

Weekly Political Update

Week ending 23 March 2012

Westminster

Deafness, hearing loss and tinnitus

Click on link for full transcript

Item	Summary
Written Ministerial statement on topics being referred to NICE	<p>Health Minister Paul Burstow MP (Lib Dem, Sutton and Cheam) announced that a new set of topics were to be sent to the National Institution for Health and Clinical Excellence (NICE) for the development of NHS Quality Standards. The new list of topics includes adult onset hearing loss and tinnitus.</p> <p>This announcement follows influencing work by Action on Hearing Loss to ensure that hearing loss and tinnitus were prioritised for referral to NICE to ensure that all hearing services, including those which will soon be delivered by Any Qualified Provider, are underpinned by robust quality standards. In a press release NICE highlighted hearing loss in particular as a condition which was being referred for quality standard development for the first time.</p>

Health/NHS issues

Click on link for full transcript

Item	Summary
Health and Social Care Bill: Third Reading (House of Lords)	<p>The Health and Social Care Bill received its Third Reading in the House of Lords, where a series of government and non-government amendments were made.</p>
Emergency debate on the Health and Social Care Bill (House of Commons)	<p>Labour made an attempt to block the controversial legislation when Shadow Health Secretary Andy Burnham MP (Lab, Leigh) called for an emergency debate on whether consideration of the Bill should be delayed until after the disclosure of the NHS transitional risk register. MPs voted against the motion by 328 to 246 votes and the Bill moved to the House of Commons for the final time, where MPs considered amendments made in the House of Lords.</p>
Consideration of amendments (House of Commons)	<p>The Bill now awaits Royal Assent, expected in early May.</p>
Department of Health report publication – integrated care pilot evaluation	<p>The Department of Health published a report evaluating several integrated care pilots across the country, including one pilot for people with long-term conditions. The report</p>

	summary is available here and the full report is available here .
Parliamentary Question on recommendations in 'Innovation, Health and Wealth' report	Virendra Sharma MP (Lab, Ealing, Southall) asked the Government about the progress being made on recommendations from the report 'Innovation Health and Wealth: accelerating adoption and diffusion in the NHS'.

Disability issues – employment and welfare

Click on link for full transcript

Item	Summary
Work and Pensions Select Committee Inquiry into the Work Programme	Facing questions about a lack of statistical data on the Work Programme during a hearing of the Work and Pensions Select Committee, Employment Minister Chris Grayling MP (Con, Epsom and Ewell) told MPs that it was important to be patient to see the programme's full effect on the first wave of participants.
Parliamentary Question on young people in receipt of DLA	In response to a question from Shadow Equalities Minister Kate Green MP (Lab, Stretford and Urmston), Minister for Disabled People Maria Miller MP (Con, Basingstoke) outlined Government provisions for young people aged 16+ who will be moving from Disability Living Allowance to the new Personal Independence Payment.
Parliamentary Question on support for those being made redundant from Remploy	In response to a question from Michael Meacher MP (Lab, Oldham West and Royton), Minister for Disabled People Maria Miller MP (Con, Basingstoke) outlined the support which would be given to employees being made redundant from Remploy factories.
Parliamentary Question on number of work capability assessments undertaken by nurses	In response to a question from Sandra Osborne MP (Lab, Ayr, Carrick and Cumnock), Employment Minister Chris Grayling MP (Con, Epsom and Ewell) confirmed that there had been a total of 77,345 work capability assessments conducted in February 2012, of which 62.9% were undertaken by nurses and not doctors.
Parliamentary Question on targets for migration of incapacity benefit claimants to other benefits Parliamentary Question on targets for work capability assessments	Employment Minister Chris Grayling MP (Con, Epsom and Ewell) confirmed that the Government had not set targets for the number of incapacity benefit claimants migrating onto employment and support allowance or jobseeker's allowance following reassessment, nor had they set targets relating to the work capability assessment. This was in response to questions from Shadow Work and Pensions Secretary Liam Byrne MP (Lab, Birmingham, Hodge Hill).
Parliamentary Questions on the	Shadow Work and Pensions Secretary Liam Byrne MP (Lab,

<u>cost and case-load of incapacity benefit</u>	Birmingham, Hodge Hill) asked the Government about the cost of incapacity benefit and what the case load had been in each year since its introduction.
<u>Parliamentary Question on the cost of benefits for those in work</u>	Nicholas Brown MP (Lab, Newcastle upon Tyne East) asked the Government about the cost of benefits paid to individuals who were in work during 2011.
<u>Parliamentary Question on savings from the reform of ESA</u>	Shadow Work and Pensions Secretary Liam Byrne MP (Lab, Birmingham, Hodge Hill) asked the Government what savings to the public purse have been achieved from the reform of the employment and support allowance since May 2010 and what savings are projected in each of the next five years.
<u>Parliamentary Question on the ESA work-related activity group</u>	Shadow Work and Pensions Secretary Liam Byrne MP (Lab, Birmingham, Hodge Hill) asked what the Government's policy is on the work-related activity obligations of those in the employment and support allowance work-related activity group.
<u>Written Ministerial Statement on the withdrawal of funding from Remploy factories</u>	Following the Government's announcement that it intends to withdraw funding for Remploy's factory-based businesses over the next two years, Minister for Disabled People Maria Miller MP (Con, Basingstoke) confirmed in a written statement to MPs that Remploy will publish details of the consultation and commercial process on its website at www.remploy.co.uk .
<u>Parliamentary Question on projected caseload and cost of ESA</u>	Shadow Work and Pensions Secretary Liam Byrne MP (Lab, Birmingham, Hodge Hill) asked what the Government's projections were for caseloads and benefit expenditure for employment and support allowance, Support Group and Work Related Activity Group for each of the next five years.
<u>Parliamentary Question on benefits for young adults</u>	David Laws MP (Lib Dem, Yeovil) asked the Government for information on caseload and expenditure on employment and support allowance incapacity benefit for young adults.
<u>Parliamentary Question on the number of disabled people in employment</u>	In response to a question from Gareth Johnson MP (Con, Dartford), Minister for Disabled People Maria Miller MP (Con, Basingstoke) provided information on the number of people who were disabled and in employment in the last five years. Also seeking information on this were David Evennett MP (Con, Bexleyheath and Crayford) (see here) and David Davis MP (Con, Haltemprice and Howden) (see here).
<u>Parliamentary Questions on complaints about Atos Healthcare</u>	In response to a question from Shadow Work and Pensions Secretary Liam Byrne MP (Lab, Birmingham, Hodge Hill), Employment Minister Chris Grayling MP (Con, Epsom and

	Ewell) confirmed that since 1 January 2009 there had been a total of 1,714 complaints about Atos Healthcare, the provider of work capability assessments.
<u>Parliamentary Question on digitising attendance allowance records</u>	Barbara Keeley MP (Lab, Worsley and Eccles South) asked if the Government had made an estimate of the cost of digitising attendance allowance records for the purposes of allowing data to be used more widely by organisations in the care system to target prevention and other holistic services. Minister for Disabled People Maria Miller MP (Con, Basingstoke) said that they had not.
<u>Parliamentary Question on Job Centre Plus decisions on capability for work</u>	Employment Minister Chris Grayling MP (Con, Epsom and Ewell) gave information on the number of occasions when a Job Centre Plus decision maker's final decision about someone's eligibility for employment and support allowance was different to the advice given by the Atos healthcare professional who had undertaken a work capability assessment. This was in response to a question from Tom Greatrex MP (Lab/Co-op, Rutherglen and Hamilton West).
<u>Parliamentary Question on the number of work capability assessments undertaken</u>	In response to Mr Greatrex's inquiry about the number of work capability assessments which had been carried out since 2010, Mr Grayling noted that this information was available on the <u>DWP website</u> .

Voluntary sector

Click on link for full transcript

Item	Summary
<u>Parliamentary Questions on support for the voluntary sector</u>	<p>Minister for Civil Society Nick Hurd MP (Con, Ruislip, Northwood and Pinner) responded to questions from several MPs about Government support for the voluntary sector. Mr Hurd told MPs that the Government wants the sector to help it deliver public services and will be opening up new opportunities for charities and social enterprises to help them to do so. He said that this was one of the 'three pillars of funding' which the Government wanted to develop to help voluntary and community sector organisations to become more resilient, the other two pillars being income from the state and social investment.</p> <p>The Minister also faced questions about what the Government is doing to ensure that the voluntary sector is considered in policy formation and what steps it is taking to ensure charities do not face undue levels of bureaucracy when delivering services.</p>

[Written Ministerial statement on topics being referred to NICE](#)

The Minister of State, Department of Health (Mr Paul Burstow): Today we are referring new NHS Quality Standard topics, that supplement previous referrals, to the National Institute for Health and Clinical Excellence (NICE)

NICE Quality Standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

Quality Standards will underpin the commissioning process. Under the provisions set out in the Health and Social Care Bill, the Secretary of State and the NHS Commissioning Board will come under new duties to have regard to any Quality Standards produced by NICE.

This list of topics being referred today follows advice received by the National Quality Board (NQB). The NQB developed a proposed list of topics in partnership with the Academy of Medical Royal Colleges which was then the subject of an engagement exercise conducted between 15 August – 14 October 2011.

Responses to the engagement exercise were supportive of the overall Quality Standards programme and the diversity of topics put forward. Detailed comments were also received on what particular aspects of care should be addressed by specific Quality Standards and we have asked NICE to take these detailed comments into account when developing Quality Standards.

In addition to this referral of NHS topics, we are today referring three pilot topics for development into NHS facing Quality Standards on cross-cutting public health topics. These Quality Standards will focus on the action the NHS can take in these areas, and comes in response to the recent recommendations from the NHS Future Forum that NICE should develop Quality Standards setting out the evidence based action that the NHS can take in relation to the main lifestyle risk factors.

The NQB will continue to keep the sequencing of Quality Standard topics under regular review as well as the case for referring additional topics, taking into account operational requirements, NICE's capacity to produce Quality Standards and clinical guidelines, and the evidence that is available at the time.

A copy of today's referral letter to NICE (including a list of topics) has been placed in the Library. Copies are available to hon Members from the Vote Office and to noble Lords from the Printed Paper office. Further information on Quality Standards can be found on NICE's website www.nice.org.uk.

[Health and Social Care Bill: Third Reading \(House of Lords\)](#)

Summary

The Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs was debated in the Lords at Third Reading today.

During the day's debate on the Health and Social Care Bill, a series of Government and non-Government amendments were made, whilst three amendments were rejected at division. The Bill passed through the Lords and will now be considered in the Commons.

Divisions and debates

Lord Owen's Amendment

Crossbench peer Lord Owen moved an amendment to the Government's motion calling for the Bill be read a Third time, to urge that the Bill should not be read for a Third time until the House had the opportunity to consider the risk register and the Government's response to it.

It was important to listen to the tribunal's judgment, he argued.

In reply, Health Minister Earl Howe rejected the amendment, clear that the Government had not concealed the nature of the risks associated with the Health and Social Care Bill.

He stressed the need to "get on with the Bill" while there was still Parliamentary time left.

Lord Owen's amendment was rejected by 328 votes to 213. The Bill was read a Third time.

Amendments 1 to 6

Labour peer Lord Patel of Bradford moved amendment 1 to 6 to Clause 8. Grateful to Sue Ryder Care for its support of the amendments, the peer regretted that charities, social enterprises, co-operatives and mutuals were unable to recover VAT on certain non-business supplies.

Therefore, he explained, the amendments called for the production of a report with recommendations to be laid before Parliament by the Secretary of State within a year on any matters that may affect the ability of charities, social enterprises, co-operatives and mutuals to provide healthcare services for the NHS.

Stating that the Government were committed to a fair playing field for all providers of NHS services, Earl Howe confirmed that the Government intended to look at how barriers to providing NHS services could be removed.

He affirmed the Government's support for the amendments.

Amendments 1 to 6 were approved.

Amendments 7, 9 and 10

Moving amendment 7 to Clause 23 and amendments 9 and 10 to Clause 26, Earl Howe explained that they strengthened the duties on the NHS Commissioning Board and Clinical Commissioning Groups (CCGs) in relation to reducing inequalities.

These inequalities were between patients with respect to their ability to access health services, and to the outcomes achieved for them by the provision of health services, he detailed.

Earl Howe stated that the NHS Commissioning Board could need to include in its business plan, and CCGs to include in their annual commissioning plans, an explanation of how they intended to discharge their inequalities duties.

Amendments 7, 9 and 10 were approved.

Amendments 11, 12, 13, 15, 16 and 18 to 29

Earl Howe moved amendments 11, 12 and 13 to Clause 40, amendments 15 and 16 to Clause 185, amendment 18 to Clause 234, amendment 19 to Clause 250, amendment 20 to Clause 254, amendments 21 to 23 to Schedule 4 and amendments 24 to 29 to Schedule 5, relating to mental health after-care services.

These amendments came around as a result of an amendment tabled by Lord Patel of Bradford during Report stage, he said.

Amendments 11, 12, 13, 15, 16 and 18 to 29 were approved.

Amendment 17

Seeking to introduce a new Clause, amendment 17, to be inserted after Clause 229, Crossbench peer Baroness Emerton hoped to ensure that health care workers would be able to enter a voluntary register, assured by the Council for Health Care Regulatory Excellence, provided they had attended an assured training programme prior to entry on the register.

The next logical step would be to aim for the training of support workers to be mandatory from 1 April 2013, she said.

Baroness Emerton felt that the Secretary of State should develop a Code of Conduct for all employees who were providing care to NHS patients, and should also review the procedures for training within three years of the Act receiving Royal Assent.

However, Earl Howe argued that compulsory statutory regulation was not the only way to achieve high quality care.

He said that the steps the Government was already taking would help to increasingly professionalise health care support workers, and thought that assured voluntary registration, underpinned by the Care Quality Commission's registration requirements, was likely to be adequate to assure standards.

Amendment 17 was rejected by 267 votes to 209.

Baroness Thornton's Amendment

Shadow Health Minister Baroness Thornton moved an amendment to the Government's motion calling for the Bill to pass.

The Shadow Minister urged the House to decline to allow the Bill to pass because the Bill did not command the support of patients who depended on the National Health Service, the professionals who were expected to make it work, or the public.

It would: not deliver the promised objectives of genuinely empowering clinicians in the commissioning process and putting patients at the heart of the system; increase bureaucracy and fragment commissioning; allow foundation trusts to raise up to half their income from private patients; and it would create an economic regulator and regime which would lead to the fragmentation and marketisation of the National Health Service and threaten its ethos and purpose, she warned.

Responding, Earl Howe “utterly” disagreed with Labour’s summary of the Bill. The Government had moved or accepted some 375 amendments from all sides of the House, and this represented a quarter of all amendments that have been tabled, he said, stressing that the Bill was more joined-up, clearer and, in certain aspects, less risky.

Baroness Thornton’s amendment was rejected by 269 votes to 174.

Full list of Government amendments made

Clause 23

Amendment 7

Clause 26

Amendment 9
Amendment 10

Clause 40

Amendment 11
Amendment 12
Amendment 13

Clause 185

Amendment 15
Amendment 16

Clause 234

Amendment 18

Clause 250

Amendment 19

Clause 254

Amendment 20

Schedule 4

Amendment 21
Amendment 22
Amendment 23

Schedule 5

Amendment 24
Amendment 25
Amendment 26
Amendment 27
Amendment 28
Amendment 29

Full list of non-Government amendments made

Clause 8

Amendment 1
Amendment 2
Amendment 3
Amendment 4
Amendment 5
Amendment 6

Full list of probing amendments

Clause 26

Amendment 8 moved by Crossbench peer Baroness Finlay of Llandaff

Clause 56

Amendment 14 moved by Conservative peer Baroness Cumberlege

The Bill was passed

It was returned to the Commons with amendments and will be considered on 20 March.

[Consideration of amendments \(House of Commons\)](#)

Summary

Lords amendments to the Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs were considered in the Commons today.

During the day's debate on the Health and Social Care Bill, three divisions were held, and on each occasion the opposition was defeated.

Divisions and debates

Amendment one

Moving that the House agreed with amendment one and speaking to several other amendments, Health Minister Simon Burns said that the aim of the Bill was to secure a national health service that achieved results that were among the best in the world and through it the Government reaffirm their commitment to the values and principles of the NHS.

He added that the Government had recognised that concerns had been expressed about the Secretary of State's accountability for the health service and worked with Lords and the House of Lords Constitution Committee to agree Lords amendments 2 to 5, 17, 18, 24, 39, 40, 74, 246, 287 and 292, which put beyond doubt ministerial accountability to Parliament for the health service.

Mr Burns said that they also amended the autonomy duties on the Secretary of State and the NHS Commissioning Board, to make it explicit that the interests of the health service must always take priority.

They also amended the intervention powers of the Secretary of State and the board, to clarify that they could intervene if they thought a body was significantly failing to exercise its functions consistently with the interests of the health service, he explained.

A new provision would make it explicit that the Secretary of State must have regard to the NHS constitution in exercising his functions in relation to the health service, Mr Burns continued, while Lords amendment 9 clarified that Clinical Commissioning Groups (CCGs) must commission services consistently with the discharge by the Secretary of State and the board of their duty to promote a comprehensive health service, and with the objectives and requirements in the board's mandate.

The amendments also required CCGs to manage conflicts of interest in such a way that they did not affect the integrity of the board's decision-making processes, he stated. The Minister stated that he could not support Opposition amendment (a) to Lords amendment 31, as although a conflicted individual would in most cases withdraw from the decision-making process, that might not always be possible, so he could not agree to a blanket ban.

Shadow Care and Older People Minister Liz Kendall said that there had been 1,000 Government amendments to the "disastrous" Health and Social Care Bill, adding that it was unacceptable that the Commons had been given so little time to debate amendments that would affect patients and the public.

Ms Kendall stated that the public must have confidence that CCGs were making decisions based on patients' and taxpayers' best interests, not the financial interests of GPs, but under the Bill they would have the weakest corporate governance of any public body in the country. She felt that the Government had failed to ensure robust protections against actual or perceived conflicts of interest in CCGs.

Lords amendments 1 to 10 and 13 to 30 were agreed to, with Commons financial privileges waived in respect of Lords amendments 7 and 21.

Amendment (a) to Lords amendment 31 was disagreed by 313 votes to 233.

Following this vote Lords amendment 31 and Lords amendments 32 to 42 and 54 to 60 were agreed to, with Commons financial privileges waived in respect of Lords amendment 35.

Amendment 63

Moving that the House agreed with amendment 63 and speaking to several other amendments, Care Services Minister Paul Burstow said that under the Bill Monitor would regulate all providers of NHS services, so that all patients were protected, irrespective of who supplied their treatment and care, adding that European case law made it clear that commissioning was not subject to competition law.

Mr Burstow said that the Government supported amendments that meant the Secretary of State could give Monitor guidance to help ensure it exercised its functions in a manner consistent with the Secretary of State's duty to promote a comprehensive health service.

He was clear that Monitor would have an "unequivocal duty" to protect and promote the interests of patients by "promoting provision of NHS services that was economic, efficient and effective and that maintained or improves the quality of services".

Shadow Health Secretary Andy Burnham said that the Government had failed to allay fears about the creation of a market based on a 1980s utility privatisation and the Bill allowed hospitals to change character over time as they could earn 49 per cent of their income from private patients.

He added that Labour amendments, particularly amendment (b) to Lords amendment 148, would provide a measure of systems regulation in the best interests of the NHS.

Lords amendment 63 agreed to.

Lords amendments 64 to 147 agreed to, with Commons financial privileges waived in respect of Lords amendments 132 to 141.

Amendment (b) to Lords amendment 148 was rejected by 235 votes to 313.

Amendment 11

Moving that the House agreed with amendment 11 and speaking to several other amendments, Care Services Minister Paul Burstow said that throughout the Bill the Government had emphasised the importance of public health. He added that safeguards ensured that HealthWatch England could operate effectively within the CQC and have better links with, and transparency to, local healthwatch organisations.

Mr Burstow stated that a number of amendments would strengthen the statutory powers of those organisations local healthwatch organisations and enable them to become a "powerful champion" of patients' interests locally.

He added that local health and wellbeing boards would have a statutory responsibility for identifying population need for their area and for then framing the strategy to meet those needs.

Shadow Care and Older People Minister Liz Kendall argued that the Government's proposals for HealthWatch were weak and ineffective, and would fail to give patients a strong and independent voice to shape local health and council services.

She added that failing to ring-fence local healthwatch funding would virtually guarantee that those bodies would fail to provide a strong local voice.

Lords amendment 11 was agreed without vote.

Lords amendments 12, 43 to 53, 61, 62, 168 to 241, 243 to 245, 247, 249 to 251, 253 to 286, 288 to 291, 327, 333, 334 and 366 to 374 were agreed to by 324 votes to 236.

Lords amendments agreed to

Lords amendments 1 to 10 and 13 to 30, with Commons financial privileges waived in respect of Lords amendments 7 and 21.

Lords amendment 31

Lords amendments 32 to 42 and 54 to 60, with Commons financial privileges waived in respect of Lords amendment 35.

Lords amendments 63 to 147, with Commons financial privileges waived in respect of Lords amendments 132 to 141

Lords amendment 11

Lords amendments 12, 43 to 53, 61, 62, 168 to 241, 243 to 245, 247, 249 to 251, 253 to 286, 288 to 291, 327, 333, 334 and 366 to 374

The Health and Social Care Bill now awaits Royal Assent.

[Parliamentary Question on recommendations in 'Innovation, Health and Wealth' report](#)

Mr Virendra Sharma: To ask the Secretary of State for Health (1) when he expects the Specialised Commissioning Innovation Fund to begin operation; [100069]

(2) what budget he has allocated for the Specialised Commissioning Innovation Fund; [100074]

(3) with reference to his Department's publication, Innovation, Health and Wealth, what progress he has made in the development of a National Institute for Health and Clinical Excellence implementation collaborative; [100075]

(4) what progress he has made on the development of a tariff for diagnostic services.[100076]

Mr Simon Burns: 'Innovation Health and Wealth: accelerating adoption and diffusion in the NHS' was published on the 5 December.

2011 and we are making good progress on all recommendations. Work is under way with a wide range of stakeholders to co-produce the diagnostics tariff, how the National Institute for Health and Clinical Excellence Implementation Collaborative will operate and the detailed operating arrangements, including the budget, for the Specialised Services Commissioning Innovation Fund. The Specialised Services Commissioning Innovation Fund will be piloted in 2012-13, becoming fully operational from April 2013.

[Emergency debate on the Health and Social Care Bill \(House of Commons\)](#)

Summary

The NHS across the country would use reform positively, MPs heard today.

Moving an emergency debate on the Health and Social Care Bill, Shadow Health Secretary Andy Burnham described the legislation as “ideological”, and called for the House to defer consideration of Lords Amendments to the Bill until after the disclosure of the NHS transitional risk register.

He said that Members would progress through the voting lobbies without the full knowledge of the implications and risks the Bill would have for the NHS.

Ministers wanted the House to back the “gamble” they were taking with the NHS, without having the courtesy to tell it the odds, he argued.

Mr Burnham defended Labour’s record on the NHS, and criticised the Government’s claims of transparency, underlining the fact that Ministers had refused publication of the risk register. The Information Commissioner, and subsequently the Information Rights Tribunal, had found that public interest lay in disclosure of the information, he added.

The Shadow Health Secretary said that the Government’s “scripted” line about declining productivity was not true, citing research to suggest otherwise. Their arguments for the Bill were falling apart, he said, arguing that they had “comprehensively lost the argument”.

Labour had given the fight “everything we had”, and would repeal the legislation at the first opportunity, Mr Burnham concluded.

Responding, Health Secretary Andrew Lansley said that the debate was not warranted, given that there was “no emergency, no argument...and no point”.

He said that the House had previously considered and concluded that it did not support the publication of the risk register, and that similar proposals had been defeated in the House of Lords.

Risk registers, he said, did not present a balanced view, and were not a prediction of the future, and instead set out a worst-case scenario to challenge decision making. They were not intended for publication, he added, arguing that publication would challenge the “frankness” and “integrity” of civil servants’ guidance.

On wider reforms, the Health Secretary commented that the NHS was using reform in a positive way, and had already gained achievements in lowering admissions to mixed-sex wards, cutting waiting lists and the rate of contracting infections.

He argued that the debate had been a wasted one which had served no purpose, and that the Opposition was not interested in the Bill’s contents, but in the “political opportunity” of opposing it.

Labour was unclear on the extent of cuts it had wanted to make, Mr Lansley argued.

Elsewhere, Conservative Chair of the Health Select Committee Stephen Dorrell argued against the publication of the transitional risk register, explaining that to do so would set a precedent for publishing advice which was intended to be confidential.

Green MP Dr Caroline Lucas commented that it was a “very sad” day for the health service, and criticised the Government for its “arrogant dismissal” of rulings demanding the risk register’s publication.

The Bill was “hugely damaging”, and a wide cross section of people were deeply concerned about the commercialisation that the legislation brought, she added.

The motion was rejected by 328 votes to 246.

[Work and Pensions Select Committee Inquiry into the Work Programme](#)

Summary

During hearing on ‘The Work Programme’, the Work and Pensions Committee heard from the following witness:

- Chris Grayling MP, Minister for Employment, Department for Work and Pensions (DWP)
- Alan Cave, Director, Contracted Customer Services, DWP
- Chris Hayes, Director, Labour Market Strategy, DWP

Overview

Employment Minister Chris Grayling said there had been delays in the Government’s processing of incapacity benefit reassessments owing to the introduction of personal statements from healthcare providers.

However, he anticipated the backlog would be cleared by the summer.

Mr Grayling said that reforms meant that new information was available much earlier in processing claims and was fully known by the time any claim appeal came to be considered.

He also cited the larger scale voluntary sector participation in the Work Programme, claiming 20% of participants were supported through such groups.

Facing questions about a lack of statistical data on the Work Programme, Mr Grayling said it was important to be patient to see the programme’s full effect on the first wave of participants.

Alan Cave, Director of Contracted Customer Services at the DWP, said there would be a great deal of statistical transparency owing to the scale of statistics available from both the DWP and groups like prime contractors.

Mr Grayling said it was necessary to be realistic and expect that the Work Programme could not deliver a one hundred percent success rate.

Instead, it was about encouraging best practice, particularly with providers sharing ideas and competing in their regional labour markets, he explained.

Opening Remarks

Standing in for Labour MP and Chair Dame Anne Begg owing to her recent injuries, Conservative MP and Acting Chair Harriet Baldwin asked what the level of referrals the Work Programme had seen.

The rising number of referrals reflected a more competitive labour market, both in terms of the long and the short term unemployed, said Mr Grayling.

Mr Cave added that the Labour market had been difficult, but the providers were able to place people into work by working closely with employers.

Incapacity Benefit Reassessment

The Chair asked where the Government was in its processing of incapacity benefit reassessments.

The introduction of a personalised statement from health care providers under the Harrington reforms had led to a backlog, which was now being cleared, said Mr Grayling

Liberal Democrat MP Stephen Lloyd asked what this personal statement had to contain.

A short explanation of the health care providers reasoning on how they reached their decision, said Mr Grayling. The length of time required to complete these had been an “operational issue”, but it had been worked through.

He added the DWP had increased the number of claims in this area that it cleared.

Mr Lloyd asked if the DWP was confident that these reforms would lower the level of appeals.

It is too early to tell, as the DWP did not yet have accurate data, replied Mr Grayling.

The numbers of people entering the Work Programme from incapacity benefit were on track, said Mr Grayling.

However, he added there was an issue of more people than expected being unable to return to work.

Mr Lloyd asked the DWP would encourage people in the support group to enter the Work Programme.

Those in the support group were not expected to be able to work, but those in the work activity group would be encouraged by employers to volunteer with them, said Mr Grayling.

Appeals Process

Labour MP Glenda Jackson asked if the lack of additional medical evidence meant that reassessments took place just after the initial assessment.

The new approach was part of a “holistic” view taken by ministers and as a result very little new evidence was emerging at the appeals stage, Mr Grayling said. Consequently, Job Centre Plus had access to more information at earlier stages of decision making with claims.

Ms Jackson asked why are so many cases were still going to appeal.

It was about helping those people used to living on benefits make the transition into work, said Mr Grayling.

Voluntary Sector

Ms Jackson asked if the experts in the voluntary sector were being allowed to assist people in the Work Programme.

Mr Grayling said this was the largest welfare to work programme ever carried out by the voluntary sector.

He added that a shakeout of the Work Programme providers should be expected to provide the best deal for the unemployed.

Later on, Mr Grayling said that an audit had revealed 20% of the total provision had been provided by the voluntary sector.

The Work Programme was not designed to be a funding measure for the welfare to work sector, it was about payment by results, he added.

Processing Claims and Appeals

Ms Jackson asked why there were delays in reassessments.

Mr Grayling said in many cases it was due to a difficulty in reaching people, but such cases were treated carefully owing to potential for a delicate nature of the claimant.

Ms Jackson asked how many cases of those on Employment and Support Allowance (ESA) were lodging an appeal.

Roughly half, answered Mr Grayling.

Ms Jackson asked how much time it took to process new claims and appeals.

The average time for appeals processing was falling, and the DWP was reducing the backlog, said Mr Grayling.

Mr Cave said the backlog of existing claims could be cleared by July.

Regarding new claims, Mr Grayling said it was a step-by-step process.

Statistics and Transparency

Conservative MP Karen Bradley asked if individuals claiming to have “fallen through” the cracks were included in the statistics.

They were not, said Mr Grayling.

Ms Bradley asked about statistics around contractors associated with the Work Programme.

There would be an issue of transparency owing to the scale of statistics available from both the DWP and groups like prime contractors, who were expected to publish the relevant information shortly, said Mr Cave.

He added that it was important to wait to get a true picture of the Work Programme.

Labour MP Debbie Abrahams asked why the Government had delayed the publication of data.

The Government's was doing its best under the circumstances, said Mr Grayling.

Ms Jackson asked if the statistics would provide a detailed demographic breakdown of participants.

There would be very detailed information released in the quarterly statistics, said Mr Cave.

Work Programme Contracts

Ms Gilmore asked if it was necessary to recalculate the non-intervention levels around the Work Programme contracts.

It was important to set out a clear standard of achievement for providers, said Mr Grayling.

Ms Gilmore asked if the National Audit Office (NAO) were correct that providers would struggle to meet minimum performance standards.

The NAO were entitled to their opinion, but they were wrong, said Mr Grayling, pointing to the high level of scrutiny this area had been given by the private sector.

Mr Grayling said that it was important to be realistic and accept that the Work Programme would not deliver a one hundred percent success rate.

Instead, the Work Programme was about bringing best practice to the full.

Evaluation Process

Ms Abrahams asked what the DWP's evaluation process would focus on.

It was about encouraging welfare to work providers to borrow the best ideas from each other, whilst competing in the regional labour markets, said Mr Grayling.

[Parliamentary Question on young people in receipt of DLA](#)

Kate Green: To ask the Secretary of State for Work and Pensions (1) with reference to his Department's publication, Personal Independence Payment-Policy Briefing Note on Young People, whether disabled young people aged 16 to 25 years in 2013 will be one of the last groups moved into personal independence payments; [100070]

(2) with reference to his Department's publication, Personal Independence Payment (PIP)-Policy Briefing Note on Young People, what plans are in place to run disability living allowance and PIP in parallel for disabled young people turning 16 years of age after 2013; [100071]

(3) what support he plans to provide to disabled young people as they move from disability living allowance onto personal independence payments at 16 years of age after 2013.[100072]

Maria Miller: When new claims to personal independence payment are introduced from spring 2013, it will be available to young adults, aged between 16 and 25 whose claims are administered by

Bootle Benefits Centre, from areas including Merseyside, North West England, Cumbria, Cheshire and North East England.

The remaining network of Benefits Centres currently administering new claims for disability living allowance will start to take on new claims for personal independence payment from summer 2013.

New claims to disability living allowance will not be accessible as an alternative once it is rolled out nationally. We are currently working through the details of the development of personal independence payment but we are sensitive to the needs of children and young adults and will ensure processes are designed with their needs in mind. Processes will be informed by consultation with disabled young adults and representative organisations.

A sub-group of the Implementation Development Group, who are our primary mechanism for consulting with national and local organisations that represent a broad range of disabled people, are specifically looking at the issues of children and young people who are approaching their 16(th) birthday.

We will use their ideas to inform the design of personal independence payment wherever we can. Mechanisms will be put in place to ensure that there is continuity of payment of disability living allowance while an individual is being assessed for entitlement to personal independence payment. We will not reassess any of these claimants until autumn 2013, once the new claims process, which is due to start in spring 2013, is running as planned.

[Parliamentary Question on support for those being made redundant from Remploy](#)

Mr Meacher: To ask the Secretary of State for Work and Pensions if he will make it his policy to keep data tracking the employment records over the next five years of all those who have lost their jobs as a result of his closure of Remploy factories in the UK; and if he will publish such information annually revealing access to employment for workers from each of the factories closed.[101502]

Maria Miller: A comprehensive support package will be in place to support every disabled member of staff who is affected by the announcements regarding Remploy factories and will make the best use of national and local services to support staff into new employment. This support will be focused on the specific needs of the individual through development of an action plan, managed with the support of a case worker who will make best use of skills and experience from partner agencies and organisations both nationally and locally. We have set aside £8 million to support this work and will continue to provide individualised support for up to 18 months. We will endeavour to monitor the job outcomes related to this support in addition to our current processes.

We will need to request consent from each Remploy employee to enable us to do this. Plans are currently being developed to provide information on the employment status of those people who may be made redundant as a result of the closure of Remploy factories in the UK. However, it is too early at this stage to commit to making this data publicly available until such time that its robustness can be tested and supported.

[Parliamentary Question on number of work capability assessments undertaken by nurses](#)

Sandra Osborne: To ask the Secretary of State for Work and Pensions what proportion of work capability assessments are undertaken by nursing staff and not by doctors.[99888]

Chris Grayling: There were a total of 77,345 work capability assessments (WCA) conducted in February 2012 by Atos Healthcare, of which 62.9% were undertaken by nurses.

Parliamentary Question on migration of incapacity benefit claimants to other benefits

Mr Byrne: To ask the Secretary of State for Work and Pensions what (a) weekly and (b) monthly targets his Department has set for the migration of incapacity benefit claimants onto (i) employment and support allowance and (ii) jobseeker's allowance.[99520]

Chris Grayling: There are no targets for how many customers move onto which benefit as a result of IB reassessment (IBR).

Parliamentary Question on targets for work capability assessments

Mr Byrne: To ask the Secretary of State for Work and Pensions what (a) weekly and (b) monthly targets his Department has set for work capability assessments.[99519]

Chris Grayling: The Department does not set weekly or monthly numerical targets for the number of work capability assessments Atos Healthcare are expected to clear as this depends on the number of claims received. The current contractual agreement between DWP and Atos Healthcare does contain performance targets covering a range of features including throughput, claimant service and medical quality.

These targets form part of the overall ESA customer journey of 91 days and performance on a monthly basis is measured and monitored.

Parliamentary Question on incapacity benefit (1)

Mr Byrne: To ask the Secretary of State for Work and Pensions what the cost to the public purse in real terms was of incapacity benefit in each year since its introduction.[99518]

Chris Grayling: The information is shown in the following table.

£ million						
	Nominal			2011-12 prices		
	Working age	Pensioners	Total	Working age	Pensioners	Total
1995-96	6,834	1,072	7,906	9,892	1,552	11,443
1996-97	6,793	869	7,662	9,483	1,213	10,696
1997-98	6,744	668	7,412	9,164	908	10,071
1998-99	6,820	431	7,251	9,137	577	9,714
1999-2000	6,629	161	6,790	8,703	211	8,914
2000-01	6,763	3	6,766	8,845	4	8,849
2001-02	6,749	0	6,749	8,666	0	8,666
2002-03	6,758	0	6,758	8,456	0	8,456
2003-04	6,724	0	6,724	8,242	0	8,242
2004-05	6,662	0	6,662	7,938	0	7,938
2005-06	6,650	0	6,650	7,765	0	7,765
2006-07	6,566	0	6,566	7,421	0	7,421
2007-08	6,657	0	6,657	7,355	0	7,355

2008-09	6,516	0	6,516	6,989	0	6,989
2009-10	6,108	0	6,108	6,440	0	6,440
2010-11	5,540	0	5,540	5,685	0	5,685

Notes: 1.

Figures include expenditure on sickness benefit and invalidity benefit, the predecessors to incapacity benefit, in 1995-96 only.

2.

Figures include both the basic and the earnings-related elements of incapacity benefit.

3.

Incapacity benefit was replaced by employment and support allowance for new claims from October 2008.

Source: DWP statistical and accounting data.

This information has been published at: http://research.dwp.gov.uk/asd/asd4/autumn_2011.xls A copy of these tables has also been placed in the Library. Further benefit expenditure and case load information can be found on the Department for Work and Pensions website at: http://research.dwp.gov.uk/asd/asd4/index.php?page=medium_term

Parliamentary Question on incapacity benefit (2)

Mr Byrne: To ask the Secretary of State for Work and Pensions what the caseload was for incapacity benefit claimants for each year since the introduction of that benefit.[99517]

Chris Grayling: The information requested is shown in the following table.

Incapacity benefit/severe disablement allowance claimants in Great Britain, May 1995 to May 2011	
As at May each year	Case load
1995	2,844,400
1996	2,847,500
1997	2,838,100
1998	2,784,600
1999	2,744,400
2000	2,728,090
2001	2,795,340
2002	2,807,620
2003	2,815,660
2004	2,814,710
2005	2,783,720
2006	2,730,000
2007	2,685,320
2008	2,637,560
2009	2,374,210
2010	2,126,690

2011	1,946,200
<p>Notes: 1. 100% figures May 2000 to May 2011 are rounded to the nearest 10.</p> <p>2. Figures for 1995 to 1999 have been derived by applying 5% proportions to 100% WPLS totals and rounding to the nearest 100.</p> <p>3. Incapacity benefit (IB) replaced sickness benefit and invalidity benefit from 13 April 1995.</p> <p>4. Incapacity benefit was replaced by employment and support allowance (ESA) for new claims from 27 October 2008.</p> <p>5. Incapacity benefit/severe disablement allowance 'claimants' include people in receipt of benefit and also those who fail the contributions conditions but receive a national insurance credit, i.e. 'credits only cases'.</p> <p>6. Figures do not include ESA claimants.</p> <p>7. Data is published at: http://research.dwp.gov.uk/asd/index.php?page=tabtool Source: DWP Information, Governance and Security Directorate Work and Pensions Longitudinal Study (WPLS) 5% and 100% data.</p>	

Parliamentary Question on the cost of benefits for those in work

Nicholas Brown: To ask the Secretary of State for Work and Pensions what the cost to the public purse was of benefits paid to individuals who were in work in 2011.[100875]

Chris Grayling: The most recent available information is in the tables:

Estimated expenditure by benefit unit work status 2009-10		
£ million, nominal		
	Where at least one adult is in work	Where no adults are in work
Attendance allowance	150	4,950
Bereavement benefits	400	250
Carers allowance	400	1,050
Council tax benefit	550	4,150
Disability living allowance	2,750	8,750
Employment and support allowance	350	900
Housing benefit	3,050	16,950
Incapacity benefit	1,450	4,650
Income support	450	7,900
Industrial injuries disablement benefit	250	600
Jobseekers allowance	900	3,800

Pension credit	250	7,900
Retirement pension	10,950	55,950
Severe disablement allowance	100	800
Statutory maternity pay	2,000	0
Statutory sick pay	50	0
Winter fuel payment	600	2,150
Total of benefits shown in this table	24,650	120,750
Total benefit expenditure	—	147,550
DWP benefit expenditure not included above	—	2,150

Notes: 1.

Figures are rounded to the nearest £50 million.

2.

The most recent available data is for 2009-10.

3.

Figures cover Great Britain and relate only to benefits for which DWP is responsible.

Source: Family Resources Survey and DWP accounting data.

[Parliamentary Question on savings from the reform of ESA](#)

Mr Byrne: To ask the Secretary of State for Work and Pensions what savings to the public purse have been achieved from the reform of the employment and support allowance since May 2010; and what savings are projected in each of the next five years.[99483]

Chris Grayling: Over the period of interest, the main changes to employment and support allowance (ESA), which were enacted with the Welfare Reform Act 2012, are:1.

time-limiting contributory ESA for those in the work-related activity group; and2.

abolition of the ESA 'youth' provisions.Latest information on projected savings for these measures is published on the HM Treasury website within tables 2.1 and 2.2 of the Budget 2011 documents.The website can be accessed at:http://www.hm-treasury.gov.uk/2011budget_documents.htm

[Parliamentary Question on the ESA work-related activity group](#)

Mr Byrne: To ask the Secretary of State for Work and Pensions what his policy is on the work-related activity obligations of those in the employment and support allowance work-related activity group; and if he will make a statement.[99481]

Chris Grayling: Employment and support allowance (ESA) claimants who have been assessed as capable of work-related activity are required to undertake certain activities as a condition of continued entitlement to the full amount of allowance payable to them.

Attending work-focused interviews enables the claimant to meet with a personal adviser to discuss the support available to help him or her to take steps towards being able to gain employment in the future.

Advisers have the flexibility to decide if a work related activity requirement applies at a particular time or not.Claimants placed in this group can also be required to do work-related activity where this is appropriate to their personal circumstances.

Work related activity does not include applying for or doing a job or undergoing medical treatment.

Work-related activity encompasses work preparation measures such as attending a training course or updating the claimant's CV.

[Written Ministerial Statement on the withdrawal of funding from Remploy factories](#)

The Minister for Disabled People (Maria Miller MP): I confirmed in my Written Ministerial Statement to the House on 7 March 2012 that the Remploy Board would consider any credible proposals for the exit of businesses or parts of businesses and any other proposals for ways of avoiding redundancies from the 36 factories that the Board have identified as unviable and subject to consultation proposed for closure.

I am now able to confirm that Remploy will publish details of the commercial process on its website today at www.remploy.co.uk. This includes contact information to assist those who wish to put forward an Expression of Interest.

At all points the priority of Remploy and the Government will be to minimise the number of disabled people affected by these announcements and to provide individualised assistance to employees to move into mainstream employment.

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[Parliamentary Question on projected caseload and cost of ESA](#)

Mr Byrne: To ask the Secretary of State for Work and Pensions (1) what his projections are for caseloads for employment and support allowance (a) Support Group and (b) Work Related Activity Group for each year for the next five years; and how those projections have changed since May 2010; [99521] (2) what his projections are for benefit expenditure for employment and support allowance (a) Support Group and (b) Work Related Activity Group for each year for the next five years; and how those projections have changed since May 2010.[99522]

Chris Grayling: The information is in the following tables; the Budget 2010 forecasts were the last before May 2010; the autumn statement 2011 figures are the latest published.

Employment and support allowance caseloads March 2010 Budget forecasts				
Thousand				
	Assessment Phase	Support Group	Work Related Activity Group	Total
2009-10	143	12	192	348
2010-11	130	46	400	576

Employment and support allowance caseloads out-turn and autumn statement 2011 forecasts				
Thousand				
	Assessment Phase	Support Group	Work Related Activity Group	Total
2009-10	260	20	51	330

2010-11	299	50	155	504
2011-12	357	136	284	777
2012-13	410	319	509	1,237
2013-14	411	496	724	1,632
2014-15	400	614	817	1,831
2015-16	388	631	791	1,810
2016-17	379	642	788	1,810

Employment and support allowance projected expenditure as at March 2010 Budget								
£ million								
	Nominal				2011-12 prices(1)			
	Work Related Activity Group	Assessment Phase	Support Group	Total	Work Related Activity Group	Assessment Phase	Support Group	Total
2009-10	804	437	107	1,347	834	453	111	1,398
2010-11	1,914	474	581	2,969	1,943	481	590	3,014

(1) 2011-12 prices using GDP deflators current as at March 2010 Budget.

Employment and support allowance out-turn and projected expenditure as at autumn statement 2011								
£ million								
	Nominal				2011-12 prices(1)			
	Work Related Activity Group	Assessment Phase	Support Group	Total	Work Related Activity Group	Assessment Phase	Support Group	Total
2009-10	314	828	125	1,267	331	873	132	1,336
2010-11	939	990	313	2,241	963	1,016	321	2,300
2011-12	1,611	1,253	803	3,666	1,611	1,253	803	3,666
2012-13	3,146	1,541	2,086	6,774	3,063	1,501	2,031	6,595
2013-14	4,457	1,588	3,308	9,353	4,234	1,508	3,143	8,884
2014-	5,138	1,571	4,173	10,882	4,761	1,456	3,867	10,084

15								
2015-16	5,073	1,544	4,404	11,020	4,586	1,395	3,981	9,963
2016-17	5,187	1,525	4,572	11,283	4,575	1,345	4,032	9,952

(1) 2011-12 prices using GDP deflators current as at autumn statement 2011.

Notes: 1.

Forecasts were only published for 2010-11 at the March 2010 Budget.

2.

Further benefit expenditure and caseload information can be found on the Department for Work and Pensions website at: http://research.dwp.gov.uk/asd/asd4/index.php?page=medium_term

Source: DWP forecasts, and statistical and accounting data

Parliamentary Question on benefits for young adults (1)

Mr Laws: To ask the Secretary of State for Work and Pensions what the cost to the public purse was of the provision of (a) employment and support allowance and (b) incapacity benefit to people aged (i) 18 to 21 and (ii) 22 to 24 years in England in the last year for which figures are available.[100064]

Chris Grayling: The figures are in the table.

Expenditure on employment and support allowance, incapacity benefit and associated income support, 2010-11			
£ million (nominal)			
	Employment and support allowance	Incapacity benefit	Income support
Aged 18 to 21	154	64	32
Aged 22 to 24	89	108	97

Notes: 1.
Income support expenditure relates to those also in receipt of incapacity benefit, whether payments or credits.

2.
DWP benefit expenditure tables can be accessed at:
<http://www.dwp.gov.uk/asd/asd4/expenditure.asp> Source: DWP statistical and accounting data.

Parliamentary Question on benefits for young adults (2)

Mr Laws: To ask the Secretary of State for Work and Pensions how many people aged (a) 18 to 21 and (b) 22 to 24 years claimed (i) employment and support allowance and (ii) incapacity benefit in England in the last year for which figures are available.[100059]

Chris Grayling: The information is provided for the last four quarters.

Incapacity benefit/severe disablement allowance (IB/SDA) and employment and support allowance (ESA) claimants in England, split by age: November 2010 to August 2011.				
	IB/SDA		ESA	
	Aged 18-21	Aged 22-24	Aged 18-21	Aged 22-24
November 2010	18,290	42,420	42,410	26,290

February 2011	15,500	40,330	42,950	27,300
May 2011	12,730	38,640	44,970	28,750
August 2011	10,100	36,230	49,450	31,890

Notes: 1.

Caseload figures are rounded to the nearest 10.

2.

Incapacity benefit was replaced by employment support allowance for new claims from October 2008.

3.

Data include claimants receiving credits only.

Source: DWP Information, Governance & Security Directorate: Work and Pensions Longitudinal Study.

[Parliamentary Question on the number of disabled people in employment](#)

Gareth Johnson: To ask the Secretary of State for Work and Pensions how many people with a disability were in employment in (a) Dartford, (b) Kent and (c) England in each of the last five years.[100463]

Maria Miller: The following table shows the number of working age people aged 16 to 64 in Dartford, Kent and England, who are disabled within the Equality Act definition and in employment for each of the last five years.

	Dartford(1)	Kent(2)	England(3)
July 2006 to June 2007	8,600	69,500	2,252,300
July 2007 to June 2008	5,700	69,000	2,328,200
July 2008 to June 2009	5,200	74,100	2,311,400
July 2009 to June 2010	6,300	73,500	2,447,700
July 2010 to June 2011	5,100	76,500	2,671,300

(1)Dartford, as defined under the 'Parliamentary constituencies 2010' classification and these estimates should be treated with caution due to the small sample size.

(2)Kent, as defined under the 'Local authorities: County/Unitary' classification.

(3)England, as defined under the 'Countries' classification.

Source: Annual Population Survey (APS)/Labour Force Survey, 2006 to 2011 (years ending June).

Figures on people who are considered disabled within the Equality Act definition, are the summed value of the rounded categories: "DDA Disabled only" and "DDA disabled and work-limited disabled", as published on the NOMIS website.

[Parliamentary Question on digitising attendance allowance records](#)

Barbara Keeley: To ask the Secretary of State for Work and Pensions what estimate he has made of the cost of digitising attendance allowance records for the purposes of allowing data to be used more widely by organisations in the care system to target prevention and other holistic services.[99931]

Maria Miller: No estimate has been made of the cost of digitising attendance allowance records for the purposes of sharing this information more widely with the care system.

There are no plans to digitise these records.

[Parliamentary Questions on complaints about Atos Healthcare](#)

Mr Byrne: To ask the Secretary of State for Work and Pensions how many complaints have been filed with his Department about the conduct of Atos.[99480]

Chris Grayling: The DWP Medical Services Contracts Correspondence Team have, since 1 January 2009 to 29 February 2012, received a total of 1,714 complaints about Atos Healthcare.

Unfortunately it is not possible to state how many of these complaints were related to the “conduct of Atos”, as this is not a category that is used. The categories used within the correspondence team are: policy/contractual clinical findings/scrutiny; administration; HCP specific; accommodation; assessment; recording of assessments; delay to being assessed. To provide a response to this question would involve the undertaking of a detailed review of all these cases to ascertain how many of the complaints were related to the “conduct of Atos” and exceed the disproportionate cost limit of £800 for parliamentary questions.

However, DWP monitors the performance of Atos Healthcare, including service delivery and the quality of the work of its health care professionals (HCPs) and this is achieved through a variety of methods, which include: monthly management information; claimant satisfaction surveys; feedback from complaints. All customer complaints received are taken seriously and are properly investigated prior to a response being issued.

[Parliamentary Question on Job Centre Plus decisions on capability for work](#)

Tom Greatrex: To ask the Secretary of State for Work and Pensions on how many occasions a Jobcentre Plus decision-maker did not follow the advice of an Atos-approved healthcare professional when making a decision on the eligibility for employment and support allowance in each month since May 2010.[101240]

Chris Grayling: Decisions on entitlement to employment and support allowance are made by Jobcentre Plus (JCP) decision makers who make the decision having weighed up all of the evidence, including the Atos recommendation. The following table shows the number occasions where the JCP decision maker's final decision was different to the advice given by the Atos healthcare professional.

Month 2010-11	JCP decision differs from Atos recommendation
May	900
June	900
July	1100
August	1200
September	1300
October	1900
November	2600
December	2300
January	2700
February	3100
March	3700

April	2800
May	3100

Notes: 1.
These figures do not include work capability assessments completed on incapacity benefit (IB) reassessment claims.
The Department has recently published initial findings on the outcomes of IB reassessment, which can be found on the departmental website:
http://statistics.dwp.gov.uk/asd/workingage/index.php?page=esa_ibr.

2.
The table includes initial assessments only and that the numbers have been rounded to the nearest 100.

Parliamentary Question on the number of work capability assessments undertaken

Tom Greatrex: To ask the Secretary of State for Work and Pensions (1) how many work capability assessments have been carried out by Atos Healthcare in each month since May 2010; [101241]

(2) how many appeals to work capability assessment decisions have been heard in each month since May 2010.[101242]

Chris Grayling: The Department regularly publishes data on employment and support allowance (ESA) and the work capability assessment (WCA), the latest publication was released in January 2012 and can be found on the departmental website here:http://research.dwp.gov.uk/asd/workingage/index.php?page=esa_wcaTables 2a and 2b show the total number of WCAs completed against ESA claims and their outcomes by the date the assessment was completed, broken down by month of assessment. This is the latest data available.

Table 2a covers the initial WCA on a claim and table 2b provides data on any further WCAs on an existing claim. Table 3 in the publication gives the outcomes of completed appeals by the month the claims started. I have placed a copy of these tables in the Library. Note that these figures do not include WCAs completed on incapacity benefit reassessment claims.

The Department has recently published initial findings on the outcomes of IB reassessment, which can be found on the departmental website here:http://statistics.dwp.gov.uk/asd/workingage/index.php?page=esa_ibr

Parliamentary Questions on support for the voluntary sector

3. **Lilian Greenwood (Nottingham South) (Lab):** What recent discussions he has had on the types of Government funding models available to the voluntary and community sector. [100939]

13. **Phil Wilson (Sedgefield) (Lab):** What recent discussions he has had on the types of Government funding models available to the voluntary and community sector. [100949]

The Parliamentary Secretary, Cabinet Office (Mr Nick Hurd): We want to help the voluntary and community sector to become more resilient by developing three pillars of funding: traditional giving, income from the state including more opportunities to deliver public service and a new pillar, the emerging market of social investment.

Lilian Greenwood: Many local voluntary organisations were set up to complement statutory services, as Nottingham Community and Voluntary Service reminded me when I met its representatives last week. If the predominant funding source for the voluntary sector is now to be public sector contracts, will not thousands of valuable voluntary groups throughout the country be left high and dry, showing once again this Government's utter contempt for the big society that they purport to champion?

Mr Hurd: I think the hon. Lady missed my point. We are developing three pillars of funding, with the encouragement of high levels of giving, including a very generous tax incentive introduced by the Chancellor in the previous Budget; a new source of funding, social investment; and the launch of the world's first social investment bank within a few weeks. But, yes, we want to do more with the sector to help us deliver public services, so, yes, we will be opening up new opportunities for charities and social enterprises to help us do just that.

Mr Speaker: I call Phil Wilson. No? Can I simply say—

Phil Wilson *rose*—

Mr Speaker: The hon. Gentleman is here. We are grateful. Good.

Phil Wilson: Question 13, Mr Speaker.

Mr Speaker: No. The hon. Gentleman asks his supplementary question now, although it would have been helpful if there had been advance notification of the grouping to my office, which there was not. Very regrettable. The Minister must do better in the future, I am afraid.

Phil Wilson: A survey commissioned by Charity Bank has revealed that more than 20% of charities have suffered from the cancellation of contracts with businesses and Government bodies in the past year. Does the Minister agree that the Government's refusal to recognise the needs and benefits of charities and voluntary organisations in policy formulation is preventing such organisations from getting vital funding to which they are entitled?

Mr Hurd: First, Mr Speaker, I apologise to you formally for that oversight by my office.

The hon. Gentleman makes an important point. Any commissioner in the public sector needs to engage with stakeholders in communities before commissioning services—not least in the voluntary and community sector, whose stakeholders tend to have, on the whole, a much better understanding of the needs of the people we are trying to help.

Mr Speaker: I thank the Minister for his gracious apology.

Duncan Hames (Chippenham) (LD): Five months ago, the Prime Minister told me here that he would look at the funding gap arising from changes to legal aid funding for advice services such as the citizens advice bureaux in Wiltshire. Does the Minister consider that he has yet found lasting funding arrangements to sustain that voluntary sector service in future years?

Mr Hurd: We know that the charity advice sector is under a lot of pressure; that is why we found the money for a £20 million fund to provide immediate support for the most vulnerable organisations and why we are undertaking a serious review of the longer-term issues facing the sector. We will be announcing the findings of that review later in the spring, so the hon. Gentleman may not have to wait very long.

Nicky Morgan (Loughborough) (Con): Will the Minister join me in congratulating the work of bodies such as Voluntary Action Leicestershire, which are advising the voluntary and community sector so well in Leicestershire, including my constituency of Loughborough, on how to find alternative funding models and how to do things differently given the changed funding environment?

Mr Hurd: I am certainly happy to do that. Such organisations play an essential role in providing support for front-line organisations. That is why we have found £30 million of funding to support organisations as they improve those services for the front line through the transforming local infrastructure fund.

4. Seema Malhotra (Feltham and Heston) (Lab/Co-op): What assessment he has made of the change in the level of funding to the voluntary sector in 2011-12. [100940]

The Parliamentary Secretary, Cabinet Office (Mr Nick Hurd): Most voluntary sector organisations receive no public funding at all, but those that do cannot be immune from the need to reduce public spending. That is why we are taking active steps to help the most vulnerable organisations, to encourage more giving and social investment, and to create new opportunities to deliver more public services.

Seema Malhotra: Given that the most recent report by the National Council for Voluntary Organisations shows that, according to the Government's own figures, charities are facing cuts of £1.2 billion in public money per year, does the Minister agree that the Government need to do more to support the voluntary sector in constituencies such as mine, Feltham and Heston, as we turn around what the NCVO has described as a "toxic mix of circumstances" affecting our charities?

Mr Hurd: As I have said, almost 80% of charities receive no money from the state, but we have made it clear that those that do cannot be immune from cuts. The Labour leader himself has made it clear that he could not have protected them from cuts at all. We should remind ourselves that the cuts are necessary because of the actions of the last Labour Government. This Government are taking action to protect the most vulnerable organisations, create new sources of funding and open up new opportunities for charities and social enterprises to deliver public services. All they hear from the Labour party are empty words.

5. Yvonne Fovargue (Makerfield) (Lab): What steps he is taking to ensure that the community and voluntary sector is considered in policy formulation in all Departments. [100941]

The Minister of State, Cabinet Office (Mr Oliver Letwin): Our agenda is to give community groups and other voluntary sector organisations a much wider role in fulfilling the demands and needs of the public than they have had in the past. That is why, in considering each of our public service reforms, we have paid particular attention to the question of how the voluntary and community sector can work through them and help them.

Yvonne Fovargue: Research by the NCVO has shown that Government Departments plan to cut a further £444 million of funding from the voluntary and community sector. Does the Minister agree that that is evidence of the complete disregard of his own Government for that sector?

Mr Letwin: Absolutely not. The hon. Lady should look carefully at what we have done in respect of funding of advice services, to which the Parliamentary Secretary, my hon. Friend the Member for Ruislip, Northwood and Pinner (Mr Hurd), referred a moment or two ago. In 2010-11, the funding stood at rather less than £200 million, but in 2011-12 it went up and it has almost maintained the

2011-12 levels—still above those of 2010-11—for 2012-13. The Government are investing in the voluntary and community sector, not disinvesting in it.

Mr Gregory Campbell (East Londonderry) (DUP): Some examples of bureaucracy are being faced by many in the community and voluntary sectors. What are the Government doing to try to ensure that those sectors face no undue levels of bureaucracy in delivering their services?

Mr Letwin: The hon. Gentleman is absolutely right—there are major bureaucratic obstacles and regulatory hurdles. My noble Friend Lord Hodgson has been looking specifically at those, and my team and I have been looking at them as part of the red tape challenge. We are going through every single regulation that affects the voluntary sector, the community sector and social enterprises to see what we can do to ameliorate or remove those obstacles, because we are determined to build the big society.

Parliamentary terms

Early Day Motion (EDM)

Early Day Motions are formal motions for debate submitted by MPs in the House of Commons. There is usually no time available to actually debate an EDM, but they are useful for drawing attention to specific events or campaigns and demonstrating the extent of parliamentary support for a particular cause or point of view. MPs register their support by signing individual motions.

Parliamentary Question (PQ)

Parliamentary questions are oral or written questions to Ministers in the House of Commons and the House of Lords. They are used to seek information, and Ministers are obliged to explain and defend the work, policy, decisions and actions of their departments. Parliamentary questions are a vital tool in holding the Government to account. The Prime Minister answers to the House of Commons every Wednesday at midday.

Debates

Both the House of Commons and the House of Lords hold debates in which Members discuss government policy, proposed new laws and current issues. All debates are recorded in a publication called 'Hansard' which is available online or in print.

All-Party Parliamentary Group (APPG)

All-Party Parliamentary Groups (APPGs) are informal groups composed of politicians from all political parties. They provide an opportunity for cross-party discussion and co-operation on particular issues. All-party groups sometimes act as useful pressure groups for specific causes helping to keep the Government, the opposition and MPs informed of parliamentary and outside opinion.

Select Committees

House of Commons Select Committees exist to scrutinise the work of government departments. Most committees have about 11 members and reflect the relative size of each party in the Commons. They conduct enquiries on a specific issue, and gather evidence from expert witnesses. Findings are reported to the Commons, printed, and published on the Parliament website. The Government then usually has 60 days to reply to the committee's recommendations.

Select Committees in the House of Lords concentrate on four main areas: Europe, science, economics, and the UK constitution.

Written ministerial statements

Government ministers can make written statements to announce:

- The publication of reports by government agencies
- Findings of reviews and inquiries and the government's response
- Financial and statistical information
- Procedure and policy initiatives of government departments

Private Members' Bills

Private Members' Bills allow backbench MPs or Peers to introduce their own legislation. There are three types of Private Members' Bills:

- **Ballot Bills:** A ballot is held at the beginning of each parliamentary year the 20 MPs whose names come out top are allowed to introduce legislation on a subject of their choice.
- **Ten Minute Rule Bills:** The sponsoring MP is given a slot in which they may make a speech lasting up to 10 minutes in support of his or her bill
- **Presentation Bill:** a Member is not able to speak in support of it and it stands almost no chance of becoming law