

Work and Pensions Committee

Oral evidence: PIP and ESA assessments, HC 340

Tuesday 20 December 2017

Ordered by the House of Commons to be published on 20 December 2017.

[Watch the meeting](#)

Members present: Frank Field (Chair); Heidi Allen; Andrew Bowie; Alex Burghart; Neil Coyle; Ruth George; Chris Green; Steve McCabe; Chris Stephens.

Questions 340-440

Witnesses

I: Paul Gray CB, Leader of the Independent Reviews of PIP, Chair of the Social Security Advisory Committee, Department for Work and Pensions, and Dr Paul Litchfield OBE, Leader of the 2013 and 2014 Independent Reviews of ESA Work Capability Assessment.

II: Sarah Newton MP, Minister for Disabled People, Health and Work, Department for Work and Pensions, Janice Smethurst, Director for Contracted Health and Employment Services Directorate, Department for Work and Pensions, and James Wolfe, Director for Disability Employment and Support, Department for Work and Pensions

Written evidence from witnesses:

Department for Work and Pensions

[PEA0441](#)

[PEA0499](#)



Examination of witnesses

Witnesses: Paul Gray CB and Dr Paul Litchfield OBE.

Q340 **Chair:** Welcome, Paul—as you said outside, Paul squared—might you introduce yourself for the sake of the record and then we will ask the squared part to introduce himself.

Paul Gray: I am Paul Gray. I have undertaken the two statutory Independent Reviews of PIP. I am also Chair of the Social Security Advisory Committee. Let me say, by way of introduction, that I was very clear when asked to do the reviews of the potential for a conflict of interest from being a scrutineer on SSAC of secondary legislation. During the course of the two reviews I was undertaking, I stood aside from any business on PIP that came to SSAC to avoid that potential conflict.

Chair: Brilliant. Thank you. Paul?

Dr Litchfield: I am Paul Litchfield. I conducted the fourth and fifth statutory reviews of the Work Capability Assessment in 2013 and 2014. I am also Chief Medical Officer at BT and I chair the Centre for Wellbeing and the Medical Ethics Committee for the Defence Medical Services.

Chair: The lights are going out all over Europe. We hope they will come back in the lifetime of this Committee hearing. Heidi, we had better hurry up.

Q341 **Heidi Allen:** Thank you. We need to get straight to the point, so we should be fine. Shall we start with Paul Gray? The PIP review was completed last year. To set the scene for us, how do you think the recommendations you have made have been picked up by Government and what progress have you seen?

Paul Gray: The second review has been completed. I delivered it at the beginning of April this year, so it was within 2017, so it is eight or nine months ago. The first one I undertook in 2014. If I take the two reviews, on the first review the recommendations were all accepted to varying degrees by Government. What I have said in the course of the second review report this year is I recognise some progress has been made on the majority of those recommendations. Was it as much as I would ideally have liked to have seen? Probably not. But they were taken up and work was under way. In terms of the second—

Q342 **Heidi Allen:** Before we go on to that, you have just described though not as much as you would have liked, so what are the humdingers? What is still missing or what is waiting to be fixed as far as you are concerned?

Paul Gray: I think one particular area: the area I was probably most disappointed with was issues around doing very rigorous evaluation of the outcomes of PIP assessments and decisions. I urged in the first review a very rigorous approach to that. By the time of being invited to undertake the second review nothing had happened on that, and I did make it a condition of undertaking the second review that evaluation



HOUSE OF COMMONS

processes should be got underway. That was probably the one where I felt progress fell short of what I would have liked to have seen in that first review.

As far as the second review is concerned—and I undertook it from the summer of 2016 through to early spring of this year—I produced a report at the beginning of April this year. As I am sure you are aware, the Government have only just responded earlier this week to the recommendations, so I have been wondering what progress has been made. In the last couple of days I have had a chance, as you have done, to see the response from the Government. They have accepted, in whole or in part, all the recommendations I put forward.

Again, probably my overall sense is that I think there are some things that do need addressing as urgently as possible. I am a little disappointed about how much has happened so far, but I think the proof of the pudding is now in the eating. The Government have responded broadly positive on most recommendations. I can say something a bit more about the areas where it is only partial acceptance. It is important, given the level of the caseload. There is something like 1 million PIP assessments a year now being undertaken now the rollout is fully operating. That is an awful lot of people going through a process that I have recommended. I think there is scope for improvement, so I am keen to see the Government acting as quickly as they can.

Q343 Heidi Allen: I know we are all digesting the response but to me, at least, it feels a lot of, “We’ll look into. We’ll consider” rather than, “We will”.

Paul Gray: I was struck to some degree by that. Even recommendations that are fully accepted there is use of words like “explore”, “consult”, “look into”. I do recognise that on a number of the areas I have focused on, they inevitably are caught up with the contractual relationships with the providers. They may require amendments to those contracts when they fall due. I think that is over the next year or so. That may be a degree of inhibition on timing. I did say very firmly in the review that I was encouraging the Government and both providers to make maximum progress on discussions, pending the contractual outcome.

Heidi Allen: Chair, perhaps before we move on to Paul number 2 and ESA, are there any members who want to ask about PIP specifically perhaps.

Chair: Yes, I would love to ask you, Paul, and thank you, Heidi.

Heidi Allen: Thank you, Frank.

Q344 Chair: You talked about evaluation, what did you propose and what do you think the value of that would be?

Paul Gray: I was keen the evaluation should cover a number of areas. The first one where I think the Government has made the most progress is in conducting interviews, research with people going through the process to get their sense of how satisfactory it feels from a claimant



point of view. As part of the review, I did my own ad hoc thing by having a call for evidence. The problem about calls for evidence is you get the response from the people who choose to respond, so it is not scientific. What I was keen the Government should do was do scientific random sampling, which they have now started to do in terms of the claimant experience.

The more difficult area—and the area where I still feel I am not sure the spirit of what I am looking for has necessarily been bought into—is doing evaluation and research to test, after decisions have been taken, how consistent they are. A lot of my recommendations were about trying to improve the quality assurance and audit during the decision-making process, and I think there is a lot that can still be done to improve that.

Ultimately, when you are dealing with such a large scale operation—literally millions, well over 3 million now are transiting somewhere between the transition from DLA to PIP that is a huge number of people—it is always going to be very difficult to make sure, in what is actually a very demanding assessment exercise, that you maximise consistency. You are never really going to know if you have achieved it unless, after the event, you do regular, in-depth analyses of looking at randomly selected outcomes, which have given the same decision outcome: people have ended up with the same number of points in the same broad areas, particularly either sides of the boundaries where you need to get eight points to get the basic rate. You then have a trigger of 12 points to get the higher rate. In my view, unless you look very rigorously after the event at cases that appear to fall together grouped, and then you review them and say, “Should these all have had the same outcome or not?” That is going to be the acid test of whether all the assurance, auditing, quality assessing you are doing during the decision-making process is actually producing sufficiently consistent outcomes. It is never going to be precise. It is far too difficult to do that.

I think the Government’s latest response is, shall we say, kind of silent on the extent to which they are accepting the case for that type of evaluation and the publication regularly of its results. I think this is at the core of the issues of lack of trust, lack of transparency about the system, which were probably my two buzziest words and which I perceived, particularly doing the second review, is at the heart of the problem of confidence or lack of it in the system.

Chair: Back to you Heidi.

Q345 Heidi Allen: The same question to Paul number 2 about ESA, although that review is a little older now, so perhaps your reflections on what you wanted to see changed then and your observations on the Government’s latest: the health and DWP joint paper they have published saying that they want to look at the Work Capability Assessment. When you turn back your thoughts to before and where we are now, how broad do you think that needs to be or how deep it needs to be?



HOUSE OF COMMONS

Dr Litchfield: In terms of the specific recommendations, the vast majority were accepted by Government and the majority of those appear to have been implemented. I could formally review that when I did my second, the fifth review. The updates I have had since then suggest that, largely, account has been taken of what I have said and they have been implemented.

I have to say that, in terms of implementation, there sometimes seem to be barriers there, which I wonder about. It tends to come down to process and the way that process is applied largely by the Department. That process is incredibly complex. I do wonder if it needs to be that complex. It does seem that operational aspects have a degree of importance in the way that things are carried out that seem surprising to me.

Q346 **Heidi Allen:** Can you give us some examples?

Dr Litchfield: I was reflecting earlier that I spent a number of years in the Royal Navy, and when on the bridge—which probably betrays my age—if one contacted the engine room and gave an instruction one expected it to be implemented with alacrity. In the Department there seems to be much more in terms of push back from the operational side, and the balance of power seems more heavily weighted towards operations than I would have expected in a Government Department. Often a recommendation is accepted in principle or accepted with a caveat that, “provided we can do this, that and the other”, and then when you revisit it some years later you find that nothing has happened because of operational difficulties.

An example of that would be information sharing. My predecessor, Malcolm Harrington, made recommendations back in 2009 about sharing information with work providers and, for reasons which I do not fully understand, that has never happened. I made specific recommendations about sharing of information between the different types of assessment that the Department conducts. That was brought home to me quite significantly when I was meeting a lovely woman in Coventry during the course of the fifth review. She had injured herself in a warehouse. She had had an assessment for Industrial Injuries Disablement Benefit. She had had an assessment for Work Capability Assessment and she was going through a PIP assessment, and none of the information was shared between those three assessments.

Heidi Allen: Staggering, isn't it?

Dr Litchfield: The amount of time it took: her husband had to take time off work to bring her to the assessments because they lived in an area where public transport was difficult. She had to go over it time after time with the emotional difficulties that provide, and, as a taxpayer, it seemed to me like a waste of money that you go over the same ground time after time.



Q347 **Heidi Allen:** Not very nice for the claimant to go through.

Dr Litchfield: As I said, emotionally for her, she had to go through things on multiple occasions that were quite difficult for her. That sharing of information for operational reasons has not happened. I understand the difficulties with systems and IT but, nevertheless, it does seem that it takes an awfully long time and that these things—which appear superficially to those of us who are perhaps naive to be quite simple—just do not happen.

Q348 **Heidi Allen:** Do you think it is possibly because the PIP is very new as a system replacing DLA? Work Capability Assessment is older. Is it culturally ingrained? When the Government have a review of it, should they be starting with a blank piece of paper and look for those overlaps with PIP around data moving and that type of thing and really start from the beginning again?

Dr Litchfield: I do think that the philosophical basis of what we do as a society does need to be revisited. If one looks at employment and the support allowance in the Work Capability Assessment, the thinking that went into creating the current assessment actually dates back to the 1970s or the early 1980s. A lot of the thinking that went into the predecessor, the PCA, the Personal Capability Assessment, came out of the States in that time and, really, the WCA was simply an evolution of the PCA. It was done very quickly to meet the legislative timescales required for the Welfare Reform Act, so it was not a radical redesign of a system. It was an adaptation of what was there already, and work has changed dramatically over that period.

I do think we need to think about it as a society. I don't think it is a party political thing. As a society, we need to think about how we want to distribute benefits to those who cannot work for whatever reason, and whether we want something that is specifically based on their health condition and their disability. If we do want that, we need to think about how we would design that in the context of the modern workplace, the shifting demographics and the shifting disease profile that we are seeing in the population.

There does need to be that fundamental thinking that goes on, but that is inevitably a 10 to 15 year process and you cannot rush it. The Department was forced into rushing the design of the WCA and we have what we have. It is by no means perfect. There have been efforts to adjust it and approve it over time but, when it starts from a position of something that is designed as imperfect, inevitably what happens is you are lucky if it gets more perfect. It is just as likely to get more and more imperfect as you adapt it.

Heidi Allen: I am quite depressed now, but thank you.

Chair: If we take the Royal Navy analogy, where those commands from the bridge were resisted by those who were actually below deck, we would not have much of a Royal Navy left, would we? One of the reasons



HOUSE OF COMMONS

from our constituencies, people feel they do not have much life left when they have been through the PIP process or other aspects with the Department, but let us pursue this with Chris.

Q349 **Chris Stephens:** You have touched on some of this but if you were asked what immediate changes should be made to PIP and the ESA assessments, what would you say?

Paul Gray: I will go first on PIP. I think I have set out my stall very clearly in my review report. There are important changes to make initially around the collection of evidence, and there needs to be greater clarity in the guidance there. The area of evidence I was concerned with in this latest review that was not being given sufficient weight—certainly in the assessments I observed—was input from carers and family members. One of my specific recommendations, which I think could be implemented through enhanced guidance very quickly, is to make sure that is given due weight.

I saw a fair amount of evidence of that sort of evidence being unduly discounted. Whereas, in fact, people who spend most time with people who are experiencing mobility needs and daily living needs, are the people who see them most often. I was very struck, if I may say so, in reading the evidence of one of your earlier sessions, on how heavily the conversation was doctor-focused and medical-focused. The whole purpose of PIP, and indeed ESA, is functional assessment: what is the impact on people's daily living needs, on their mobility? GPs sitting in their surgeries frankly have a very poor view of that. Other health professionals—physios, occupational therapists—where they are engaged in most cases will have a better view I think than doctors. There are very large numbers of carers in our society who operate to highly regulated standards, social care is a regulated industry now, and carers are the people who have the best view. It is clear to see that.

Other areas I was particularly keen to urge—I talked about evaluation, so I won't go on about that anymore—were issues around transparency of the assessment process. I would be keen to see very early progress on that. That is perhaps the area in the Government's response where there is most distance between my recommendations and the response. It talks about partial acceptance. Having read it two or three times, I wondered whether it was largely rejection rather than partial acceptance.

The combined recommendations I made of automatically providing people alongside their decision letter with a copy of their assessment report, I do think is important to improve trust. I am not persuaded by the Government's response that said it would be very costly. It would be very difficult for IT systems but people can ask. While people can ask, and you want to encourage them to ask, I think it is far better to make them available automatically.

If somebody goes to appeal it is automatically provided, so why would you not? The costs of not doing that I think are very considerable, as well



as the undoubted administrative costs of doing it. Alongside that, I saw it very much as integral, in my view, of what needed to be done is audio recording. Again, I recognise this is not logistically straightforward but the current arrangement under which—although not many people seem to know it—they can ask to have audio recording but they have to supply their own equipment is incredibly clunky. It would significantly improve people's trust in the system if audio recordings were available. I think it would have very beneficial behavioural impacts.

If assessors knew they were being recorded—just like 99% of people who work in call centres these days know that calls are being recorded, it has a beneficial impact—I think it would have the same in terms of the impact on assessors. It would massively improve the ability to audit and to quality assure what had gone on. Those are two of my recommendations that the Government have said they have partially accepted. I am not persuaded by what I have read this week of the reasons for not doing that, and I think it would significantly improve trust transparency and lead on to more beneficial effects.

Q350 Chris Stephens: That is very helpful. On ESA then, Paul.

Dr Litchfield: It is very similar. The point I stressed through both of my reviews is that the system needs to be perceived as being fair and it needs to be perceived as being fair by everybody involved in it, so that is the people going through the assessment but it is also the people administering the assessment and, indeed, the taxpayer. All three elements need to be satisfied that the system is fair. A lot of that comes down to communication, so I would echo Paul's points in relation to recording, which appeared in my recommendations and, indeed, I think Malcolm Harrington's recommendations. There has been some progress on that, perhaps not as much as one would have liked.

The other things that disappointed me, when I watched the evidence from the previous sessions, were things like a person accompanying the person making a claim, because I thought that had all been sorted out some years ago. There is clear departmental advice on what should happen and yet, if one is to believe the testimony given here not so long ago, it appears not to be happening. I find that terribly disappointing.

On the other hand, some things around communication have improved, undoubtedly. Probably my biggest focus in the fifth review was on people with learning disabilities who have particular challenges. I was pleased that, despite some initial pushback, the Government did accept producing material in easy read formats that make it easier for people with those particular conditions to understand. That does seem to have happened, so it is not all bad news but certainly there is more to do.

Q351 Neil Coyle: Isn't that part of the problem? It was Maincap who were highlighting that some people still feel they are not allowed to have anyone accompany them. If materials were generally going out in easy read, and were understandable to claimants and anyone supporting



HOUSE OF COMMONS

them, that problem would have been addressed. Is it part of the problem that the DWP keeps accepting recommendations from reports but not properly implementing them?

Dr Litchfield: I don't have the evidence to support that statement. Certainly the recommendation was accepted. I have seen examples of documents that have been produced. I am told they are going out. I don't know how effectively that is happening.

Q352 **Chris Stephens:** We had some evidence as well in relation to claimants having difficulty contacting the Department for Work and Pensions, in terms of having to rely on text relay operators and Minicom services. Can I ask either of you if you looked at that particular issue?

Dr Litchfield: I did not look at that.

Paul Gray: Not particularly, no.

Q353 **Chair:** Do you not think all these application forms should be done in easy read? Why should there be two levels?

Paul Gray: There is the technical question of easy read and then there is a slightly more general proposition of easier read. One of the difficulties—it is certainly true of PIP, I will not try to speak for ESA—is that the way the system has been designed, and that involved an awful lot of consultation, an awful lot of agreement when PIP was being brought in to replace DLA, but it is quite complicated. We have 12 assessment criteria at various levels of severity. The whole notion of what is a functional assessment I think is quite difficult for people to get their heads around.

I found in my first review—and it really had not changed by the time of the second review—that the great majority of claimants think they are going to a medical. I have made some specific recommendations where I think one can hopefully work against that. I am not surprised they think that it is a medical when practice, hitherto, has been the first half of the assessment is going through all their prescriptions and what their conditions are. I am very pleased that the Government do seem to have very fulsomely responded to an idea that was emerging during my review—I discussed it with the Department and they started to do work on; I formally recommended and they now appear to be enthusiastic about it—of making the primary and initial focus of assessment on those functional assessment criteria, so that people do understand the process they are going through. It is not just another visit to a doctor and when they see it is not a doctor they say, "You are not qualified to do a medical on me", so it will help their perception but it will also mean the primary focus of the assessor is on what they and only they are capable of doing, which is going through this difficult complex process of understanding how exactly does the mix of conditions that you experience impact on your daily living needs. It is not going to be the same for people with the same conditions, for all sorts of reasons.



HOUSE OF COMMONS

I am going slightly beyond the easy and easier, but I think there is an underlying point here that this is very difficult to explain. The Department does have a challenging job but constantly focusing on: are we communicating as effectively as we can both to the generality of claimants and to those with particular communication needs? I think is very important.

Q354 **Chair:** Maybe, as a committee, we will each have a go with a constituent to fill in the form with them and see how easy it is.

Paul Gray: Give yourself plenty of time.

Q355 **Chair:** Yes. Just as I think we have agreed to have a go at applying for Universal Credit and then challenge the Cabinet to do the same, see how easy it is or not easy.

Paul Gray: The other thing I would observe about the complexity of this is—I was trying to do so some rough maths and I hope I got my noughts right—I think on average each of you will have around 5,000 of your constituents who will be in receipt of either DLA or PIP, and in due course on PIP. That caseload has been progressively growing. It virtually doubled between the time that PIP was first being thought about and where the caseload has now got to. The expenditure chart is going up like that. Every MP I talk to tells me, “PIP is near the top of my constituency mailbag”, but I am not sure people have really cottoned on to the fact of the large proportion of your constituents. I suspect none of you get 5,000 constituents coming to you. You inevitably get those who feel aggrieved about the process. You are probably not hearing from those significant numbers of people who are actually coming on to the benefit, rather than that proportion who are in the reassessment and are coming up it.

The sheer scale of this operation I think means it is prudent to have a degree of caution about saying, “Let’s scrap it and start again”. I agree absolutely with what Paul is saying about regularly refreshing thinking about this, but I would say, as far as PIP is concerned, I would put the primary emphasis on I think there is a lot to be done, as I recommended, that could make the operation of the current system better. We can then assess—when one has all the information—is it working satisfactorily or do we have to go back to the drawing board again?

Chair: Great. Alex.

Alex Burghart: Thank you, Captain.

Chair: Now are you going to obey the bridge or not?

Q356 **Alex Burghart:** Yes. You both touched on the question that I was going to ask. You have both been involved in trying to improve the current system and you have made a considerable contribution to the improvement of the current system. One of the things that the Committee is interested in is what the long-term future of disability benefits might look like in the country. I understand what you have just said, Paul Gray, that before we throw the baby out with the bath water



there is a lot to be done. You said that a process of reform done probably would take 10 to 15 years, but we like to take the long view in committee. If we were doing that what principles do you think we should start with, and built into that question I guess is: what in the current system would we want to leave behind?

Dr Litchfield: One is constrained in many ways by the terms of reference that are set when you carry out a review, but towards the end of my fifth review the then Minister did invite me to try to do some thinking about what the future might look like. I have tried to articulate that in the final chapter of the fifth review, so I will try to replicate some of that rather inelegantly and verbally. The first thing is: do we want to try to achieve dual objectives with the Work Capability Assessment, which is entitlement for benefit and helping people get back into the labour market? There are inherent conflicts in trying to do those two things through a single process. When one looks at other parts of the world that isn't necessarily the way that they have done things and, certainly in New Zealand, which I know best, they have separated out the two elements and it appears to be much less contentious as a result of that. I am not sure if it is more effective or not but it is certainly less contentious. Therefore, that would be the first thing in terms of horizon scanning: do we want to try to encapsulate in a single system something with two objectives because my experience is that you rarely get success on both elements and you may indeed compromise both.

That would be the first thing, and then it is the: do we really want to make the differentiator health and disability? Because I agree entirely with what Paul was saying about the way this is still perceived as a medical process. A lot of the thinking behind it remains a medical model of disability, which is largely discredited now as a way of thinking about this sort of area, both in terms of occupational health generally as well as in terms of capability related to benefits.

What most of us would subscribe to now is what one calls a biopsychosocial approach. I may see in my other job two people with almost identical medical conditions, one who can get back into work quite effectively with minimum adjustments and another who cannot get back, not because of any blame or lack of motivation. It is just all the other things going on in their lives make it much more difficult for them to get back into work. Yet the current system takes no account of that. In other jurisdictions those things are taken into account and the system is structured in that way. So those to me would be the big things in terms of trying to look at a new system.

Q357 **Alex Burghart:** A much more holistic understanding of what someone's barriers to work are?

Dr Litchfield: Absolutely.

Alex Burghart: Very helpful. Thank you.



Paul Gray: The issues of PIP are different. It is important to bear in mind what was the origin of this area of benefit expenditure. The Chair will have much better knowledge and memory of this than me, but clearly 30-odd years ago the thought emerged that it would be right to add into the benefit system arrangements under which people who incurred extra costs, either in daily living or mobility, because of the impact of their disabling conditions, should be given amounts of money that they would then have discretion over how they spent. But what one is trying to assess here is for those kinds of impacts here is a grant, an amount of money to enable people so affected to live their lives more effectively and meet the extra costs that they incur.

My sense, as long as I have been vaguely involved in these issues, is of very strong political consensus around that as an approach. That has carried through from DLA to PIP. My starting assumption, in thinking more strategically about it, is that I am taking it that remains a cross-party agreed political objective. If you are trying to do that, against a background where, as I said earlier, the number of people who have come within this system has massively grown over 30 years; well over 3 million people now—

Q358 **Alex Burghart:** Why do you think that is?

Paul Gray: There is a social security entitlement out there. The Government of the day and Parliament draws up the entitlement conditions. If people think that they are eligible to meet that test it is perfectly natural human behaviour to apply for it. It is relevant to note that I am sure my old friends in the Treasury in 2010, when the coalition Government started thinking about a move from DLA to something different, were concerned that the degree of entitlement was becoming fiscally unsustainable. The taxpayer interest is a very legitimate one as well as the claimant interest, but I think it is almost inevitable, any system that sets up some rather precise conditions—are you eligible or not?—it is perfectly right and proper people should apply for that. One accepts those sort of broad principles remain.

One of the challenges of the current system is that there are very precise boundaries of entitlement. To get the standard rate, both on daily living and on mobility, you have to get to eight points on these various criteria. If you get seven points you get nothing. If you get eight points you get £56 a week on daily living. If you get to 12 points you get £80-odd.

I wonder if one were thinking about slightly more radical reshaping, does it make sense to have those things that set up a huge incentive actually to try to get the other side of a rather precise cliff edge boundary. Equally, I know if you go from a gradual system that brings its own complications and, given the scale of this benefit, I think it is very difficult to go back to a discretionary system. Under the Care Act 2014, where there is frankly some overlap with what PIP does—I am not sure Parliament realised that when they passed the 2014 Care Act—the whole point about Care Act assessments is to do a bespoke, tailored assessment



of what people need, which happens to include making available to them aids and adaptations. That is also one of the things under which you can qualify for PIP, a point I drew attention to in my first review.

There are issues about: how do you strike the right balance between what has to be a mass production industry involving millions of claimants, tens of thousands of assessors, many thousands of decision-makers in the Department? That requires a degree of streamlining and standardisation. How do you balance that against something that is sufficiently robust and responsive enough to reflect exactly the points that Paul Litchfield was just making about the differential impact on individuals? It is a world class problem this, which is why I was saying earlier: beware of the risk of saying, "We can dump this one and we will quickly find something better".

Alex Burghart: Really, really interesting. I am sure this is something we will revisit in length in the future. Thank you.

Chair: Both Pauls, thank you very much. It is a stunning evidence giving session. We now understand, not just because she is very polite, how wise it was for the Minister to sit behind and listen to you.

Paul Gray: Are we allowed to sit behind her?

Chair: Absolutely, you can. Thank you very, very much.

Examination of witnesses

Witnesses: Sarah Newton MP, Janice Smethurst and James Wolfe

Q359 **Chair:** Welcome, Sarah. Thank you very much for appearing before us in another guise and congratulations on your appointment.

Sarah Newton: It is an honour.

Q360 **Chair:** Might you please introduce yourself and your team?

Sarah Newton: Yes. I am Sarah Newton. I am Minister for Disabled People. This is James Wolfe who is our policy guru in the Department on all things related to these assessments, and Janice is in charge of all the contracts with our suppliers in the Department, so has commercial responsibilities.

Chair: Brilliant. Andrew.

Q361 **Andrew Bowie:** In 2015 in the Claimant Service and Experience Survey, 76% of respondents said they were satisfied with the PIP process. That does leave a quarter nearly of people who were unsatisfied, and that is the lowest satisfaction rating of any benefit. How can you explain that? Why is that?

Sarah Newton: Of course, what I would like to see is 100% satisfaction. That all claimants get an accurate timely decision and through the



HOUSE OF COMMONS

process they feel like they have been treated with respect and dignity, and I am sure that is something that everyone in the DWP is striving towards. That is why I very much welcomed the review that Paul Gray gave to the Department of what more we can do to improve the claimant experience on PIP. While we have accepted the recommendations—and we have had some good discussions now reflecting back on the evidence that you have just heard—one thing I would like to say in anticipation of that, of course, the review that was done was a good 12 months or so ago and there has been a lot of progress on the issues that have been discussed. At some point I would like the opportunity to go through some of the issues that have been raised by both Pauls saying where they wanted the Government to do more, and they were disappointed that not enough had been done. I would like to go through each of those to show actually what we have done, what we are doing, so I can communicate to the Committee the passion and determination to improve the processes for claimants, both in the ESA and PIP.

Q362 **Chair:** Sarah, might you speak up please? I don't know whether you have a bad throat.

Sarah Newton: No, I have a soft voice.

Chair: People are finding it hard to do the recording, which it is important for us to hear. Thank you.

Q363 **Andrew Bowie:** Do you think one of the reasons why there might be such high dissatisfaction levels with PIP, 25% roughly, is because one in five assessments are immediately taken to initial review? That is 20%. Do you think that has some bearing on it?

Sarah Newton: The mandatory review process when it was brought in was a good idea because it saves the claimant having to go through a juridical review, having to go to the tribunal. It means that we can make quick decisions that are usually turned around in a matter of weeks.

Since I started looking at this, what I have seen is that often at that mandatory review process is when more information comes forward. Where the claimant has not provided information, perhaps from their GP or specialist doctors, often at the mandatory reconsideration that information comes forward and it means that a decision can quickly be made for people to then get a benefit perhaps that they would not have received. Therefore, I think mandatory reconsideration is a useful phase and does pick up problems and they are able to be dealt with quickly.

Q364 **Chair:** Minister, are you going to blow your trumpet at this point for the change that you have made, which I think is very important, which is to wipe out the rule, the internal guidance that 80% of those going to mandatory reconsideration should be refused, one on humanitarian grounds but also on legal grounds? I much welcome that, but might you just say a brief word before we go to Alex on that?



HOUSE OF COMMONS

Sarah Newton: Yes. I think it is important that we are focused on getting the best quality outcome for the claimant and that all the ways that we evaluate each stage of the journey, whether that is at the DWP stage of the journey or with our partners who undertake the assessments, must be really rigorous. We must treat each claimant as an individual with respect and dignity and get through the process as quickly and accurately as possible. All the internal measurements that we have to help us manage accuracy, and the way that we are treating people, should be effective and understandable to both the claimant and to the taxpayer and to everybody in the DWP who is working on them.

Chair: Thank you. A quick one from Heidi and then to Alex.

Q365 **Heidi Allen:** Just a quick one. With the benefit of a new fresh pair of eyes, as a new Minister, you are right a lot of times MRs are overturned because new information comes forward, but that tells you there is a chink in the process there that people either don't understand or it is in the wrong format. What are you going to do to make sure that claimants understand that more, so that we don't have these high levels of MR because there is too much of a trend there?

Sarah Newton: That is a very good question. That goes back to some of the issues that were raised by both Pauls. This probably would take me quite a long time to answer, so with the indulgence of the Committee. There are several things there but it is all about making sure that the claimant, right from the get-go, understands the process, understands the information, that it is as accessible as possible from a telephone call to the forms that are being filled, and I have myself filled in the forms. I have taken myself on the claimant journey to satisfy myself what this process looks like and what more we can do.

There are some particular questions around easy read versions of application forms, and I can confirm that the ESA 50—that is the main form that the claimant fills in—is now in an easy read format. The various recommendations from our partners, because of course we work alongside not only disabled people themselves but charities and organisations that represent them. They co-produce the forms with us, so that the different language groups, the different technologies that we have been asked to bring into play, those are available. They are on gov.uk.

But we are not just satisfied with that, so as early as January there will be some YouTube films describing the process for all claimants before they go to PIP assessments or ESA assessments. Making sure they understand they can bring someone with them. I don't want people to feel at all scared or frightened or worried about this process.

Q366 **Heidi Allen:** Specifically getting the medical data that they want?

Sarah Newton: Yes. That is clearly communicated now but clearly not enough people are reading the information that we are giving. Hence why we think the YouTube films will be very important, so not only written



HOUSE OF COMMONS

materials that are accessible but also YouTube films to really communicate with people how to fill in the forms, what information, how to bring people along and what to expect, so to demystify the whole process and make people feel as comfortable as possible and understanding as much as possible about the process that they are going through.

Q367 **Neil Coyle:** When was this first recommended by Maincap and other organisations? Was it 2010 or was it slightly later?

Sarah Newton: I am not sure when they were first recommended, but certainly it is something that we have been working on to coproduce with our partners and they will be available.

Q368 **Chair:** When?

Sarah Newton: Early in the new year.

Q369 **Alex Burghart:** Before I go on to my question I have a quick follow up on that. Like you, Minister, I have done the claimant journey thing. I have been through all the paper. I absolutely hate filling out forms and this is a form like no other really. It is extremely long. One of the things that struck me about it was that it asks the claimant for an enormous amount of bureaucratic information that the system must itself hold: questions about previous claims and engagement with services and so on. I wonder whether the Department would consider looking into seeing whether the Government can autofill a lot of those fills for a claimant that can provide their National Insurance number or their passport number or some sort of key identifier, just to try to work out a way of reducing the amount of paperwork that we are asking people, sometimes in a vulnerable situation, to handle?

Sarah Newton: That is a very good point but before I go into the details of that—and I will—we do get Ipsos MORI to also look and do independent research for us about the forms themselves, and experience of people filling in the forms. On the latest research that was published, 85% of claimants were able to complete all sections of the form and 63% told us they found it easier than they thought.

Alex Burghart: It is a challenge for us MPs that is the thing.

Sarah Newton: So it was easier than they thought, but obviously we are not satisfied with that and we want to make it as easy as possible and always working with our partners to show us how it can be improved. Of course, there is a role here for using digital abilities within Government to look at how we can link together data to the benefit of the claimant. When we published our health and work strategy just a couple of weeks ago, you will see in there there is a lot of testing and learning that we are going to be doing. A clear area that we have identified is the one that you have identified, which is: how can we better share data? We know that there are a lot of people who are both ESA and PIP so, rather than having



HOUSE OF COMMONS

to go through both pre-assessors, how could we make that a joint process?

Also, data sharing with the NHS, you will see in there that we have set up a whole series of trials with our colleagues in the NHS. We have some really good localisation, so we have parts of the country—Greater Manchester, London, parts of the north-east of England—where there is a whole system approach. This goes back to what I think we all want to see, which is: the person at the centre and the system wrapped around them.

Q370 **Chair:** It would be helpful, wouldn't it, if our health number, which we get almost at birth, became our National Insurance number?

Sarah Newton: There will be all sorts of innovation like that.

Q371 **Chair:** It will be decades before it has an effect but it would have that effect. Might I ask you, Sarah, about your reply to Alex? The 15% who find real difficulty in filling the form in, which is a huge barrier for them, what are you doing about them?

Sarah Newton: It was only 4% who could not fill in the form and that has then led us to look at what more we can do. We are always working with our partners—

Q372 **Chair:** You said 15% found it difficult, didn't you?

Sarah Newton: No. What I was saying was—there were two numbers I gave you—85% were able to complete all the sections, only 4% were unable to fill in the form. You are right it is 15% have difficulty.

Q373 **Chair:** The figures were 85%? Please don't cop anybody.

Sarah Newton: Yes, 85% were able to complete all sections. Only 4% were not able to complete the form.

Q374 **Chair:** The 85% is fine but what about the 15%? How does that break down?

Sarah Newton: These were the ones who were not able to complete all sections of the form, yes, so those are your 15%. What are we doing about them? You are absolutely right because we want everybody to be able to fill in this form and so, whenever we get a result like that, we have a start and finish group that help us look at these forms and then we go back to them. We go back to the people that are disabled themselves. We go back to our partners and say, "Let's look again".

Chair: We will come back on that in our report and help you, I hope.

Q375 **Alex Burghart:** Just moving on, I would like to ask you a bit about whether, as the new Minister, you feel that PIP and ESA are meeting our objectives because one of the things we were struck by in a previous evidence session was that, although the contractor targets set by DWP are no more than 3% of the assessment purports to be deemed



HOUSE OF COMMONS

unacceptable, to date neither Atos nor Capita have met that target. I would like to get your reflections on that and what you are doing to ensure that they meet their targets as soon as possible.

Sarah Newton: Obviously the assessment is one part of the process, so there is the DWP beginning part, there is the assessment part in the middle and then DWP make the decisions at the end. What I am interested in is the evaluation of the end to end process, looking at what more we can do at every stage of the journey to improve the outcomes for claimants. You are focusing in there on what happens in the middle in the assessment phase, so I think Janice, as she manages those contracts, is best placed to talk about all the lengths that we go to in the Department to drive up improvements in contract performance.

Obviously that is something that I, as a Minister, and I know that the Secretary of State takes very seriously. We do meet with our colleagues in operations to review the performance data. I will be meeting with the contractors myself. I have gone to observe some assessments but I will be meeting the contract leads. The Secretary of State has met with them. We obviously take a clear ministerial oversight of the quality performance but, on a day to day basis, we have a specialist team of experts in the DWP whose job it is on a daily basis to be monitoring the performance of the contracts, so perhaps Janice can—

Q376 **Chair:** Janice, Alex's question is when is the target going to be met?

Janice Smethurst: There are a number of measures that we put in place to work with the providers to improve quality. We don't just measure the quality of the report. We measure a number of different elements of the service, so the ability to attract, recruit, retain health care professionals. We have continuous feedback in terms of customer satisfaction surveys. We feed back to the supplier both positive and negative and, in terms of some of the negative feedback we have had, suppliers have improved the quality of the forms, making them easier to read and readily understandable. We have—

Q377 **Chair:** But when are you going to meet the target?

Janice Smethurst: Year on year, all of the providers have improved their overall quality standards and the quality standards around the assessment report. If you are asking me directly when do I think they are going to meet it—

Chair: I am.

Janice Smethurst: —I do not have a crystal ball but I do think those standards are achievable, but it is really important—

Alex Burghart: In what timeframe do you think they are achievable?

Q378 **Heidi Allen:** Why do they still have the contracts after such a long time and they have never met it?



HOUSE OF COMMONS

Sarah Newton: We measure a number of different quality standards. As I said before, it is the ability to attract, recruit and retain qualified, experienced health care professionals, the ability to deliver this service across the whole of the country to around 1 million claims a year for PIP, and around 1 million for ESA and other claims. They have improved the quality of that assessment, year on year. They have reduced waiting times for claimants and they have improved volumes.

Q379 **Alex Burghart:** When do these contracts run out?

Janice Smethurst: The PIP contracts expire July 2019. The ESA contract expires February 2020.

Q380 **Alex Burghart:** Do you envisage the providers meeting their targets before the end of their contract?

Janice Smethurst: I fully expect that there should be no reason why the suppliers cannot meet those targets by the end of the contract.

Q381 **Chair:** Are you terrified, Janice, that if you actually said, "You have to meet your target" there would be no replacements there in the marketplace for the company you have sacked?

Janice Smethurst: The targets are there because the reality is we would all like these providers to deliver 100% quality in everything that they do, and that represents best value for not just the taxpayer but the right level of service for these claimants. The reality is we have human error and to allow 3% in the PIP contracts and 5% in the ESA contract is probably the right level of quality. We need to strive for 100%. The providers are under no uncertain terms about our expectation in that space.

Q382 **Chair:** Before I bring Steve and Neil in, for those expiry dates that you told Alex, are you preparing to get competition going by looking at which companies could pick up the contract quickly? Otherwise, why shouldn't they just go on as they are and then present themselves, Janice?

Janice Smethurst: For the Pick Me contracting, for example, we have been engaging with the marketplace and suitable providers for around the last 12 months. We have run a number of conferences with them, we have had one-to-one sessions so that they can share things in confidence with us, how might they deliver the services, their capacity, capability, expertise in delivering this type of service, but they are highly complex services.

Q383 **Chair:** There will be real competition for the contract, if not before, when the contract date expires?

Janice Smethurst: Certainly the marketplace has told us there are a number of suppliers who have said they will bid for these contracts when they go out.

Q384 **Steve McCabe:** I understand the point about the 3%, but if 60% of



HOUSE OF COMMONS

Capita's reports are an unacceptable standard, I would have thought the assessment report was a fairly crucial component of what you are doing. If 60% of their reports are unacceptable, don't you regard that as a failure?

Janice Smethurst: The latest statistics are that Capita are around 5% or 6%.

Q385 **Steve McCabe:** Yes, but where it is 60%, what happened at that point? Because by most people's standards, two-thirds would be a failure. I want to know what happened. If they are at 5%, great. How did they get there, what did you do?

Heidi Allen: If I could add on to that, when you were describing a few moments that they were getting better, none of them are getting better. Adam has just reminded me we got some statistics month by month. The statistics are getting worse not better, across the board.

Janice Smethurst: I will answer this question first. There was a decline in the quality of service in the PIP contracts around August time. The suppliers reacted and responded to that very quickly, supported by the Department, first of all, to try to find the root cause of what caused this decline in the quality. That work is ongoing.

When we do the independent audit, not just to the providers but to the independent healthcare provider: are they using too many abbreviations in their reports; are they not providing enough documented evidence for which the decision-maker can make a decision. All of that was fed back very quickly. Providers have put additional training in place and the latest statistics are showing that that quality now is coming back into line, so it is improving.

Q386 **Chair:** It has moved from what to what when you say it is improving?

Janice Smethurst: I need to come back to you on the absolute statistic, but it increased slightly. The quality declined slightly in August and it has started to come back down again closer to the 3%.

Q387 **Heidi Allen:** I have to say, as an ex-corporate animal who managed contracts and managed suppliers, suppliers who have had a contract for a long period should not suddenly be discovering flaws in their process halfway through, "Oh, crumbs, yes, we need to fix that, we will train people". This is an established business model. I do not speak for the Committee, but personally I do not accept that there can suddenly be new blips. They either understand the terms of their contract and their staff are trained accordingly or they are not. If they are not, and we are having random blips throughout the contract, that tells me they are not capable of delivery.

Janice Smethurst: One of the root causes when we see changes in the quality can often be tracked back to new recruits.

Heidi Allen: Then they are not training them properly.



HOUSE OF COMMONS

Janice Smethurst: We train the healthcare professionals significantly. All of their initial assessments are monitored, checked for accuracy, but sometimes people do not always get it right. What we are trialling at the moment is that some of the Departmental medical professionals, the doctors, were observing assessments in real time and feeding back in real time to the healthcare professional in order to get better quality and consistency in the report.

Q388 **Chair:** The target is 3% and last week's data show it is 8% total failure. That is pretty grim, isn't it? 8% of a million claimants is pretty big, isn't it?

Janice Smethurst: When we say that the report is not at the required standard, we have a number of remedies. The decision-maker, when they get that report, can call through to the provider to get clarification. We are also in the process of trialling healthcare providers in our operational teams to be able to provide real-time support and advice. If the decision-maker is not happy with that, they can return that report to the provider to be reworked. They will not make a decision on that case until they are happy with the quality of the report.

Q389 **Chair:** It is great that it is being picked up in that way, but it is deeply unsatisfactory, isn't it? Therefore, your search for new companies is really rather important. As we heard, they never hit their target.

Heidi Allen: It builds the case for audio or video recording of every single assessment as well, doesn't it? It helps everybody.

Sarah Newton: I want to be absolutely clear here about what Janice is saying. Of course it is not satisfactory that they are not meeting their targets, and there are huge amount of efforts to lean in and give them feedback so they can get up to the target, but the DWP decision-maker makes sure they have the right information before they make the decision. I do not think you can say that because the quality of the report is not how we would want it when it is initially submitted, that has a direct bearing on the outcome. As Janice has clearly said—

Q390 **Chair:** Every one of those reports that there is failure to, Sarah, does that go back and then come back to the decision-maker in perfect decision for them to make—

Sarah Newton: That is exactly the point Janice was making. That is why I wanted the clarification. The decision-maker will get their report, it will have abbreviations. It will not have medical terminology or other terminology to an appropriate standard for them to make their decision confidently, so they will phone up, they will seek clarification, they will send it back until they are satisfied that they have the right decision to make the best possible decision for the claimant.

Q391 **Chair:** We will ask you, if we may, Sarah—and it is totally unreasonable—do you have the figures now of, say, the 8% that would have been sent back? We would like a claimant journey of how many times it went back



HOUSE OF COMMONS

before those data became acceptable.

Sarah Newton: Absolutely.

Chair: It is the million number that troubles me throughout the whole of this, the size of the operation and, therefore, these Alice in Wonderland aspects keep coming in. I sympathise with you because I keep thinking, "What would I be doing with 1 million cases per year coming in?"

Q392 **Neil Coyle:** Janice, you mentioned the point about transparency and, Minister, you mentioned you are looking at the end-to-end process. DWP figures suggest that the assessments cost £579 million last year, £22 million for the mandatory reconsideration process and £103 towards tribunals and appeals. The DWP has also announced spending almost £4 million on presenting officers, so this is £700-million-a-year administration system for benefits that are worth between a maximum of £110 and £140 per week. How is this mugging of the taxpayer? That is destroying the lives of thousands of disabled people, fair?

Sarah Newton: First of all, I do not recognise what you say about mugging the taxpayer.

Neil Coyle: They are DWP figures.

Sarah Newton: What is really important is that we put the people who need these benefits at the centre of our decision-making. If you think about what we spend as a country, it is over £50 billion in benefits for people with health conditions or disabilities. It is important—

Q393 **Heidi Allen:** Some of that is unnecessary administration. That is the bit that I want to get at.

Sarah Newton: I was going to come to that, but obviously we are always looking to see how we can improve the processes so we make decisions accurately, as quickly as possible, so we do not have to go through mandatory reconsideration and appeals. The clearer and better the system is then you will see the costs in terms of administration will come down. That is what we are absolutely focused on with looking for improvements to the claimant's journey. I think the better the experience for the claimant, the better value it will be for the taxpayer.

Q394 **Neil Coyle:** You are talking about hundreds of thousands of people end up in the appeals process, and instead of dealing with the assessment process and improving the accuracy and fairness and collecting correct health and medical information up front, you are talking about spending an additional £4 million on presenting officers to go to those tribunals. Why not spend that money on getting the assessment process right?

Sarah Newton: It is not either/or. As I say, we are looking at improvements right from the first experience of the claimant right through to the end. I think having the presenting officers in the appeals process is a really important step we are taking to make sure that the best decision can be made in the tribunal.



HOUSE OF COMMONS

As Paul Gray said, he was hoping for more transparency in the process and I think this is one way we will get more transparency in the process. Also, it is a really good feedback loop. What Paul Gray was saying is he wants to see, when the system is not working properly, how that information is fed back to the people who can improve it. That is people in the DWP. That is also in our partner organisations. The more information we collect and we feed back to drive up standards that has to be a good thing.

- Q395 **Chair:** Sarah, I am going to have to move this on now, but before we leave this, when your colleagues report to us that 8% is unacceptable, that is 8% of a sample. It is not 8% of the total host group. The numbers going back to make them perfect are the 8% of the sample. Presumably the 8% of the rest of the host population is, what 80,000 a month or so, or a week? What is the number that go through every—of 1 million, I cannot do the sums, how many a month is it?

Janice Smethurst: About 80,000 a month of PIP assessments are done.

Chair: Over what timescale?

Janice Smethurst: 80,000 a month.

- Q396 **Chair:** A month. Of those, the sample of 1,000 shows that 8% are not acceptable. Those keep going back because you know they are not acceptable. What about the rest of the sample, which is 79,000, who presumably similarly have 8% unacceptable? They are going through, are they not? Of the 80,000, the 8%, that is not all of them, it is of 1,000.

Janice Smethurst: It is. We have a number of remedies. As I say, any assessment form that comes through to the decision-maker that the decision-maker is not happy with can be returned or reworked. In terms of the supplier, there are financial consequences for not meeting that 3% target, and we levy costs against them for not meeting that target. We extrapolate it across the whole.

Chair: We are going to probe you further, but in correspondence, because it is like treacle, to me anyway. I am not trying to be rude at all, but you have a sample and then we have 8% not satisfactory. We deal with the 8% of the sample. What about 8% of the 79,000 left?

- Q397 **Chris Stephens:** Minister, assessors and assessees come into the assessment from very different positions. The assessor will be familiar with the working environment or perhaps have done assessments on numerous occasions, having them returned and everything else. The person to be assessed may, however, have ill health or may not be familiar with the work environment, may feel as though they are under pressure in that stressful environment for them. Would you agree that people coming from those two different perspectives, when they have been through perhaps a one-hour assessment, will have very different perceptions of the experience they have just had?



HOUSE OF COMMONS

Sarah Newton: It is a really good question and I am going to answer that, but, Chairman, my colleague James Wolfe, in terms of the statistics, if today you want some clarity, is happy to give you that clarity or we of course will be more than happy to write to you. We have written lots of times now with the inquiries.

Q398 **Chair:** Very, very quickly, James, was I wrong in what I said?

James Wolfe: No. I think we are talking about two different things. There is a sample exercise in order to establish the percentage of unsatisfactory reports. The point we were trying to make is that effectively there is always a DWP decision-maker in the process. That is effectively a 100% not audit in the formal sense, but where every report is seen by a DWP assessor who then makes a judgment on whether or not they have sufficient evidence to make the decision. I want to point out that the costs—

Q399 **Chair:** Before you leave that, James—I am sorry the Committee has not involved you before—on this, each month of your 1,000 samples, 80 come up as unsatisfactory. I took it from what we were reading—obviously the Minister personally did not, but somebody made sure they went back within the Department to get them to be made perfect or acceptable. What I could not understand was what happened to the 79,000, of which 8% presumably, if the sample is any good, would similarly be unsatisfactory. It seems that you are relying on what are often quite junior officers to push back these decisions and say they are not acceptable.

James Wolfe: There are three stages to that process. First of all the decision-maker will look at the report and decide whether they think it is acceptable to make a decision. If the claimant is then not happy with that, there is mandatory reconsideration and then obviously there is appeal. Overall, 8% of cases end up going to appeal across both PIP and ESA. It does suggest that as well as the official sampling exercise to determine those numbers, I want to make the point that there are a number of further checks and balances in the system. It is not that those remaining cases just go through and are rubber-stamped.

Chair: I will not go through the questions now, but we will have some questions in correspondence for you, is that all right?

Sarah Newton: Yes.

Q400 **Chair:** Do you want to be reminded of the question, Sarah?

Sarah Newton: No, I am reminded of the question. Basically Chris was talking about how it is going to feel for the assessor and how it is going to feel for the person coming along to be assessed. The first thing I would say is that the people making these assessments are the people that when we go to our doctors or we go to hospital, these are people who will be working in the NHS. These are doctors and nurses, they are occupational therapists. They are paramedics. These people are—



HOUSE OF COMMONS

Q401 Chris Green: Essentially the point is whether or not you recognise that will have very distinct perceptions of what the experience they have is.

Sarah Newton: I absolutely agree, but, like the Committee, I have observed assessments. These are healthcare professionals who will go about their work, as we would expect of all healthcare professionals, to be compassionate, to try to make the patient, make the person who is in front of them, feel comfortable. I certainly observed that in the assessments that I saw. Then, as Paul Gray was talking about, particularly in PIP, the manner in which the questions are answered now reflect the changes that he recommended. People start talking about their lives, about how they can live their lives, how the conditions are impacting on them. It struck me as a very professional and empathetic experience.

Of course, somebody coming into that room—some people get petrified going to a doctor. Some people will be anxious about this and we understand that and we try everything we can to allay those concerns in our communications and explain to them what is happening. Of course, we do do independent research to look at that claimant experience. We published wave 1, now we have published wave 2 and we will have a third wave of research so that we can look at what the claimants are telling us so we can continuously improve that process. I do absolutely understand that different people are going to have very different feelings about that.

Q402 Chris Green: If someone is not receiving—after having gone in for an assessment, they regard the assessment as having reflected their life very poorly. There is plenty of evidence to say that a significant number of people felt they were not listened to during the assessment or a significant proportion of people, over 25%, thought that they did not have time enough to explain how their condition affected them. Would it not be useful to have objective evidence that both parties can look at, if necessary, of that assessment experience?

Sarah Newton: Yes. I think your question is driving at, isn't it, access to the written report at the end of the assessment and also recording of the assessments. In terms of availability of the written assessments—

Chris Green: Let's not go into the written assessment. I am driving at more of the way of recording.

Sarah Newton: I am happy to answer that question.

Q403 Chris Green: Just the objective point that if someone goes for an assessment that is perhaps a one-hour process, and is quite stressful, it would be quite useful for someone to be able to take that away and reflect more slowly, at leisure, on the actual experience and perhaps they can defuse many of their own questions and concerns. Is that a fair point?



HOUSE OF COMMONS

Sarah Newton: We are absolutely open to look at what more we can do to improve the experience. If you look at the satisfaction ratings of the claimants of those assessments, they are high. It is 89% satisfaction with that process. Of course, that is 11% of people, and the numbers are big, as we have heard. We will always be looking at what more we can do in that process.

Chris Green: Perhaps we need to reflect more on that 11%.

Sarah Newton: We will definitely be reflecting on that 11%. For example, people can have an assessment at home. If they are really anxious about coming to centre, they can. For people with severe health conditions, of course wherever possible we will make a paper-based system and they will not be called in for an assessment. On that direct point of audio recording, it is available on request but I do accept the criticism—

Q404 **Chris Green:** Was this the availability per centre?

Sarah Newton: Yes. It is not good enough, it is not good enough.

Q405 **Chris Green:** Could you tell me what it is per centre, what is the availability of recording equipment?

Sarah Newton: It is not good enough. Basically, people have to say in advance that they want it and then arrangements will be made for it to be made available. It is simply not good enough.

Q406 **Chris Green:** My understanding is it is less than one recording setup per centre, and you might have a multitude of assessment suites in the individual centre. Could you confirm, because there has been a bit of doubt on the different parts of the inquiry, is it or is it not a right for someone to have an assessment and for that recording equipment to be available?

Sarah Newton: Yes, people can request a recording.

Chris Green: Is it a right to have it?

Sarah Newton: Yes. They can request it. It is something that you request to have before you go and then they set it up.

Q407 **Chris Green:** My understanding, and I can probably get clarification here, is it is not a right. Is that right?

James Wolfe: I think the situation is slightly different for ESA and for PIPs. On ESA you can ask for a recording. The number of devices that CHT has reflects the fact that not many people choose to take up that right. That is something that does not necessarily mean it is the wrong thing to do and we should look into that. The situation with PIP is different. There is the opportunity for claimants to record the assessment but they do have to provide their own equipment.

Q408 **Chris Green:** It is not a right. Assessment centres do not always have



HOUSE OF COMMONS

the kit available, and since it is an option that can be provided, and if you have to get equipment from many miles away, perhaps that request would be turned down. In terms of individuals providing their own equipment and taking that option, how many people do you know who have a dual CD or dual audio recorder?

Sarah Newton: Can I answer the first question first and then I will come on to that one? I do not accept the fact that people will not be able to have their ESA interviews or assessment recorded. Obviously if you come across evidence in the course of your hearings that people have asked and they have been let down, then I would like to know about that, because that is something that our contractors are contracted to provide that. The amount of equipment that they have reflects how few people make the request.

On the second point, I think the technology is completely outdated. It is very difficult for people to bring this technology. I am not happy with this and I have responded in the Paul Gray response to state that we are looking at this further. I have just come from the Home Office, where we went through several years of looking at whether police officers should wear body-worn cameras, and a huge amount of debate about that, as you would imagine. It has proven itself to be extremely invaluable, both to the police officer and to the people that are interacting with the police officer.

Chair: Indeed, as it will be here, won't it?

Sarah Newton: I approach this with a very positive attitude towards wanting to record the assessments, because I think it will be of huge benefit to the person doing the assessment and to the person who is being assessed, in terms of accuracy, in terms of using the information.

Q409 **Chris Green:** The guidance at the moment in terms of audio recording equipment, if an individual is provide it themselves, is they would have to have a dual CD or a dual tape recorder. Do you know of anyone who owns that kit?

Sarah Newton: I have answered that question really directly. I do not think it is good enough. Personally I do not know any who does, no.

Q410 **Chair:** When is it all going to change, Sarah?

Sarah Newton: Yes, this is something that I am looking to change, yes, and I have made that commitment that I will be looking to change that. However, that requires a change in the terms of the PIP contract, which we are exploring and we are looking at further tests. We have done some tests and I have committed to further tests so that we will be able to do this.

Chair: James, do you want to add something quickly to that?

James Wolfe: I want to say two very quick things. The first is on PIP we do accept the process is extremely clumsy. There are examples of when



HOUSE OF COMMONS

it has been taken up and I think the Committee heard some earlier in its hearings, but obviously it is not an ideal process. The second was to clarify the figure that I gave, because it is important. The 89% that I quoted is people who felt that they were treated with respect and dignity during the assessment. The overall satisfaction level for the providers is over 90% of the assessment process.

Q411 Chris Green: Paul Gray in his evidence, when referring to audio recording equipment, referred to how it would improve standards, improve the audit, save money and improve trust in transparency. Surely there is a huge reason, a huge rationale, why it should be compulsory. Perhaps you do not issue, each and every time, people with a recording, but that option ought to be there.

Sarah Newton: I am absolutely exploring it. I take the point thoroughly about the benefits of this. I have drawn the analogies with the experience of police officers.

Chair: And the date, Sarah, to Chris's question?

Sarah Newton: Can I just state there are several issues I have to deal with here: consent, because not everybody will consent to that? We have to deal with the healthcare professionals and their professional codes of conduct. We are dealing with the Data Commissioner about the ability to do this. We are looking at the feasibility of the equipment and we are looking at renegotiating the contract. I would love to be able to say to you today that on 1 February it will all be in place. I have to go through all of those, which will require consultation to be able to deliver that. My commitment to you is that I am doing that work.

Q412 Chair: Will you name and shame those who make it difficult for you?

Sarah Newton: I like to work constructively to build a consensus so that we can move positively together to improve this process.

Q413 Chris Stephens: You referred to the contractors being healthcare specialists, but that is not the case, is it? We have already asked the contractors who they would be sent to if someone had multiple sclerosis and depression. Does the Department have an audit of the numbers and the contractors who have specialisms in, say, mental health and multiple sclerosis and anything like that?

Sarah Newton: What I did say was they were healthcare professionals, not healthcare specialists. The training here is about making a functional assessment, to use the professional language. These are not medical assessments; these are assessments that are looking at the impact of people's disability or health conditions on their ability to play their full part in society, whether that is to work or just to go about their daily living. The assessors are trained to undertake these functional assessments. It is the biosocial model that we use, as Paul Litchfield described. No two people are the same.



HOUSE OF COMMONS

Of course underlying medical conditions are taken into consideration. Those are captured in the form. The assessors have the ability, as they do, to call up a specialist doctor or to call up a GP to get more information. That information is there, but these assessments are about how the condition that somebody has impacts on their ability to live.

Q414 Chair: Given how important that last comment is might we suggest that you go back to all of these people you keep saying you have to consult? Might you say to them that within three months you want them to tell you why they should not carry out your wish for the recordings to take place?

Sarah Newton: I am sure the findings of the Select Committee are paid great attention to, not only by staff—

Chair: What about turning the tables the other way? Instead of why we cannot do it, why not say, "Please tell me within three months why you cannot comply with my wish that recordings will be made available to those who wish to facilitate that service"?

Sarah Newton: That is very much the approach that I am taking

Chair: You are doing that?

Sarah Newton: That is the approach that I am taking.

Chair: If we ask you in three months, we would get a reply?

Sarah Newton: You will.

Chair: Brilliant.

Q415 Neil Coyle: The Chair mentioned a week ago it was good news the Department has scrapped the 80% target for upholding initial assessment decisions. That is welcome news, but there is a challenge there in that that—Minister, you have acknowledged that a sufficient amount of independent medical information, among other things, was not provided at the initial assessment. Those 80% upholding of original decisions are upholding bad decisions. Between October 2015 and 2016 165,000 disabled people went through the mandatory reconsideration process, which means about 132,000 would be 80%. If they had gone to appeal, formal appeal, instead of MR, 63% of those cases are likely to have been won by the individual, which means 83,000 disabled people are out there right now who do not have the appropriate level of either ESA or PIP. What is the Department doing to review the bad decisions that it has upheld?

Sarah Newton: The core of your question is about medical evidence and not having all of the information—

Neil Coyle: No, the core of my question is that are you doing to contact people who have had bad decisions upheld. That is the core of my question.



HOUSE OF COMMONS

Sarah Newton: To get to that point I think we would start with what are we doing to make sure that that does not happen in the first place. That is making sure—

Q416 **Chair:** Neil is talking about the historic group of claimants who have been affected by the 80% rule. What are you doing to review that 80% week after week after week after week who were refused because that was the target exceeded by the Department?

Sarah Newton: I think James would like to answer that question.

James Wolfe: The first thing to make clear is that there was never a target of 80%. I fully accept that what we did was misunderstood and that is why we have withdrawn it. That was essentially an aspiration for how many correct decisions we should be making first time rather than a target for the mandatory reconsideration.

Having said that, if you look at what happens on appeal, the main reasons that decisions are overturned on appeal are around evidence that was not available to the decision-maker at the time of making the decision. The reason that is important is that that does not mean that the original decision-maker was wrong; it means that subsequent evidence has come to light.

That affects how we respond to your question, because what we need to do is make sure that we encourage people who have further evidence, or had a change since their original assessment decision, to tell us about that. It does not mean the original decision was wrong, but it does mean that we need to make sure people are aware that if something has changed they need to let us know.

Q417 **Chair:** The Department exceeded its aspiration, because aren't the figures something like, before your ruling, Sarah, 83%? Whether it was a command, an aspiration, whatever it was, that is what people were working to. We assume that the figures will be different now that you have lifted that. Departmental officials were doing this with a clear objective, "If I have five decisions to make today, I had better refuse four of them because that is what I am told". It was merely an aspiration, but whatever we call it, four of them would fail the mandatory reconsideration.

Neil is making the case what guarantee can you give, as a result of setting that aspiration, there are not huge numbers of people out there—because this is a cumulative total—who would have got a different decision at that point but who then fell out of the system? Nobody really understands the difference between that and an appeal. Who knows? Life is grim, so lots of people I think would have given up. What are you doing about the historic number, please?

James Wolfe: What I am saying is that I do not accept that our staff carrying out mandatory reconsiderations have looked at decisions that



HOUSE OF COMMONS

they believe to be wrong and then allowed them to go through on the basis of that.

Q418 **Neil Coyle:** Sorry, you have said that the reason decisions are upheld at a formal appeal is because insufficient medical information was provided previously that would have determined the decision. Instead of changing that ability to provide that medical information, and acknowledging that information was not there and the decision was wrong, you have had an aspiration to uphold an inaccurate decision, but you are doing nothing to contact the disabled people affected.

James Wolfe: With respect, what I said was they returned because new evidence had been provided that was not available to the original decision-maker. If there was insufficient evidence, as we have discussed already, then the assessor report is not up to scratch or whatever, but the main reason for overturn on appeals is because there is new evidence. The decision-maker had enough evidence to make a decision. There is now new evidence that potentially leads the tribunal to make a different to make a different decision. That does not mean that the original decision was wrong, based on the evidence the decision-maker had in front of them.

Q419 **Chair:** I am really anxious about the time. Would you do a sample, please, of those that failed under the old system, which thank goodness Sarah has abolished, just to see whether in fact those people who were knocked down at this stage of the process of mandatory reconsideration gained justice or not? As simple as that.

James Wolfe: We already have a process in place where we are looking at that.

Chair: I was asking the Minister, really.

James Wolfe: We already have a process in place to look at the outcome of mandatory reconsiderations.

Q420 **Chair:** We are asking for the historic group. An IOS clerk would have gone in, with, in my simple little head, "The Minister wants me to refuse four-fifths of claimants that I am considering today, so I will try to beat that to please her". That has gone.

Sarah Newton: James is saying that did not happen. I do not want to put words into his mouth, and forgive me, Chair, but I think he is saying that that did not happen.

Q421 **Chair:** If it did not happen, what is the resistance about doing a survey of this historic group so that we can all be satisfied that in fact justice was done, despite there being this aspiration for clerks to meet that failure rate?

Q422 **Neil Coyle:** I do think it is really important, the inaccuracy of some of the information recorded in the initial assessment. For example, I have a constituent who was recorded as having no communications issues when



HOUSE OF COMMONS

she has been registered deaf for 25 years. New information at the tribunal was stuff that should have been included in the assessment, should have been taken to account in the MR but was not. That survey is absolutely crucial to get to the bottom of the problem if you are doing—

Chair: I think that is more difficult to track, but mine is quite a simple request. For the historic group of claimants who fell at the mandated reconsideration hurdle, for whatever the reasons, whether it is aspirations or regulations, might you please look at a sample of this historic group to see, with what we now know, whether justice was done or not. Sarah, is that all right?

Sarah Newton: What we are going to do is write to you about what we do and how we look at the mandatory reconsiderations, to give you the assurance that you are seeking. Obviously it is a dialogue, isn't it? We are going to write to you about what we do to assure ourselves that we are making the right decisions, and you will come back to us.

Chair: I am not disputing you are improving in the future. I am disputing the large number, 3 million people or so if one looks historically, who were judged under the system. I do not understand who it worked but that is how it certainly looked from the outside.

Sarah Newton: We are going to write to you about this.

Chair: All right, that is really, really good. Neil and then Ruth.

Q423 **Neil Coyle:** There was a question around how do you share the outcomes of MRs and appeals with the contractors to try to improve their practice?

Janice Smethurst: We do not share that information. The providers have no part to play in the decision-making process.

Q424 **Heidi Allen:** Do you think that is a weakness in a contractual partnership? That is how you improve, by talking to each other.

Janice Smethurst: Any learning is fed back—I mentioned a few of these things a little earlier—to providers in terms of how they continuously improve the services that they deliver, whether it is around the assessment report itself or indeed supporting claimants that arrive at assessment centres and making that customer experience as positive as they possibly can. We have a number of feedback sessions. I have talked to you about our independent audit where we feed back to the providers, but also right down to individual healthcare professionals in terms of how they can improve their report writing.

Chair: We will come back to that in our report.

Sarah Newton: James would like to add something.

James Wolfe: Can I make one point on that, which is that we do provide the guidance that the assessors follow? If we identify a systemic issue,



HOUSE OF COMMONS

what we do then is we change the guidance and the assessors are aware that we have done that.

Chair: There is a feedback to that?

Sarah Newton: Yes.

Q425 **Neil Coyle:** How do you audit individual decision-makers who are DWP officials?

Sarah Newton: How do we audit our own decision-makers?

Neil Coyle: You just said that the contractors do not write the decisions, so how are you auditing individual decision-makers?

Sarah Newton: Within the DWP? Our quality assurance of our own staff. We have rigorous independent auditing of that.

Q426 **Neil Coyle:** Like the 80%.

Sarah Newton: Would you like to answer that question, James, what we do about quality assuring our own DWP decisions?

James Wolfe: I think we might have to include that in our written response.

Chair: All right, we will come back to that. Chris, a very, very quick one.

Q427 **Chris Stephens:** I think the people who watch these proceedings will be concerned that a decision is being made by an individual who has not seen the person, who does not have access to a recorder. What message would you give to those claimants who are frustrated at the process and think it is unfair when a decision-maker has not seen the individual?

Sarah Newton: I think that if you look at the overall claimant journey and the effort that we go to, to both quality assure and to ask the claimants themselves their experience, and our commitment to continuously improve it, that is one assurance I would give. Also the checks and balances in the system. If the claimant does not feel they got the right result, they have the mandatory reconsideration, which is, from their point of view, quite a straightforward procedure. It is quickly done. If they are still not satisfied, then there is the tribunal process to go through.

Although one decision wrong is one too many as far as I am concerned, we have to look at the overall here and see that 8% get to appeal and only half of those are upheld. There are lots of checks and balances all through the process, but I totally accept that individual person who should have got a benefit and who did not get a benefit, that is not good enough. That is what we are all working towards preventing from happening.

Q428 **Ruth George:** I want to explore that a little bit more in the claimants journey, because we had some evidence earlier this year from Heriot-



Watt and Napier Universities that work capability assessments are causing permanent harm to people's mental health. That is being backed up by many of the claimants who have submitted evidence to this Committee. What do you say to that?

Sarah Newton: I have not seen this evidence. I am sure through the Committee's report you will share this evidence with me. We have gone to a lot of lengths to ensure that the people undertaking the assessments have appropriate mental health training that everybody does, not if you are a nurse or a doctor or an occupational therapists, that people have had appropriate mental health training.

For people who have severe conditions, they are exempted from having a face-to-face interview. Of course, we do have home visits as well, so we try really hard to bear in mind the individual circumstances and how severe their conditions are, to make this as good a process as it can be. As a Government we have made huge strides in trying to raise awareness and de-stigmatise mental health, to invest in services to support people with mental health conditions. We are absolutely committed to doing that.

If you look at the amount of claims themselves in ESA and in PIP, some of the largest groups of people who are now a recipient of those benefits are people with mental health conditions. These are reforms we brought in to treat mental health and physical health equally and fairly, and understanding that some people both have physical and mental health issues that need to be supported and reflected in the system. We do put a lot of effort into getting this right.

As I say, is there more we can do? Of course there is going to be more we can do. Listening to the findings of this Committee, if we feel there is more we can do, we will take it. We have Mind and all sorts of excellent charities that we work with as partners that co-produce materials. They are constantly working with us on how we can improve the experience for claimants.

Q429 **Ruth George:** Thank you. I am afraid that in too many cases the experience of a wide range of claimants is not like that. Mind is saying that they have 22% of people who they support who say they cannot face going through the appeal process, which causes them to question the whole appeal process.

I met a very brave group of survivors of sexual violence in my own constituency, who told me in very harrowing details what the benefit assessment process does to them and their mental health. They are supported by Manchester Rape Crisis, who has submitted evidence to this Committee. Some of that evidence is that there are people curled up crying on the floor and that in assessments the assessor will simply not look at them but repeat questions to them. Do you think that is an appropriate way to support people with very serious mental health conditions?



HOUSE OF COMMONS

Sarah Newton: Obviously what you have described is deeply troubling and totally not acceptable at all. If that is what people have told you and that is how it has made them feel, that is not acceptable at all. We do want to make sure—as you quite rightly pointed out, there are vulnerable groups of customers and the DWP wants to give people a good customer experience. There are other groups of vulnerable people and we want to make sure we properly understand what is happening in their lives and how we can support them. Listening to the victims, who have been raped, any evidence that you have and you are going to put into your report about what more we can do to improve that journey is really important.

I know in the jobcentres we have specially designated people who are vulnerable customer liaison who have a lot of support with community organisations. A lot of our jobcentre managers will be well networked into charities that are supporting vulnerable people, or statutory services that are supporting vulnerable people to make sure that that claimant journey is as good as it can be. Clearly, listening to those examples must have been harrowing for you.

Q430 **Ruth George:** Nothing in comparison to what it has done to the claimants. One of the standard questions in the work capability assessment for people with serious mental health conditions who have had suicidal thoughts is, “Why haven’t you killed yourself, then?” Do you think that that is an appropriate question to assess somebody’s capability to work?

Sarah Newton: It is totally unacceptable for someone to say, “Why have you not killed yourself?”

Chair: Will there be action, Sarah?

Ruth George: It is a standard question.

Sarah Newton: Remember that in the assessment the assessors, because they have read the forms that they have been given with the medical conditions that people have or the disabilities of people and how they have described, they will tailor-make their questions according to the person in front of them.

Heidi Allen: I disagree with that, they do not do that at all. I have sat through assessments.

Ruth George: They do not. They are standard questions.

Heidi Allen: I have sat through more than one.

Q431 **Chair:** Will you take that away?

Sarah Newton: I will definitely take that away. This question, “Have you had suicidal thoughts” is a really important question?”

Chair: No, no, it is. “Why have you not acted on them” is the terrible thing.



HOUSE OF COMMONS

Sarah Newton: I totally agree with you there but I think it is important that we have a question about suicidal thoughts so we can safeguard—

Chair: We are not disputing that. It is the follow-through, saying, “Well, you did not, did you?”

Sarah Newton: I do not think that is right at all.

Q432 **Ruth George:** Can I ask one final question? The Work, Health and Disability Green Paper that came out at the end of last month has various areas for action listed in it. We have heard and welcome the fact that you are saying you want to reform work capability assessments and PIP assessments to support people with wraparound care. That is not one of the areas for action within that Green Paper. The only area for action regarding the benefit system is about helping people move into work, which is not appropriate in many cases.

Sarah Newton: I agree with that.

Ruth George: Is it going to be a priority and is it going to be written into Government priorities to reform this system and properly support people?

Sarah Newton: Can I say that we absolutely understand that not everybody can work and we must have a system that supports people who cannot work? We absolutely understand that. The Paper that we set out last week was a recommitment to reform the work capacity assessment. There is no lack of commitment to reform it.

In the Green Paper there was not a consensus as to how we should proceed. I think this is so important that it should be above party politics. As we have heard from Paul Litchfield and from Paul Gray, we need some fundamental thinking and a long-term plan. To do that we need all parties to get behind that. That does not mean to say in the short term we are not absolutely focused, day in and day out, on how we can improve the process.

Can I just say in that Paper we set out a lot of testing and learning, a lot of testing and learning, which we will be using to inform how we have a more holistic reform once we have the better evidence base and we can build a consensus for that reform.

Chair: Very good. We are going to come on to that, but before we do you have a newscast for us, have you?

Q433 **Heidi Allen:** I have had a text while I was sitting here from my constituency office. A constituent has called in who is a PIP assessor for Atos, saying that they are offered bonuses for completing more than four assessments per day, which means that often they are rushed. Is this something that you are aware of that this contractor is doing?

Sarah Newton: If I could ask Janice to go back to that contract.

Janice Smethurst: I am not aware, so I will take that away and respond to that in writing.



HOUSE OF COMMONS

Q434 Heidi Allen: They have offered to send through more details, so I can forward that on to you.

Just very quickly as a thought on mental health—sorry, I cannot help myself—we had a big debate and I am sure you have seen the previous sessions about whether the mental health professionals doing the assessments should be generic or doctors. From what we have heard, that reinforces to me at least that even if we do not believe that it should be GPs, and I am minded that perhaps GPs is not the answer, for physical health and mental health we have to split that and have specialists that understand one or the other. That seems to be an absolute no-brainer. Sorry, I had to say that.

Access to Work, everybody raves about it and think it is brilliant but not enough people get to hear about it. I have two questions. One, do you think it should be access to work experience, access to job interviews? Access to Work to me feels like you get the fuel for the car when you need it for the journey, not when you have reached your destination. People need assistance to get into work. Would you look at expanding the scope to that?

The second question is around whether the cap on Access to Work supports, for example, the deaf community, where we understand that the typical cost for somebody to help you with language interpretation, the cap does not cover that. It is two aspects.

Chair: Also, Sarah, those who are very, very disabled, who wish to work, whose package of help into work is huge but their numbers are not that great. We should be looking at those without any cap.

Sarah Newton: Can I go back to the first question, which is around what support we are giving people with health conditions, whether they are mental health conditions or physical health conditions or a combination of the two, or disabled people into work? Access to Work, you are right, is a really successful programme. More people every year are supported, 8% growth from last year. We do have more money to invest in that.

It is important to note it is not the only thing we do. People who are going into the jobcentre on ESA, of course they have that £330 million of support package there that is available. The job coaches in the jobcentre have discretionary pots of money. We are, as you know, rolling out the work and health contracts. They came live from December and the rest go live in January. That is £500 million as well. There is a range of support, and that would be to go directly to your point, helping people even to get to interviews, all the support they might need, not only in terms of a CV, but practice interviews, supported work experience, having a coach, all of those things.

Q435 Heidi Allen: What about the money to get them there, the transport woes?

Sarah Newton: Access to Work can provide funding to go to work. That is one of the things that can be funded. It is very discretionary. What we



HOUSE OF COMMONS

would like to do, though, is make sure that employers are stepping up and honouring their commitments to make reasonable adjustments, because all organisations have that responsibility. When somebody is applying to Access to Work we have a team of specialists who are looking at those applications and are often sometimes going back to employers and having those conversations about getting them to make reasonable adaptations.

Q436 Heidi Allen: That is after somebody has got a job. I am interested in the bit before they get the job offer.

Sarah Newton: Yes. Then they can get either Access to Work or they can get funding from these other programmes that are specifically there in addition to Access to Work, through the work coaches and, if their contractors, providing support.

Heidi Allen: That would cover taxis to job interviews, taxis to—

Sarah Newton: Yes, taxis to job interviews. It could be clothes; it could be a whole range of things to help people get on whatever support they need. It is completely flexible. Then there is Access to Work.

Going back to the point you raised about the cap, the desire for the cap was to make sure it provided as much help to as many people as possible but it was also fair. It is set as a ratio to average income. It is one and a half times the average income, so £43,100 is the cap that has been set. People who had packages that were above that, they have had a transition period and they are being helped to look at, for example, technologies, different approaches to bring the cost down.

There is about 200 people affected whose packages are above the cap. The Minister at the time when the cap was brought in said there would always be flexibility, there would always be a review as to what more we can do to support them. I have met myself with people affected through British sign language. There are people who at the moment their packages are above that cap. I have called a meeting in the Department and with MPs who have made representations with me on this, and with stakeholders, to look and see those affected by the cap and what more they can do to very much address the issue that the Chairman raised.

Q437 Heidi Allen: You are looking for alternative solutions?

Sarah Newton: Yes.

Heidi Allen: Thank you.

Q438 Chair: Maybe a group of us who are interested in employing the very disabled—employers will need a subsidy, they will need to have a buddy at work. It is not something transitional. They will need that for their working life. We would like to come and talk to you about how that might be achieved.

Sarah Newton: Already personal assistants are paid through by Access to Work. There are people that anybody would deem to have severe



HOUSE OF COMMONS

disabilities, at work. I have been inspired by some of the people that I have met and what they are contributing to society as a result of support from Access to Work.

Chair: On that hopeful spirit we are going to come and see you.

Sarah Newton: Yes.

Q439 **Alex Burghart:** This goes back to something we discussed briefly in the Westminster Hall debate the other day, which is about how Government can become more aware of the opportunities that exist for disabled people and the potential that they have. One of the things we want to look into as an activity is assistive technology, something that helps bridge the gap between the situation some people find themselves in and their employment opportunities. Is the Department looking into the role that assistive technology can play? I believe somebody made an announcement about Open Lab a few months ago. Could you tell us a little bit about where you are?

Sarah Newton: I welcome the fact the Committee is doing that inquiry and I am sure you will find it as inspiring as I do when I look into this whole area, and you will come up with some really good recommendations. Of course, this fourth industrial revolution that we are participating in at the moment potentially has huge benefits for people with health conditions and disabilities and I am determined to make sure that they are going to benefit from this huge opportunity that we are seeing at the moment.

My predecessor, and I am following on this work, has set up a whole series of leaders in particular industry that we work with. They pull together people in their sectors to make sure that we are always looking at accessibility in the widest sense of the word, including as many people as possible. It could be through software development, hardware development, and all sorts of practical steps that we can take. This is very much a cross-Government initiative.

The work that I am listening to that DCMS is doing, which Matt Hancock is doing, is really excellent in this area as well, the work that they are doing in the Department for Transport, where we have new, big civil engineering projects like HS2. Right from the design stage they are designing it to be inclusive. We are very ambitious as a Government to make sure we have as inclusive a society as we can possibly have and to make the most of the new opportunities we have identified in the industrial strategy and we know that are happening with AI and new assistive technologies that are coming on.

Q440 **Chair:** On this happy note, Sarah, what we hope to achieve in the future, so that you are well prepared for when these contracts fall in, on a very confidential basis—we have other things that have been given to the Committee—might we see sight of those contracts that will be up for renewal, please?



HOUSE OF COMMONS

Sarah Newton: I am not aware of all of the legal requirements of the contracting process to give you a straight answer. I know you meet regularly with the Secretary of State and I am sure that in your next meeting with the Secretary of State he can respond to that. He will have heard today of your request and I hope very much that we can find a way to enable you to do that, accepting that these are commercial contracting processes.

Chair: Absolutely, if you could prepare him.

Sarah Newton: I will.

Chair: Thank you very much. Thank you very much for the session, all of you.