

OVERVIEW AND SCRUTINY BOARD

A meeting of the Overview and Scrutiny Board was held on 7 November 2013.

PRESENT: Councillors Brunton (Chair), Councillors Cole, Mawston, G Purvis (as substitute for Councillor J A Walker), P Purvis, P Sharrocks and Williams.

ALSO IN ATTENDANCE: C Livingstone, Senior Operations and Partnership Manager, Teesside Area, Department for Works and Pensions
Dr P Clasper, Clinical Manager, North East, Atos Healthcare Medical Services.

OFFICERS: J Bennington and E Pout.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Arundale, Dryden, C Hobson, McIntyre, Sanderson and J A Walker.

DECLARATIONS OF INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Councillor Brunton	Non Pecuniary	Agenda Item 3 - Welfare Reform in so far as it relates to Atos Healthcare - relative currently involved in process.

1 **THE IMPACT OF WELFARE REFORM IN MIDDLESBROUGH**

The Scrutiny Support Officer submitted a report the purpose of which was to outline evidence received so far on the topic of the impact of welfare reform and to introduce a number of senior representatives from the Department for Work and Pensions (DWP) and Atos Healthcare to provide information and discuss Work Capability Assessments.

In order to assist deliberations a series of questions as outlined in the report submitted had been circulated to all concerned prior to the meeting.

The Chair welcomed Dr Clasper (Clinical Manager, North East, Atos Healthcare Medical Services) and C Livingstone, Senior Operations and Partnership Manager, Teesside Area, DWP who was responsible for local Employment and Support Allowance (ESA) claims and assisting people into work. A PowerPoint presentation was given which provided an introduction and basis for discussion of Disability Assessments undertaken by Atos Healthcare on behalf of DWP.

Atos Healthcare provided independent medical assessments on behalf of DWP. Its team of healthcare professionals from a variety of medical backgrounds were approved by the Secretary of State and were specially trained to assess customers against Government set criteria. The role of Atos Healthcare included the checking of medical evidence before asking a customer for a face to face assessment, collecting further medical evidence from GPs and other health professionals required before providing advice and assessments to the DWP.

Disability assessments were conducted for people claiming a range of disability benefits including Employment and Support Allowance and Industrial Injuries Disablement Benefit. It was confirmed that in 2012 just under 1 million face-to-face medical assessments had been completed within Atos Healthcare's 148 assessment centres. Following Members' questions it was stated that although there was an average time slot of about 75 minutes each face-to-face assessment took as long it was necessary to provide and clarify the required information and could take a few hours.

An indication was given of comprehensive training, continual programme of internal and external audits to ensure standards in medical assessments and reports were maintained and further improvements to enhance delivery of service.

Although an IT support system was available to assist in the compilation of reports an

assurance was given that the healthcare professionals would provide advice to the Decision Maker as evidenced by Professor Harrington in his second independent review of the WCA.

Atos Healthcare professionals came from a range of medical backgrounds such as A & E, general practice and NHS Direct. Since the introduction of ESA a number of actions had been taken which included:-

- (a) Provided bespoke training for nurses on neurological conditions.
- (b) Introduced enhanced training modules on topics such as fluctuating conditions and handling of Further Medical Evidence.
- (c) Brought external medical experts in to present and discuss leading clinical thinking on areas such as mental health, cognitive impairment, suicide ideation, chronic pain, fatigue, cardiology and Post Traumatic Stress Disorder.
- (d) Introduced clinical supervision learning sessions to promote best practice.
- (e) Introduced Clinical Performance Leads to ensure closer performance management of HCPs.
- (f) Improved mentoring support for new entrants post training.

Members were keen to seek assurances concerning the compilation of lengthy detailed forms and acquiring accurate information from a customer to ensure a correct assessment. Dr Clasper confirmed the steps taken to ensure that appropriate information was provided and that key to such a process was good communication which was often a natural attribute of a nurse.

In response to Members' comments regarding anecdotal evidence of 80% assessments going to appeal Dr Clasper stated that such statistics were not recognised and he had not seen evidence of this. Reference was made to a review by Professor Harrington at a time when approximately 40% of appeals had been overturned and following which a number of changes were made to the process to ensure the most up to date medical information is available. The difficulty in compiling a form was to try and achieve the right balance in gaining appropriate accurate information without resulting in it being too complex and/or confusing.

An indication was given of the quality assurance which was built in using medical audits. Reports were rated at audit with an A, B or C grade. Over 20,000 national audits were randomly undertaken in the last 12 month period and the target was to achieve 95% of reports that were rated A or B a figure which was currently not being met. Dr Clasper indicated that although he did not have the specific information on the reasons for appeals being overturned he did confirm, however, that any recurring problems and emerging trends would be identified and dealt with as part of the annual training programme. Confirmation was given that appeals were heard by an independent person.

The service provided by Atos Healthcare was measured and monitored at a variety of levels including customer feedback. Although there was no target against the number of complaints received such figures were measured and quick action taken and any emerging trends acted upon accordingly.

The Board's attention was drawn to an overview of ESA which had been introduced in 2008 and was a package of personalised support for customers who were not working due to an illness or disability. The Work Capability Assessment (WCA) looked at a customer's functional ability and how it affected them. It looked at what a customer was capable of doing taking their condition into account.

The WCA consisted of:

The Limited Capability for Work which applied descriptors and scores for both physical and mental functional activities.

The Limited Capability for Work Related Activity which identified those people with the most severe levels of disability, termed the Support Group, such customers were entitled to a higher rate of ESA and were not required to engage in work focussed interviews.

Graphical information was provided which helped to demonstrate the responsibilities of Jobcentre Plus (JCP) and Atos Healthcare organisations as part of the overall process.

Once a customer's referral was raised by JCP on the Medical Services Referrals System an ESA50 questionnaire was sent out to the customer for completion and once returned was subject of a scrutiny process, a paper-based check carried out by a Healthcare Professional. The purpose of the check was to identify customers who met the criteria for Support Group and did not need to be called for a face-to-face assessment. The Healthcare Professionals would contact a customer's GP or other medical professional for further medical evidence to help in the scrutiny check if necessary. It was confirmed that if a customer did not return the questionnaire but had a mental health flag on the system the file was retained by Atos Healthcare and an appropriate appointment made with the customer. It was stated that about 9% of new ESA customers met the criteria for Support Group.

Customers who were not in Support Group and needed to have a face-to-face assessment were flagged in MSRS so that they could be contacted by the Atos Healthcare Virtual Contact Centre the role of which was to solely to make appointments. Any queries regarding entitlement to benefit or requests for copies of medical reports were forwarded to JCP.

Details were given of how the assessment was undertaken with the customer. The ESA assessment was a points system based on a set of activities that were divided into a number of descriptors. It was noted that no condition was an automatic support group. The role of the Healthcare Professional was to assess a customer's functional capability and how this affected their day-to-day activities. The assessment was compiled in a medical report forwarded to JCP Decision Maker. An assurance was given that Healthcare Professionals had no bias towards the decision.

In terms of access to an Assessment Centre it was stated that appropriate information was sent to customers regarding the location and if a non-ground floor centre was used an alternative ground floor centre, if available, would be offered if practical for the customer otherwise a home visit would be arranged.

In response to comments which had been raised with the Board regarding an increasing number of queries raised with various organisations by customers seeking help or clarification Dr Clasper reiterated that Atos Healthcare was not responsible for setting the policy or criteria and carried out the assessments within the required guidelines and in an impartial manner.

In discussing areas for future clarification it was considered that further information should be sought on the content and compilation of the customer questionnaire and the policies/guidelines of Work Capability Assessments.

ORDERED as follows:-

1. That the representatives be thanked for the information provided which would be incorporated into the overall review.
2. That a copy of the PowerPoint presentation be forwarded to Members of the Board.
3. That further evidence be sought from the Department for Works and Pensions on the areas identified.