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## Weekly Political Update

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Week ending 9 March 2012

### Westminster

#### Deafness, hearing loss and tinnitus

*Click on link for full transcript*

Item	Summary
<a href="#">Parliamentary Question on compensation for work related hearing loss</a>	Employment Minister Chris Grayling MP (Con, Epsom and Ewell) provided figures for the number of people in receipt of compensation for work related hearing loss in the past five years in response to a Written Question from Andrew Stephenson MP (Con, Pendle).

#### Health/NHS issues

*Click on link for full transcript*

Item	Summary
<a href="#">House of Lords Report Stage of the Health and Social Care Bill (days five and six)</a>	<p>The Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs was debated in the Lords at Report stage for the fifth and sixth days.</p> <p>During the fifth day's debate five amendments were pressed to a division but all five were disagreed. A series of Government and non-Government amendments were agreed to without a vote.</p> <p>During the sixth day's debate several more Government and non-Government amendments were agreed without vote, while divisions on three opposition amendments were held, each of which was defeated. A division on a Government amendment was held, but this was agreed to.</p>
<a href="#">Adjournment Debate on Social Care</a>	MPs were told that the current system of adult social care needs urgent reform and the social care White Paper, due in the spring, will address funding, legislation and best practice during a debate in the House of Commons.

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<p><a href="#"><u>Report announced into the impact of the NHS Constitution</u></a></p>	<p>Secretary of State for Health Andrew Lansley MP (Con, South Cambridgeshire) announced the formation of a new independent expert panel which will contribute to a Government report on the NHS Constitution.</p> <p>The NHS Constitution sets out in one place what patients can expect from the NHS, including rights:</p> <ul style="list-style-type: none"> <li>• to be treated with respect and humanity;</li> <li>• to have access to NICE-approved drugs;</li> <li>• to make choices about their NHS care.</li> </ul> <p>The Government will publish a review in the summer that looks at the impact the Constitution has made for patients and staff.</p> <p>The Constitution also sets out rights regarding waiting times; including the 18 week referral to treatment target that covers access to hearing aids.</p>
<p><a href="#"><u>Department of Health releases guidance on role of local Healthwatch</u></a></p>	<p>To help explain recent amendments to the Health and Social Care Bill about local Healthwatch, the Department of Health has published a document to “clarify and restate” the Government’s vision.</p>

Disability issues – employment and welfare

*Click on link for full transcript*

Item	Summary
<p><a href="#"><u>Welfare Reform Bill receives Royal Assent</u></a></p>	<p>The Welfare Reform Bill has become an Act of Parliament following receipt of Royal Assent and has thus passed into law.</p> <p>The Bill provides for the introduction of a 'Universal Credit' to replace a range of existing means-tested benefits and tax credits for people of working age, starting from 2013. The Bill follows the November 2010 White Paper, 'Universal Credit: welfare that works', which set out the Coalition Government’s proposals for reforming welfare to improve work incentives, simplify the benefits system and tackle administrative complexity.</p> <p>Besides introducing Universal Credit and related measures, the Bill makes other significant changes to the benefits system.</p> <p><b>Key areas</b></p> <ul style="list-style-type: none"> <li>• introduces Personal Independence Payments to replace</li> </ul>

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	<p>the current Disability Living Allowance</p> <ul style="list-style-type: none"> <li>• restricts Housing Benefit entitlement for social housing tenants whose accommodation is larger than they need</li> <li>• up-rates Local Housing Allowance rates by the Consumer Price Index</li> <li>• amends the forthcoming statutory child maintenance scheme</li> <li>• limits the payment of contributory Employment and Support Allowance to a 12-month period</li> <li>• caps the total amount of benefit that can be claimed.</li> </ul> <p>During the Committee Stage, the Government amended the Bill to provide for the establishment of a Social Mobility and Child Poverty Commission.</p>
<p><a href="#"><u>Department for Work and Pensions publishes response to the Sayce Review</u></a></p>	<p>The Department for Work and Pensions has published a report titled 'Disability employment support: fulfilling potential'. This is the Government's response to the consultation on the recommendations in Liz Sayce's independent review 'Getting in, staying in getting on'.</p>
<p><a href="#"><u>Parliamentary Questions on the role of charities as sub-contractors in the Work Programme</u></a></p>	<p>Employment Minister Chris Grayling MP (Con, Epsom and Ewell) stated that the Department for Work and Pensions has commissioned the Institute for Employment Studies to undertake an independent evaluation of the Work Programme and that at present two voluntary and community based organisations are acting as prime contractors and 423 as sub-contractors. This was in response to a question from Richard Fuller MP (Con, Bedford).</p> <p>Shadow Employment Minister Stephen Timms MP (Lab, East Ham) also asked a question about the number of voluntary sector organisations participating in the Work programme supply chain and was referred by the Minister to official statistics released on the Department for Work and Pensions website.</p>
<p><a href="#"><u>Government statement on employment support for disabled people and changes in support for Remploy</u></a></p>	<p>Disabilities Minister Maria Miller MP (Con, Basingstoke) made a statement in the House of Commons on employment support for disabled people and the withdrawal of Government funding from some Remploy factories ahead of a wider move to change the way Remploy receives Government support. The Minister stated that the money that would have been received by Remploy was better used supporting disabled individuals into work rather than supporting institutions.</p> <p>Remploy was also raised in an Oral Question to the Chancellor of the Exchequer George Osborne MP (Con,</p>

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	Tatton), who told Geraint Davies MP (Lab/Co-op, Swansea West) that the Government was seeking to use the same amount of money in a better way to support disabled people.
<a href="#"><u>Parliamentary Question on the impact of the Work Capability Assessment on the awarding of Disability Living Allowance</u></a>	Disabilities Minister Maria Miller MP (Con, Basingstoke) stated that there was no link between Disability Living Allowance (DLA) and ability to work and that there has therefore been no impact on DLA from the introduction of Work Capability Assessments. This was in response to a Written Question from Alun Michael MP (Lab/Co-op, Cardiff South and Penarth).
<a href="#"><u>Parliamentary Question on the reduction in numbers of people in receipt of the new Personal Independence Payment (PIP) in comparison to those in receipt of Disability Living Allowance (DLA)</u></a>	Disabilities Minister Maria Miller MP (Con, Basingstoke) stated that the Government expects the working age caseload (16 to 64) for personal independence payment to be 500,000 lower than the current figure under DLA in response to a Written Question from John Healey MP (Lab, Wentworth and Dearne).
<a href="#"><u>Parliamentary Question on assessment of fluctuating conditions under the Work Capability Assessment</u></a>	Employment Minister Chris Grayling MP (Con, Epsom and Ewell) stated that the Department for Work and Pensions is carefully considering the working group on the fluctuating conditions descriptor's report on the Work Capability Assessment and will respond fully in due course. This was in response to a question from Shadow Employment Minister Stephen Timms MP (Lab, East Ham).
<a href="#"><u>Parliamentary Question on the effectiveness of private welfare providers</u></a>	Employment Minister Chris Grayling MP (Con, Epsom and Ewell) stated that the Department for Work and Pensions has made no comparative assessment of the effectiveness of private welfare providers and that of Jobcentre Plus in response to a Written Question from John McDonnell MP (Lab, Hayes and Harlington).
<a href="#"><u>Parliamentary Question on Disabled Students' Allowances</u></a>	Universities Minister David Willetts MP (Con, Havant) stated that the Government has no plans to increase the level of support for disabled postgraduate students, in response to a question from Bill Esterson MP (Lab, Sefton Central).

Biomedical research

*Click on link for full transcript*

Item	Summary
<a href="#"><u>Parliamentary Question on the impact to the UK life sciences industry of the EU Clinical Trials Directive</u></a>	Science Minister David Willetts MP (Con, Havant) set out Government policy on making the UK life sciences industry internationally competitive in response to a Written Question from Nicholas Soames MP (Con, Mid Sussex).

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### [Parliamentary Question on compensation for work related hearing loss](#)

Andrew Stephenson: To ask the Secretary of State for Work and Pensions how many people have been awarded compensation for work-related hearing loss in each of the last five years.[97273]

Chris Grayling: Claims for compensation are registered by compensators (insurance companies) with the DWP Compensation Recovery Unit.

Any claims to compensation in respect of sensorineural hearing loss where the loss is less than 50 decibels are exempt from the CRU scheme.

Therefore these cases are not registered with the CRU. In line with this, the CRU is able to provide the volume of employer liability claims which have been notified to the CRU by the compensator and subsequently notified as settled during the period between 1 April 2008 and 23 February 2012.

These settlements relate to claims for work-related hearing loss; the data below have been broken down by financial years.

Employer liability			
Financial year	Final settlement	Interim settlement	Total
2008-09	1,155	0	1,155
2009-10	1,794	1	1,795
2010-11	2,115	2	2,117
2011-12	2,570	2	2,572
Total	7,634	5	7,639

The criteria used to identify the work-related hearing loss settlements are claims which have been notified to CRU for either the noise induced hearing loss (NIHL) or an injury description of hearing, deaf(ness) or tinnitus. Please note more than one settlement can be received on a claim; for example a number of interim settlements may be received before full and final settlement is received.

### **House of Lords Report Stage of the Health and Social Care Bill (days five and six)**

#### Day five

The Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs was debated in the Lords at Report stage for the fifth day today.

During the day's debate on the Health and Social Care Bill, five amendments were pressed to a division but all five were disagreed. A series of Government and non-Government amendments were agreed to.

#### Divisions and debates

Amendment 163AA (new clause before Clause 60)

Moving the amendment that would create a new clause before Clause 60, Labour peer Lord Warner said that the amendment would place a clear duty on the Secretary of State to secure improvement in the quality of adult social care through the offices of local government and qualified service providers.

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He added that the Secretary of State would have to ensure adequate funding for safe and sustainable services, access to services for those of limited means, a cap on the financial liability of those with high lifetime care costs, and minimised impact on the demand for health services. Shadow Health Minister Lord Beecham supported the amendment and felt that adult social care services needed to be better co-ordinated than they had been. He added that the amendment set out a structure that could be most useful in ensuring a degree of collaboration, which was necessary to maximise the return on the social and financial investment in the care of a significant proportion of the population.

Health Quality Minister Earl Howe said that reforming adult social care was long overdue and the quality of care was variable and could sometimes be poor. However, he believed that the legal framework for care and support needed fundamental reform, not further additions to an already opaque statute.

*Amendment 163AA was disagreed by 261 votes to 203.*  
Amendment 163BZZB (as an amendment to 163BZZA)

Liberal Democrat peer Lord Clement-Jones moved amendment 163BZZB, stating that his fear was that the Bill contained a number of measures that could increase competition within the NHS at the expense of collaboration and integration. He did not want to see competition law applied universally across so that commissioners and providers were required to operate an entirely market-based NHS without being able to choose where the market and competition should apply.

Health Minister Earl Howe said that that competition already existed in the NHS and the Bill did not herald its introduction, adding that the Bill outlawed cherry picking. He understood that some noble Lords wanted to prevent competition law ever applying to NHS services, but described this as “to wish for the impossible”, stating that Monitor would support the NHS to understand where competition law did and did not apply.

The Minister argued that the amendment created an unnecessary presumption in favour of NHS and foundation trusts which would likely act against patients' best interests.

*Amendment 163BZZB was rejected by 278 votes to 188.*  
Amendment 163BA to Clause 60

Moving Amendment 163BA to Clause 60, Shadow Health Minister Baroness Thornton said that the amendment suggested that Monitor should continue to be the independent regulator of NHS foundation trusts, as she did not believe that now was the time to relax oversight of them. She did not feel that Monitor should be asked to be the foundation trust regulator and the economic regulator for the NHS, as this was an insurmountable conflict of interests and that Monitor lacked the capacity and capability to carry out the enhanced role.

Health Quality Minister Earl Howe wanted to strengthen sector regulation of healthcare in England by building and improving on Monitor's existing role as the regulator of foundation trusts. He said that Monitor's overriding duty would be to protect and promote patients' interests, while Monitor's remit would be extended to all providers of NHS services and make sector regulation more effective in realising benefits for patients.

*Amendment 163BA was disagreed by 255 votes to 183.*

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#### Amendment 165 to Clause 61

Crossbench peer Baroness Finlay of Llandaff moved amendment 165, stating that she was glad that the Government's intention was to have a service where healthcare providers collaborated more than they did currently. However, she did understand why anti-collaborative behaviour should not be a general duty for Monitor, along with anti-competitive behaviour.

In reply, Health Minister Earl Howe that collaborative behaviour, when in the interests of the patients, would be regarded by Monitor as “trumping” the need for competition to be deployed in services. He highlighted the difference between collaborative and collusive behaviour, but said that the Government had explicitly provided for Monitor to use its licensing powers to support integration and co-operation when that was in the interests of patients.

*Amendment 165 was rejected by 221 votes to 171.*

#### Amendment 178A to Clause 73

Shadow Health Minister Baroness Thornton moved amendment 178, which would require an NHS Commissioner to be entitled to undertake a commissioning review of any part of the health services that it considered was reasonably required in order to discharge its functions.

The amendment was pressed to a division without debate.

*Amendment 178A was rejected by 203 votes to 157.*

### Day six

The Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs was debated in the Lords at Report stage for the sixth day today. During the day's debate on the Health and Social Care Bill, several Government and non-Government amendments were agreed without vote, while divisions on three opposition amendments divisions were held, each of which was defeated. A division on a Government amendment was held, but this was agreed to.

#### Divisions and debates

##### Amendment 220A to Clause 220A

Amendment 220A was moved by Shadow Deputy Leader of the House Lord Hunt of Kings Heath and pushed to a vote without debate.

*Amendment 220A was disagreed by 212 votes to 154.*

##### Amendment 223A to Clause 180

Crossbench peer Lord Patel moved the amendment, stating that it was about the independence of HealthWatch England and its ability to get the information about health services that it will need to do its job. He added that Ministers had a vision of a relationship between the local and the national that went in the right direction but needed some tuning to make it work for the benefit of the public.

Opposition Whip Baroness Wheeler said that it was a challenge to work out exactly what the Government wanted from HealthWatch England and local healthwatch organisations. She added that the amendment addressed the continuing concern across the House and among key patients' groups and organisations about the HealthWatch-Care Quality Commission (CQC) relationship.

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In reply, Government Whip Baroness Northover said that voice of patients and the public should be at the heart of the NHS, while HealthWatch England should be a statutory committee hosted by the CQC. She stated that HealthWatch England would have centre stage in providing advice on patient and public views to the CQC, Monitor, English local authorities and the Secretary of State for Health.

*Amendment 189 was disagreed by 189 votes to 165*  
Amendment 231B to leave out Clause 181

Moving amendment 231B, Government Whip Baroness Northover said that local healthwatch went to the heart of the Government's ambition for a health and care service that was centred around patients and users. She added that as corporate body with a statutory function of carrying out statutory activities, local healthwatch would gather information about people's views and experiences of the health and social care system, which would enable the voice of people to reach commissioners and providers of health and social care services, a link that had been lacking in the past.

In reply, Opposition Whip Baroness Wheeler said that the Government's argument was that the new arrangements would provide local authorities with the flexibility that they needed in establishing HealthWatch organisations and facilitating their networking with other local community organisations. She felt that in practice, this meant that each local healthwatch be very different, and it would take more than the proposed national kite mark to provide them with any joined-up coherence.

*Amendment 231B was agreed by 168 votes to 91.*  
Amendment 238H – New Clause after Clause 194  
Amendment 194 was moved by Shadow Health Minister Lord Beecham and pushed to a vote without debate.

*Amendment 238H was disagreed by 146 votes to 59.*

### [Adjournment Debate on Social Care](#)

The current system of adult social care needs urgent reform and the social care White Paper due in the spring will address funding, legislation and best practice, MPs heard today.

Care Services Minister Paul Burstow wanted to speak early in the debate in order to spend the majority of it listening to colleagues and respond to questions in writing if necessary.

In response to the recommendations made by the Dilnot commission, the Minister said a White Paper and a progress report would be published outlining the Government's view. Mr Burstow could not give an exact time for publication other than 'spring' as the Government was not only considering funding reform, but also the legal structure that governed social care. The spread of best practice and the challenge of encouraging its adoption would also be addressed in the White Paper, he added.

It was important to dispel a myth about social care, said Mr Burstow, which was that social care was just like the NHS and free. People would therefore not necessarily prepare for needing help in the future on the assumption that the state would pick up the bill.



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Mr Burstow said that the Government's understanding of high-quality social care was to help people 'stay healthy, independent and out of hospital', and explained that by independence he also meant interdependence, which valued support of family and carers.

The Minister concluded with pointing to the Government's focus on training as well as transparency through the funding towards Skills for Care and Skills for Health, and the adult social care outcomes framework published in April.

Labour Shadow Health Secretary Andy Burnham commended the Minister's call for consensus and the need for lasting solutions.

Mr Burnham expressed concern with the Health and Social Care Bill currently going through Parliament, when the social care White Paper was not due until May. Reforming social care and the NHS needed to be seen as two sides of the same challenge, he said.

The Health Select Committee's recommendation of a single commissioner for older people was endorsed by the Shadow Health Minister, however, he was worried about the Health and Social Care bill making that more difficult.

Three caveats were put forward by Mr Burnham for cross-party talks; firstly the Dilnot package should only be seen as an important step forward, not a complete answer; secondly, a mature debate needed to be had with the public on the difficult decisions surrounding social care, not party point-scoring; and thirdly he warned of a 'genuine danger' that only the Dilnot recommendations would be debated, rather than the existing pressures in the system.

Mr Burnham finished by pointing to comments about the £1 billion funding gap in adult social care in England identified by the King's Fund and others. He urged the Government to address the question of the local government baseline alongside that of Dilnot.

Opening the debate, Conservative MP Sarah Newton expressed the need for reform of the current system of providing and paying for the care of adults, giving priority of focus to the person who needed care and their support network.

### **Report announced into the impact of the NHS Constitution**

Health Secretary Andrew Lansley has today announced the formation of a new independent expert panel which will contribute to a Government report on the NHS Constitution.

The NHS Constitution sets out in one place what patients can expect from the NHS, including rights: to be treated with respect and humanity; to have access to NICE-approved drugs; to make choices about their NHS care.

The Government will publish a review in the summer that looks at the impact the Constitution has made for patients and staff, and has asked Professor Steve Field, leader of the NHS Future Forum – a group of the country's top health experts – to bring together a special working group to provide expert advice.

Andrew Lansley has also asked the new Future Forum group to advise him whether there is any scope for strengthening the NHS Constitution to support high quality services for patients. Together

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with new duties included in the Health and Social Care Bill, this will strengthen both the contents of the NHS Constitution and the role it plays in the NHS. A public consultation later this year will give patients and staff the opportunity to have their say about what can be done to improve and reinforce the Constitution.

The new expert working group of the NHS Future Forum is made up of medical professionals, patient champions, staff representatives and charities. At its first meeting today it began to consider what effect the NHS Constitution has had since it was launched in 2009.

One example of how the Constitution is being strengthened now is a new commitment to support whistleblowing and tackle poor patient care. The Government has today published additional duties to the Constitution for NHS staff to raise concerns at the earliest opportunity, be supported by managers and have claims fully investigated.

Andrew Lansley said:

“I believe in the NHS Constitution, which enshrines the principles which will always hold true for the NHS. This isn’t about starting from scratch – this is about revitalising these rights and pledges. Patients are at the centre of our reforms, and with the help of the independent panel we will look to strengthen the NHS Constitution to make sure it is working for the benefit of patients and staff.

“Today we have made it easier for staff to raise concerns about poor patient care. Whistleblowing will play an important part in creating a culture of patient safety, and this is why it has been added to the NHS Constitution.”

Steve Field, the independent working group chair, said:

“Throughout the work of the Future Forum, we have consistently said the NHS Constitution should be embedded into how the NHS works, and so I am pleased that we have been asked to contribute to this review. The experience and – crucially – the independence of the group will ensure a thoroughly professional and balanced insight into what effect the NHS Constitution has made and how it can be improved.”

### **[Department of Health releases guidance on role of Local Healthwatch](#)**

To help explain recent amendments to the Health and Social Care Bill about local Healthwatch, the Department of Health has published a document to clarify and restate the Government’s vision for local Healthwatch.

The document, which also describes the key policy ambitions for Healthwatch, is aimed at all those with an interest in local Healthwatch organisations across the NHS and social care, including local authorities, local involvement networks, emerging health and wellbeing boards and the voluntary and community sectors.

‘Local Healthwatch: A strong voice for people – the policy explained’ places the role of local Healthwatch within the overall context of the White Paper, and sets out functions, responsibilities, roles and relationships within the modernised health and care system.

The intention is for Healthwatch England to be established in October 2012 and for local Healthwatch organisations to start in April 2013.

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Following on from this document, David Behan, DH Director General for Social Care, Local Government and Care Partnerships, has written to local authority chief executives to clarify their statutory duty to commission effective and efficient local Healthwatch organisations.

### **[Parliamentary Questions on the role of charities as sub-contractors in the Work Programme](#)**

**Richard Fuller**: To ask the Secretary of State for Work and Pensions what recent assessment he has made of the experiences of charities as sub-contractors in the Work programme.

**Chris Grayling**: The Department has commissioned the Institute for Employment Studies to undertake an independent evaluation of the Work programme.

This will include an evaluation of Work programme supply chains, exploring the impacts of the Department's commissioning approach on all delivery organisations, including those from the third sector.

Interim findings will be available mid 2013 with a final report published in 2014-15. The Department's most recent stocktake of providers involved in the Work programme took place on 12 August 2011. The stocktake identified that the number of voluntary and community based organisations involved in delivering the Work programme was (a) two prime providers, (b) 108 tier 1 providers and (c) 315 tier 2 providers.

**Stephen Timms**: To ask the Secretary of State for Work and Pensions how many voluntary sector organisations were identified as participating in the Work programme supply chain in the stocktake undertaken in January 2012; and if he will make a statement.

**Chris Grayling**: The latest figures have now been published and are available via the following <http://www.dwp.gov.uk/docs/wp-supply-chains.xls>

### **[Government statement on employment support for disabled people and changes in support for Remploy](#)**

**The Parliamentary Under-Secretary of State for Work and Pensions (Maria Miller)**: With permission, Mr Speaker, I should like to make a statement on the reform of specialist disability employment support.

Today, the Government have published a Command Paper, setting out our plans for specialist disability employment support and summarising our responses to the Sayce review. Let me make one thing clear: these are difficult decisions, but the current system is not working for disabled people. Employment rates for disabled people remain almost 30% below those of non-disabled people. Exclusion from the labour market leads to exclusion from society at large, and I do not think that anybody in the House wants to see that happen.

That is why, back in 2010, we asked Liz Sayce to conduct a review of how we might make specialist employment support for disabled people work better. The review was detailed and comprehensive, and it took views from disabled people, disabled people's organisations and many hon. Members in the House today. Today, the Government have published their response to that report, outlining how we intend to reform specialist disability support for the future. It includes putting £15 million more into Access to Work, a scheme that has been proven to be extremely successful in supporting disabled people into mainstream employment.

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I have agreed that the funding for residential training colleges should be extended until the end of the academic year 2012-13, something that I know many hon. Members present will support as well. That will allow those colleges time to determine and to implement future change. They provide support into employment which is clearly valued, although costly, and we need to take further time to consider the options for the future.

We have also taken a difficult but important decision on the future of Remploy. The responses to the consultation on the Sayce review strongly endorsed the idea that money to support disabled people into employment should follow individuals, not institutions, and that Remploy factories should be set free from Government control. The responses also supported the view that Government-funded, segregated employment is not consistent with the objective of disability equality, which is at the heart of what this Government stand for.

We know that roughly 2,200 disabled people are supported by Remploy's enterprise businesses, at a cost each year of about one fifth of the total budget for specialist disability employment programmes. Despite significant investment in those businesses, the cost of each employment place remains some £25,000 per year, compared with an average Access to Work award of just under £3,000.

The current system is not using the money that we have available most effectively, and in these difficult economic times we have to look at that very carefully. The current situation is not sustainable, and it is simply not working for the majority of the 7 million disabled people who live in all our constituencies throughout the country.

If money is spent more effectively, up to 8,000 more unemployed disabled people could be supported into mainstream employment, something I am sure the House will agree is the right approach. That is why I have decided to accept and implement the Sayce review recommendations on Remploy. That will be done in two stages. In stage 1, the Government will reduce their current subsidy to Remploy from the beginning of the new financial year, so that we cease funding factories that make significant losses year after year and restrict funding to those factories that might have a prospect of a viable future without a Government subsidy.

Remploy's board was asked to consider the impact of the decision before it was made, and as a result of the decision to reduce current funding the board is proposing—subject to important consultation with staff and unions—to close by the end of this year the 36 factory sites that it considers unlikely to be able to achieve independent financial viability.

Remploy will shortly begin collective consultation with its trade unions and the management forums on the proposed closure of those factories, and on the potential compulsory redundancy of 1,518 disabled people at those sites and those associated with them. In stage 2, the Department for Work and Pensions will work with the Remploy board to identify whether these potentially viable Remploy businesses can be freed from Government control, including by employee-led commercial exit or open-market sales, and how this might be achieved.

I recognise that this announcement will be difficult news for the staff in Remploy factories and understand that they will have concerns about the future. As part of collective consultation, the Remploy board will consider all proposals to avoid compulsory redundancy. Moreover, we are absolutely committed to supporting Remploy employees with an £8 million comprehensive personalised package of support for all those who are affected by these proposals. Any disabled

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member of staff who is made redundant will receive an individual offer of up to 18 months' help with the transition from Government-funded sheltered employment to mainstream employment.

This support will include access to a personal budget—on average, £2,500—to aid that transition. We will also be working with employers and the Employers' Forum on Disability to look to offer targeted work opportunities for all displaced staff. We will establish a community support fund to provide grants to local disability organisations to support Remploy employees in making the transition from sheltered employment to mainstream employment.

This decision commands the support of disabled people's organisations and disabled people themselves. It is also a decision that I would have thought the Opposition wanted to support, because back in 2007 the right hon. Member for Neath (Mr Hain) said of Remploy: "the reality is that it is simply not viable."—[Official Report, 29 November 2007; Vol. 468, c. 449.] We, as a Government, have taken forward his plan and have come to a natural point that he, too, would have come to in this process.

The Government's commitment is to support many more thousands of disabled people into work, and the changes that I am announcing today will enable us to do exactly that. I believe that this strategy better fits the needs and aspirations of disabled people in the 21st century, and a more equal world where disabled people participate fully in the mainstream, not in Government-funded segregated jobs.

#### **Treasury Question**

Geraint Davies (Swansea West) (Lab/Co-op): The Chancellor and his Government are considering the complete removal of all subsidy to disabled manufacturing workers in Remploy. Does he accept that, as a minimum, the subsidy should be at the level of unemployment benefit and reflect the knock-on cost on health in order to avoid making a net loss by putting those people on the dole?

Mr Osborne: We are seeking to use the same amount of money in a better way, and it is a very sensitive issue, which hon. Members from all parts of the House are concerned to ensure we get right. We are working very closely with disability charities to come up with a future that is right for the people who have disabilities and want to work.

#### **[Parliamentary Question on the impact of the Work Capability Assessment on the awarding of Disability Living Allowance](#)**

Alun Michael: To ask the Secretary of State for Work and Pensions what assessment he has made of the effect of work capability assessments on the way in which disability living allowance decisions are made.

Maria Miller: As disability living allowance entitlement is not related to capability for work there has been no such assessment.

The introduction of the work capability assessment has seen no changes in the way disability living allowance entitlement is decided

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### **Parliamentary Question on the reduction in numbers of people in support of the new Personal Independence Payment (PIP) in comparison to those in receipt of Disability Living Allowance (DLA)**

**John Healey:** To ask the Secretary of State for Work and Pensions (1) how many people in each (a) local authority area and (b) parliamentary constituency who claim disability living allowance will lose their entitlement altogether as a result of the move to personal independence payments; [97892] (2) how many people in each (a) local authority area and (b) parliamentary constituency he estimates will have their income reduced as a result of the move from disability living allowance to personal independence payments.

**Maria Miller:** Reassessment activity for existing disability living allowance recipients will start in October 2013 and we intend that everyone will have been contacted by March 2016. Disability living allowance recipients will be asked if they want to claim personal independence payment and will be assessed for that new benefit where they do.

By the time reassessment activity has finished we expect the working age caseload (16 to 64) for personal independence payment to be 500,000 lower than it would have been had we not carried out these reforms.

The estimated reduction in caseload cannot be broken down into smaller geographic areas. We provided estimated impacts on numbers in our consultation document, "Personal Independence Payment: assessment thresholds and consultation", published on 16 January 2012 available on the DWP website: <http://www.dwp.gov.uk/consultations/2012/pip.shtml>

We have not yet set the rates at which PIP will be paid, so it is not yet possible to estimate how much people may lose or gain as a result of the introduction of personal independence payment.

### **Parliamentary Question on assessment of fluctuating conditions under the Work Capability Assessment**

**Stephen Timms:** To ask the Secretary of State for Work and Pensions when he plans to respond to the recommendations of the (a) Independent Review of the Work Capability Assessment: Year Two and (b) Working Group on Fluctuating Conditions.

**Chris Grayling:** The information is as follows :(a) Professor Harrington published his Second Independent Review of the Work Capability Assessment on 24 November 2011. The Government responded to this on the day that it was published, and a copy of the response is available in the House Library and at: <http://www.dwp.gov.uk/docs/wca-review-2011-response.pdf> (b) The Department is carefully considering the working group on the fluctuating conditions descriptor's report and will respond fully in due course.

### **Parliamentary Question on the effectiveness of private welfare providers**

**John McDonnell:** To ask the Secretary of State for Work and Pensions what comparative assessment his Department has made of the effectiveness of private welfare providers and that of Jobcentre Plus.

**Chris Grayling:** The Department has made no comparative assessment of the effectiveness of private welfare providers and that of Jobcentre Plus. There is clear evidence on the cost-effectiveness of Jobcentre Plus.

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A report by NIESR concluded that the introduction of Jobcentre Plus increased the rate at which claimants left benefit and moved into work and increased employment, with the impact of Jobcentre Plus estimated to increase GDP by 0.1% by 2015. <http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep781.pdf>

The Department has commissioned an evaluation of the Work programme and the first results will be available later this year.

We expect the Work programme to deliver higher performance and deliver better value for money than previous provision. The Department has published a range of evaluation reports regarding the effectiveness of support delivered by Jobcentre Plus and external providers, including the new deals, pathways to work and the Jobcentre Plus interventions regime which can be found via: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

#### **Parliamentary Question on Disabled Students' Allowances**

**Bill Esterson:** To ask the Secretary of State for Business, Innovation and Skills if he will raise the cap on disabled students allowance (DSA) for post graduate students to match the level of financial support provided under DSA to undergraduate students with disabilities.

**Mr Willetts:** Postgraduate students with disabilities can receive up to £10,260 disabled students allowance per academic year to assist with additional expenditure that they are obliged to incur in relation to their attendance on a course.

There are no plans to increase the maximum amount allowable under disabled students allowances for postgraduate students. The Government also provide funding to higher education institutions, through the Higher Education Funding Council for England, to help them recruit and support disabled students; £13 million will be provided in academic year 2011/12.

#### **Parliamentary Question on the impact to the UK life sciences industry of the EU Clinical Trials Directive**

**Nicholas Soames:** To ask the Secretary of State for Business, Innovation and Skills what recent assessment he has made of the effect of the Clinical Trials Directive on the competitiveness of the life sciences industry in the UK; and if he will make a statement.

**Mr Willetts:** In November 2010, the Government launched the healthcare and life sciences growth review.

The review involved the Department for Business, Innovation and Skills working closely with the Department of Health, and with business, in an intensive programme of work to identify and remove barriers to life sciences investment. This led to the publication of the growth review alongside the 2011 Budget [http://cdn.hm-treasury.gov.uk/2011budget\\_growth.pdf](http://cdn.hm-treasury.gov.uk/2011budget_growth.pdf) and set out an ambitious package of measures to strengthen UK competitiveness, including a commitment to influence the Commission to bring forward soundly based proposals to reduce regulatory burdens in the European Clinical Trials Directive. The European Commission has announced proposals to revise the directive.

The draft of the final Commission proposals is expected during 2012 when formal negotiations can take place. The Government believe that clearer definitions of the terms used in the directive,

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together with the adoption of a risk adapted approach to the regulation of trials, will reduce the scope for differing interpretations in member states, and inconsistencies in their application across the EU and ensure that regulatory oversight of all clinical trials is proportionate to risk.

Greater consistency across the EU will also help to remove barriers to conducting multi-state clinical trials.

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## **Consultations**

Title: Personal Independence Payment: assessment thresholds and consultation

Source: Department for Work and Pensions

Deadline: 30 April 2012

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## **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.



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### 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