the health service in this country, which means GPs are the bedrock of the NHS.

And, I'd like to briefly talk about 3 things that, I believe, are fundamental to getting that foundation right.

Number 1: people.

Number 2: structure.

And 3: tech.

I'll take each in turn.

First: people.

There are over 3 times as many doctors working in hospitals than there are doctors in general practice. And yet, last year, there were nearly 15 times as many GP visits as there were hospital admissions.

Clearly, there's a disconnect between those figures. And of course acuity is higher in hospitals. But the number of hospital doctors has gone up much faster than GPs.

More than a million appointments a day now happen in general practice, but, historically, we haven't prioritised general practice enough.

It's absolutely vital we get more people into general practice: we need to recruit more, we need to retain more, we need to make the perception, and reality, of being a GP as prestigious as any specialism.

So I'm delighted that the latest Health Education England figures for GP recruitment, published this week, show that 3,538 doctors have accepted a place on GP speciality training this year – the highest ever number in

history.

This builds on the record numbers we recruited last year. And the 250 more full-time equivalent doctors we have working in general practice this year.

We need to go further and faster, and remain committed to recruiting 5,000 more GPs.

We have started to recruit an additional 20,000 clinical staff to support GPs in primary care within the next 5 years.

There's more money going into primary and community care: £4.5 billion extra each year by 2023 to 2024 – funding increasing faster for primary care than the NHS as a whole. Because we know there are staffing challenges and it's critical we address those challenges to build a sustainable NHS.

So that means building on our recruitment success, and addressing the underlying issues that affect retention: workload, pensions, pay, training. Doing everything we can to help experienced GPs stay on, or back into, the profession.

Second: structure.

I like to use this analogy: previously, many GPs were like soloists, or perhaps a string quartet – brilliant individual musicians.

But now, and increasingly in the future, you're going to be more like the conductor of an orchestra. Pulling together a team of specialists to produce something more than the sum of its parts.

So your specialist skill is still going to be vital to the delivery of primary care, but you're also going to need another set of skills as primary care networks and multi-disciplinary teams expand.

Expanding your clinical skills, and developing your leadership skills.

And we have to ensure that leaders not only have the right numbers of people, but also the right structures in place to succeed.

We launched the landmark Clinical Negligence Scheme for General Practice in April.

And we're doing more to help you limit personal liabilities, reduce risk, and work in bigger teams.

We want to make it easier for GP practises to become mutuals.

And we're bringing forward a range of recommendations in the Partnership Review to make your lives easier.

Structure also means addressing the outdated practice preventing GPs from being listed on the General Medical Council's (GMC) specialist register. It's not right, and it doesn't reflect the increasingly important role GPs are

going to play in the delivery of personalised, preventative healthcare in the future.

We will work with the GMC to change this and include GPs on the specialist register at the earliest opportunity.

But structure is also about process.

When I've seen practices and networks of similar sizes and similar demographics, the striking difference between the ones performing really well, and the ones who aren't performing as well, is the processes they have in place.

By changing the process, you can improve performance.

Just to give you one example I saw at the Quorn Medical Centre in Loughborough.

Their telephone triage system is excellent. Patients can get a same-day telephone appointment, and if appropriate, they'll be asked to come to the surgery, or directed to a pharmacist, or other primary or secondary care.

And the reason it works so well is because they have one of their most experienced GPs on the telephone triage system.

So many surgeries use their most junior staff, often the receptionist. But an effective and efficient triage system can make an enormous difference to access, and that's what matters most to people: feeling like you can speak to your GP when you need it.

And this a 150-year-old technology we're talking about – even Jacob Rees-Mogg has one.

Informed by the access review, we will enable the spread of best practice to support practices and networks. Many will receive targeted support to help them adopt new ways of working, to free up time to improve access, and to implement best triage.

This will build on the good work already done by the Time for Care programme. That has already supported practices to free up more than half a million hours of time for patients.

Which brings me to the third, and final, thing I'd like to talk about today: tech.

Tech is our friend.

It's allowing me to speak to you now. It's going to transform the delivery of primary care.

And it isn't about replacing people, it's about enhancing what trained, skilled, experienced professionals can do.

So let me paint you a picture: you're a GP, you're also a parent, you're balancing work and childcare, like so many people do.

Using the tech of today, you can do video consultations, from your own home, after dropping the children off at school. You can advise, prescribe and book a patient in with a colleague at your GP surgery or primary care network.

Tomorrow, it may be other way around, with you at the surgery, and your colleague working from home.

Modern tech, allows for modern ways of working and living. It helps with recruitment and retention. And, above all, it means we improve access for patients.

People get frustrated by the lack of access, not just by the lack of appointments. At the moment, physical appointments are often the only way to get access, but as we expand phone and video, there's so much more we can do to help you do your jobs, and get the very best out of each and every one of our 44,570 GPs.

So digitising paper records, real-time and secure access to records for GPs and patients, IT infrastructure that works, inter-operable systems as standard, electronic prescribing to complement the millions of people now accessing GP services digitally – getting all of this tech right so we can deliver better care for people.

That's what all of us want.

And, I'd just like to end by paying tribute to someone, who has done so much to improve primary care, both for staff and patients: Helen Stokes-Lampard.

She's done a wonderful job as chair, and I would say I'm sorry to see her go, but she's only going as far as the new National Academy for Social Prescribing, where she'll still be championing general practice and leading the way on social prescribing.

So thank you, Helen, for your fantastic contribution, and I'd like to welcome Martin Marshall to this vital role.

I look forward to working with you because general practice has always been, and always will be, the bedrock of the NHS.

Thank you.

[**Ambassador Marshall updates UK**](#)

nationals in Luxembourg on Brexit



Ambassador John Marshall answering questions

Addressing a full auditorium Ambassador Marshall delivered a presentation, focussing on a 'no deal' Brexit. With an emphasis on preparation he explained the steps necessary to ensure those attending were getting ready for Brexit.

The presentation, which is available on the [British Embassy Facebook page](#), discusses residency, the right to work, healthcare, driving licences, education and pets.

The session ended with an extensive Q & A session which gave guests the opportunity to express their concerns and seek advice on their individual circumstances.

Published 24 October 2019