Written evidence submitted by Dr Gail Allsopp (SVC0097)

Dear Debbie,

Thank you for your letter dated 17 January 2025 requesting some additional information, following the evidence session on 8 January.

In the evidence session we discussed the role of the Chief Medical Advisor, and I would like to provide a further explanation of my role to minimise any confusion. I hope the following information is helpful in answer to the questions raised by the Committee. The Chief Medical Advisor's work covers three key areas:

1. **Clinical policy**. This work uses clinical expertise to advise on policy work and changes from inception to implementation.
2. **Clinical governance**. This work is based on the seven pillars of clinical governance from the NHS which is the system by which the department can continuously monitor and improve the clinical quality of our services and safeguard high standards of clinical care.
3. **Clinical profession**. As Senior Responsible Officer for the department and clinical profession lead, I oversee the recommendations for revalidation of doctors and ensure the healthcare professionals within the department are able to meet their regulatory body requirements.

To answer the specific questions raised by the Committee:

Clinical governance policy review

When reviewing policies within the department, my role and that of my team is to look at them from a clinical policy perspective. Whilst we always think about clinical governance, clinical policy is a distinct speciality. My team works alongside policy professionals to ensure three areas are considered with any policy proposals.

- The clinical (both physical and mental health) and work & health impact of any proposed changes on the claimant
- The potential impact on the ability of the healthcare professionals undertaking the healthcare assessments to carry out their role
- The clinical governance implications and any potential impact on the NHS.

The Clinical Policy team is based within Social Security, Disability and Pensions Directorate. However, we work across the whole department. We are available for expert clinical, clinical policy, clinical governance or clinical profession advice when it is requested from any team. Typically, this is centred on disability benefits, work & health interventions and innovation & transformation, although our advice does extend into other areas. Examples include quality assurance of education materials with a clinical component, such as the Six Point Plan for work coaches; expert advice for legal colleagues; clinical insight and review of complaints and IPRs; and clinical advice for other teams across the department when a request is made, such as in the case of the Winter Fuel payments.

Safeguarding clinical lead role

Our clinical safeguarding lead is a doctor who undertakes this leadership role alongside their clinical policy advisory role. It is comparable to a safeguarding lead within a hospital. They oversee the department's clinical safeguarding policy, which applies to the health care professionals working for the department (approximately 200 within DWP and 5000 within our healthcare providers). The aim of the role is to provide safeguarding leadership for our health care professionals and to support the supervision of safeguarding leads within each clinical team at DWP. They also work with the safeguarding leads within the healthcare providers to ensure all healthcare professionals are working to the same safeguarding standards. They review the training for our healthcare professionals and liaise with experts from the NHS and across other government departments.

Mandatory training for health care assessors

The mandatory clinical safeguarding training for healthcare professions from September 2024 is at Level 3 (adult and child). This training is the same that healthcare professionals undertake in the NHS and we have an expectation that all healthcare professionals will have completed the training by September 2025. Compliance will be tracked on our clinical governance dashboard.

Work coaches are not trained healthcare professions, and as such there is not a professional requirement to achieve this Level 3 accreditation. There is, however, a requirement for frontline colleagues to apply core layers of support to provide the best service for all customers. The core layers of support are as follows:

- **DWP Frontline Operations**: All DWP colleagues are trained to help identify and support our most vulnerable customers. This includes mental health training, the ability to provide reasonable adjustments and, in the most serious cases where they may be a risk of self-harm, initiate a Six Point Plan.

- **Advanced Customer Support**: We also have Advanced Customer Support teams who offer more specialist support for those who may have a more unique requirement. This might mean we offer a home visit or other specialist support.
- **Learning from experience**: As you will be aware, unfortunately, on very rare occasions, we don't always get it right for our customers, so we have a process in place to embed that learning, improve our services and our customer experience. For example, DWP carries out a Customer Experience Survey every quarter which is used to identify areas of improvement. We have also implemented a Quality Assurance Framework, which sets out how the department will evaluate and improve the quality of our services to ensure our customers receive high standards of support. This framework has recently been expanded to include Advanced Customer Support Standards, which sets out how we identify and support customers experiencing vulnerability.

Barriers from a clinical governance perspective in moving people into work

Clinical governance is the system by which the department can continuously monitor and improve the clinical quality of our services and safeguard high standards of clinical care. There are seven pillars of clinical governance that relate to healthcare professionals which includes education and training, quality improvement/audit, clinical effectiveness, staffing and management, risk management, information governance and public/ service user involvement.

It is essential to consider clinical governance within any return to work programme that uses healthcare professionals (e.g. the employment and health discussion) or is embedded within the NHS (e.g. WorkWell) which improves the safety and continuous learning from these interventions. If clinical governance is considered at the beginning of a project, then it is beneficial to the programme. The main challenge is to ensure clinical governance is considered at the planning phase of any new intervention and is implemented alongside the intervention.

Substantial risk descriptor

This question relates to measures announced by the previous administration. On the 16 January 2025 the High Court found that the previous government's consultation on changes to the Work Capability Assessment failed to adequately explain their proposals and rationale, failing provide sufficient time for consultees to respond. In light of this judgement, we will reconsult on the WCA changes as part of the department's Green Paper in the spring which will bring forward wider proposals to reform the health and disability benefits system.

We recognise that the assessment of mental and physical health risk is very challenging. There can be multiple factors to consider, and the level of risk itself can be very dynamic, especially with mental health. We want to see a protective safety net for those who are acutely unwell with a mental health condition, while allowing those who would benefit from employment support and meaningful activity to be able engage with DWP and get the support they need. The right type of "good" work or meaningful activity is linked to better health and wellbeing outcomes and there is

evidence that even for people with the most severe and enduring mental health challenges, that with the right support better outcomes can be achieved. Individual Placement and Support (IPS) programme is a National Institute of Health and Care Excellence (NICE) recommended intervention to support those with severe mental health conditions to find and retain employment which has excellent results. The department, through our joint work and health directorate is already supporting the use of IPS.

I hope you find this reply helpful. Please express my thanks to members of the Committee for their interest.

I am copying this letter to the Minister of State for Social Security and Disability, Sir Stephen Timms.

March 2025