



House of Commons

Committee of Public Accounts

Contracted out health and disability assessments

Thirty-third Report of Session 2015–16



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*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 17 March 2016*

The Committee of Public Accounts

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Publication

Committee reports are published on the Committee’s website at www.parliament.uk/pac and in print by Order of the House.

Evidence relating to this report is published on the [inquiry publications page](#) of the Committee’s website.

Committee staff

The current staff of the Committee are Stephen McGinness (Clerk), Dr Mark Ewbank (Second Clerk), George James (Senior Committee Assistant), Sue Alexander and Ruby Radley (Committee Assistants) and Tim Bowden (Media Officer).

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Contents

Summary	3
Introduction	4
Conclusions and recommendations	5
1 Performance for claimants	8
2 Approach to contracts	11
Formal Minutes	14
Witnesses	15
Published written evidence	15
List of Reports from the Committee during the current Parliament	16

Summary

For many years the Department for Work and Pensions (the Department) and its contractors have struggled to provide timely, high quality health and disability assessments to inform decisions about benefits or to help people on sick leave back to work. We are encouraged to see that the Department and its contractors have reduced backlogs and delays for claimants in receiving decisions, and are slowly improving the quality of assessments. However, contractors' performance still does not meet claimants', the Department's and taxpayers' expectations. There are particular concerns about the quality of assessments. As the Department increases the number of assessments to be completed by contractors it cannot afford to be complacent and must learn from past experience to ensure contractors are set challenging but realistic targets against which they are held to account. The Department also needs to develop a competitive market for health and disability assessments to ensure that there are sufficient credible bidders for contracts as they come up for renewal.

Introduction

The Department has increasingly used third-party contractors to provide health and disability assessments. In 2005, the Department awarded a contract to Atos Healthcare (Atos) for Incapacity Benefit and, from 2008, Employment and Support Allowance (ESA) assessments. After Atos requested to exit the ESA contract early, the Centre for Health and Disability Assessments (CHDA) a wholly-owned subsidiary within MAXIMUS, took over ESA assessments from March 2015. In July 2012, the Department signed three concurrent regional contracts to provide Personal Independence Payment (PIP) assessments: two with Atos and one with Capita Business Services Limited (Capita). In July 2014, the Department signed a contract with Health Management Limited (HML), a wholly-owned subsidiary within MAXIMUS, to provide the Fit for Work service in England and Wales. The Department and its contractors have reduced the backlogs that existed. Outstanding PIP assessments fell from 242,000 in mid-2014 to 57,000 in August 2015, and outstanding ESA assessments from 724,000 in early 2014 to 410,000 in August 2015. Over the 3 years from April 2015 to March 2018 the Department expects to spend £1.6 billion on contracts for around 7 million health and disability assessments.

Conclusions and recommendations

1. **There are unacceptable local and regional variations in the performance of the Department's contractors.** The overall number of outstanding health and disability assessments has fallen, but as the Department acknowledged, performance is not going well in every area. While it gathers regional information to help manage contracts, the Department does not publish information on local or regional performance, aside from how long it takes for contractors to return PIP assessments. Given this lack of transparency, claimants do not have a clear expectation of the service they can expect from the Department and its contractors. MIND, Citizens Advice and the Disability Benefits Consortium reported that delays and problems with the assessment process still create anxiety for claimants.

Recommendation: *By autumn 2016, the Department should publish quarterly national and regional data on contractor performance and average and maximum times to return both ESA and PIP assessments.*

2. **Claimants are still not receiving an acceptable level of service from contractors, with particular concerns for claimants with fluctuating and mental health conditions.** While the average time it takes PIP contractors to return assessments to the Department is now an acceptable four weeks, ESA assessments still take an average 23 weeks. MIND, Citizens Advice and the Disability Benefits Consortium considered that, despite claims being processed more quickly, the claimant experience is often poor. Citizens Advice noted that it had received some 30,000 inquiries about medical assessments in the last year and highlighted examples of unreasonable journey times—with individuals travelling up to 60 to 70 minutes—and double-booking of appointments. These witnesses also outlined concerns with assessors' inconsistent use of further evidence, and incomplete understanding of particular conditions, such as fluctuating and mental health conditions. Contractors are not required to employ doctors to undertake health and disability assessments. Generally, they rely on a range of health practitioners, such as nurses and occupational therapists, to undertake this work. Only MAXIMUS, with 186 doctors within its workforce of 1,251, recruits doctors to conduct assessments.

Recommendation: *As the previous committee noted in 2014, the Department needs to ensure that it, and its contractors, make the process easier for claimants and ensure it has well-trained, knowledgeable assessors who are sensitive to the complex issues that claimants are dealing with, particularly those with mental health conditions. We expect significant progress to be made within 12 months, when the Department should update the Committee.*

3. **Too many assessments do not meet the standard required.** The Department and contractors acknowledge that past performance has been unacceptable and noted their commitment to improving the quality of assessments. A significant proportion of the assessment reports sampled by contractors (ranging from 7% to 20%) do not meet the contractual standard required. Despite this, the Department only returns less than 1% of all assessment reports to contractors because they cannot be used to make a decision. The Department told us that telephone calls between their staff and contractors resolve many problems with assessment reports, but the impact of this on the process and the cost to the Department of resolving these issues is not clear.

The Disability Benefits Consortium considered that the speed of assessments, which has resulted in fewer examples of long delays, was being achieved at the expense of quality, exemplified by the fact that around 60% of appeal decisions are successful for both ESA and PIP.

Recommendation: *The Department and contractors need to develop a more complete and effective regime for monitoring and improving the quality of assessments. This includes ensuring contractors meet the required standards for reports.*

4. **The unit cost of assessments has increased, but there has been no noticeable benefit for claimants or taxpayers.** The Department expects to pay more to contractors as the volume of assessments increases—the cost of contracts is expected to more than double to £579 million in 2016–17. However, the cost per ESA assessment has also increased with a significant rise in cost per assessment from £115 to £190 under the recent contract. MAXIMUS told us it is difficult to compare its and Atos’s ESA contracts and the Department has claimed it is now a very different service. However, contractors are still not meeting expected standards and the first group of witnesses told us that there had not been any noticeable improvements since the new contractor took over. It is not yet clear that paying more per assessment will help deliver the outcomes that have so far eluded the Department for both ESA and PIP.

Recommendation: *To demonstrate value for money from increasing costs, the Department must show that these costs lead directly to better performance and outcomes. The Department should update the Committee in 12 months’ time on the actual costs incurred and service received.*

5. **The Department appears to have repeatedly misjudged what contractors can deliver and the uncertainties underlying what can be achieved.** In June 2014, the previous Committee recommended that the Department fully satisfy itself that assumptions made by third parties are correct and that it challenges inaccurate or exaggerated claims. Contractors told us that in signing contracts, they took responsibility for managing uncertainties and risks associated with delivering the process. However, Capita admitted that it had not got the PIP contract right and that critical assumptions had to be revisited. MAXIMUS confirmed that it would not meet the one million ESA assessment volume target in the first year of its contract. The Department and MAXIMUS indicated this was in part due to MAXIMUS assuming a lower training attrition rate during the early days of the contract. MAXIMUS regretted not pushing for greater flexibility over assumptions and the original PIP contracts did not allow for consideration of uncertain assumptions. We are concerned by the National Audit Office’s finding that the Department could not show it had challenged assumptions about staff attrition rates during training despite holding evidence that assumptions were optimistic.

Recommendation: *The Department must challenge the underlying assumptions used in bids using the experience it has now acquired of the contracts in practice and set out consistent principles for identifying and handling the uncertainty of critical assumptions during procurement and the contract itself.*

6. **There is a real risk to value for money if there is not a competitive market for health and disability assessments.** The Department's approach to contracting for assessments has varied with both regional and national contracts and the use of different costing structures. But the operational uncertainties associated with the contracts, such as how many claims can be completed, and past experience may deter future bidders. Atos paid to exit the first ESA contract early. The current ESA contractor expects to make a loss on the contract in the first year and one experienced bidder withdrew from the recent procurement process for the ESA contract. Neither Atos nor Capita would comment on whether they would consider re-bidding for PIP contracts. The Department told us it felt positive about finding multiple bidders when it prepares to renew contracts in summer 2016.

Recommendation: The Department should consider the merits of different commercial approaches, particularly those used in markets where competition has been limited, to ensure it is well-placed to deliver value for money if market interest falls.

1 Performance for claimants

1. On the basis of a report by the Comptroller and Auditor General we took evidence from the Department for Work and Pensions (the Department) and contractors responsible for providing health and disability assessments on behalf of the Department—MAXIMUS, Atos Healthcare Limited (Atos) and Capita Business Services Limited (Capita).¹ We also took evidence from representatives of organisations supporting claimants—MIND, Citizens Advice and the Disability Benefits Consortium.

2. The Department uses health and disability assessments to inform its decisions about benefits, or to help people on sick leave back to work. This includes both Employment and Support Allowance (ESA) and Personal Independence Payment (PIP) which 700,000 and 526,000 people made a claim for respectively in 2014–15.²

3. The Department has increasingly used third-party contractors to provide health and disability assessments. In 2005, the Department awarded a contract to Atos Healthcare (Atos) for Incapacity Benefit and, from 2008, Employment and Support Allowance (ESA) assessments. After the early termination of Atos's contract in 2015, the Centre for Health and Disability Assessments (CHDA) a wholly-owned subsidiary within MAXIMUS, took over ESA assessments. In July 2012, the Department signed three concurrent regional contracts to provide Personal Independence Payment (PIP) assessments: two with Atos and one with Capita Business Services Limited (Capita). In July 2014, the Department signed a contract with Health Management Limited (HML), a wholly-owned subsidiary within MAXIMUS, to provide the Fit for Work service in England and Wales. All these contracts are at different stages. The National Audit Office reported that the recent transition between ESA contractors went smoothly.³ Over 3 years from April 2015 to March 2018 the Department expects to spend a total £1.6 billion on contracts for an estimated 7 million assessments.⁴

4. The previous Committee considered the Department's management of ESA and PIP contracts. In 2013, it recommended the Department improve contract management, set more challenging quality targets and better enforce service credits.⁵ In 2014, it also recommended the Department challenges assumptions made by bidders and ensures it, and its contractors, provide an acceptable level of service to claimants whilst speeding up all stages of the process to tackle the backlog of cases.⁶

5. In 2014, the number of outstanding assessments increased for both ESA and PIP with claimants having to wait much longer than expected for an assessment.⁷ The Department has since reduced the number of outstanding assessments. In August 2015, 57,000 PIP assessments were outstanding, having fallen from 242,000 in mid-2014. The number of

1 [C&AG's Report, DWP: Contracted-out health and disability assessments, Session 2015–16, HC 609, 8 January 2016](#)

2 [C&AG's Report, para 1](#)

3 [Q 25, C&AG's Report, para 2.23](#)

4 [C&AG's Report, para 1, 3](#)

5 [Committee of Public Accounts' Report, Department for Work and Pensions: Contract management of medical services, Twenty-third Report of Session 2012–13, para 5, 7](#)

6 [Committee of Public Accounts' Report, Personal Independence Payment, First Report of Session 2014–15, HC 280, 9 June 2014, para 3, 5, 6](#)

7 [C&AG's Report, para 1.8](#)

outstanding ESA assessments fell from 724,000 in early 2014 to 410,000 in August 2015, of which 280,000 could be determined as a backlog.⁸ MAXIMUS told us that subsequently it had reduced outstanding assessments further.⁹

6. The Department accepted that although the number of outstanding assessments was falling, performance was not consistent across the country and national data did not present the full picture. The Department told us that it collected information on what was happening locally, such as volumes of assessments completed, which it used to assess contractor performance.¹⁰ As part of its quarterly statistical release, the Department publishes regional data on the time taken to complete PIP assessment reports. It does not publish data for other metrics or ESA assessments.¹¹

7. The previous Committee recommended that contractors speed up the assessment process by minimising delays and travel times, making home visits when arranged, improving administrative processes and providing better information to claimants. Contractors were now completing assessment reports more quickly. In August 2015, PIP contractors took an average of 4 weeks to complete assessment reports, significantly better than the 29 weeks in mid-2014, and ESA assessment reports were taking 23 weeks compared to 29 weeks in September 2014.¹² However Citizens Advice, Disability Benefits Consortium and MIND, and other written evidence we received referred to examples of claimants continuing to receive a poor level of service. These included: claimants faced with unreasonable journey times of up to 60 to 70 miles; appointments being over-booked; and ¹³ delays and problems with the process which created anxiety, stress and undue financial hardship for claimants.¹⁴ Citizens Advice noted that it had received some 30,000 inquiries about medical assessments in the last year.¹⁵

8. The Citizens Advice, Disability Benefits Consortium and MIND expressed concern over how assessors requested and considered additional evidence as part of the assessment process and shared examples of assessors not appearing to have the knowledge or qualifications to assess certain conditions or communicate with certain individuals, particularly those with mental health or fluctuating conditions.¹⁶ Contractors recruit and train Mental Health Function Champions who are registered mental or learning disability nurses with experience as assessors. They provide additional support to their colleagues when dealing with more complex cases.¹⁷ Atos told us that it did not employ doctors to work on its PIP contract; it employed “nurses, nurse practitioners, occupational therapists and a range of health professionals, all of whom have a minimum of two years’ qualification in their field.” Similarly, Capita noted that it did not employ doctors to carry out PIP assessments and that 75% of its healthcare professionals were nurses. MAXIMUS told us that it did recruit doctors to conduct assessments and that it had 186 doctors within

⁸ [Qq 64, 84, 90; C&AG’s Report, para 1.8, 1.12](#)

⁹ [Q 128,](#)

¹⁰ [Qq 90, 94, 145](#)

¹¹ [Qq 146, 147, 151](#)

¹² [C&AG’s Report, para 1.12](#)

¹³ [Qq 1, 9](#)

¹⁴ [Qq 9, 15; Citizens Advice Epsom and Ewell \(HDA0010\) para 3.3, 4.1; Citizens Advice Camden submission \(HDA0058\) para 4; Scope, submission to Work and Pensions Committee inquiry Benefit Delivery, \(BFD0172\) para 9, 24.](#)

¹⁵ [Q 1](#)

¹⁶ [Qq 1, 4, 24; Citizens Advice Epsom and Ewell, para 3.4; Sense \(HDA0054\), para 2, 4, 5; National Deaf Children’s Society \(HDA0028\), para 6, 7; Harriett Townsend \(HDA0050\), para 7, 33](#)

¹⁷ [Q 134, Q 141, Q 143, Atos \(HDA0059\)](#)

its total workforce of 1,251. The Department noted that its doctors, who were the medical professionals in charge of the definitions used in assessments, did not consider that assessments had to be undertaken by doctors rather than other healthcare professionals.¹⁸

18 [Qq 133, 139, 141, 144](#)

2 Approach to contracts

9. Prior to sending assessment reports to the Department for a decision, either the contractor or the Department assesses the quality of a sample of reports. Poorly written and presented assessment reports, alongside those unsupported by evidence will not meet quality standards. Quality remains poor with only 13% of targets for ESA and PIP assessment reports meeting the contractual quality standard between September 2014 and August 2015 with the proportion of assessment reports not meeting quality standards ranging from 7% to 20%.¹⁹ The Department told us mistakes mainly related to report decisions not corresponding to the evidence rather than spelling mistakes. The Department and contractors apologised for not meeting quality standards and told us that they were committed to improving quality and achieving targets. They told us performance had improved since the National Audit Office report.²⁰

10. Alongside quality audits, the Department monitors the percentage of all assessment reports it returns to contractors as they cannot be used to make a decision. Contractors met this target in the 12 months to July 2015: only 0.06% of ESA assessment reports were returned and 0.19% of PIP reports.²¹ The Department noted that most issues with assessment reports would be resolved over the phone, removing the need to return the reports to contractors. The Department does not monitor where it queries rather than returns reports and therefore does not penalise contractors in these cases. Neither does the Department monitor where claim decisions are overturned by HM Courts and Tribunals Service on appeal following concerns over assessment quality. The Disability Benefits Consortium considered that the speed of assessments was being achieved at the expense of quality.²² Between July and September 2015, only 40% of 13,584 PIP decisions and 41% of 11,347 ESA decisions were upheld at appeal.²³

11. The previous Committee recommended that the Department should adopt a more active and rigorous approach to contract management.²⁴ The Department told us that it has changed its approach to contract management, now working more closely with contractors, and has strengthened performance management.²⁵ It has invested heavily, increasing its team from 48 people in 2013 to 80 in 2015.²⁶

12. The Department now also pays more to contractors for providing assessments—the cost of assessment contracts is expected to more than double from £275 million in 2014–15 to £579 million in 2016–17 as, for example, the Department increases the number of assessments.²⁷ The estimated cost per ESA assessment has also increased from £115 under the old contract with Atos to £190 with MAXIMUS.²⁸ MAXIMUS noted that it was difficult to compare the earlier and later ESA contracts, given their requirement to carry out more time-consuming face-to-face assessments, and the Department said it was

19 [C&AG's Report, para 1.13](#)

20 [Qq 49, 57, 95, 98, 102, 103, 104, 107](#)

21 [C&AG's Report, para 1.14](#)

22 [Qq 1, 24, 109, 113](#)

23 [Ministry of Justice, Official Statistics, *Tribunals and gender recognition certificate statistics quarterly: July to September 2015*](#)

24 [Committee of Public Accounts' Report, Department for Work and Pensions: Contract management of medical services, Twenty-third Report of Session 2012–13, para 5](#)

25 [Qq 94, 127; C&AG's Report, para 13](#)

26 [C&AG's Report, para 2.4, Figure 15](#)

27 [C&AG's Report, para 1.6](#)

28 [C&AG's Report, para 1.15, 1.16](#)

buying a different service.²⁹ MAXIMUS has struggled to meet contractual performance expectations, in particular quality and assessment volume targets.³⁰ It told us it would not meet the volume target in the first year of the contract (2015–16), but committed to doing so in the second.³¹ The Disability Benefits Consortium, supported by written submissions, told us it has not yet seen service improvements since MAXIMUS took over.³² MAXIMUS maintained that over time value for money on an assessment basis would increase.³³

13. Through its contracts, the Department passed to contractors many of the risks associated with the operational process. This included recruiting assessors and estimating how long assessments take, which were uncertain assumptions at the time of the contract.³⁴ Atos, Capita and MAXIMUS told us that assumptions-based contracts such as these were risky, particularly as PIP was a new benefit and ESA an ambitious programme.³⁵ In its latest ESA contract, the Department shared the risk of cost variations with MAXIMUS. It took more of the uncertainty in the riskier first year, splitting additional costs and savings 80:20, then 50:50 in subsequent years.³⁶ Atos, Capita and MAXIMUS acknowledged that by signing contracts, they agreed to provide the assessments.

14. Assumptions made by the Department and contractors have not always been well-judged. Capita told us that it did not get the costing for the PIP contract right. Since then, it had reworked its assumptions to reflect better the time required to conduct assessments. In the original contract, there was no scope for allowable assumptions (where both parties acknowledge that estimates are uncertain and may change). Atos told us some key assumptions were found not to be sustainable, but past experience conducting ESA assessments helped it understand the tolerance it needed around expected assumptions³⁷

15. MAXIMUS confirmed it would not meet its target for completing 911,000 ESA assessments in 2015–16, the first year of the contract, but expected to meet its volume target in year two. Both MAXIMUS and the Department explained that it had taken much longer than expected to increase the number of assessors. MAXIMUS accepted it had signed an assumptions-based contract, although in hindsight wished it had negotiated an allowable assumption to cover the retention rate of new healthcare professionals.³⁸

16. The previous committee recommended that the Department challenge claims made by contractors in their bids.³⁹ However, the National Audit Office found that the Department allowed bidders to make assumptions it knew were difficult to achieve.⁴⁰ We questioned the Department on whether it had adequately challenged bidders, particularly in terms of staff retention rate during their training period.⁴¹ Maximus noted that it had

29 [Q 47; C&AGs Report, para 1.17](#)

30 [C&AG's Report, para 1.13](#)

31 [Qq 57, 67](#)

32 [Q 15; Citizens Advice Camden \(HDA0058\) para 3](#)

33 [Q 47](#)

34 [Qq 42, 47, 62; C&AG's Report, para 2.28, figure 12](#)

35 [Qq 58, 59, 60, 62](#)

36 [Qq 52, 53, 54](#)

37 [Qq 43, 44, 61–63](#)

38 [Qq 47, 58, 59, 67, 73](#)

39 [Committee of Public Accounts' Report, *Personal Independence Payment, First Report of Session 2014–15*, HC 280, 9 June 2014, para 6](#)

40 [C&AGs Report, para 14](#)

41 [Qq 73, 35, 36,](#)

put in place measures to improve retention and that it was now achieving retention rates of around 80% over the first 90 days compared to around 50% at the start of the contract. These are both well below MAXIMUS' initial 95% assumption.⁴²

17. The previous committee concluded that the Department needed to develop a competitive market to ensure it achieves value for money across contracted-out health and disability assessments.⁴³ All the current contractors highlighted the riskiness of contracts in this area, given the Department's ambitions and the uncertainties associated with new benefits.⁴⁴ Uncertainties could include how long assessments take to complete, the proportion of staff that complete training and how many claims are made.⁴⁵

18. In early 2015 Atos paid to exit its ESA contract, just a few months before the contract ended. Atos told us the contract was not working for claimants, the Department or itself.⁴⁶ The current contractor, MAXIMUS, does not expect to make a profit during its first year and in November 2015 announced a lower than expected earnings outlook.⁴⁷ During the ESA procurement process, one experienced contractor withdrew, leaving just two bidders.⁴⁸ We challenged the Department on the adequacy of interest and it claimed that two bidders represented healthy competition and resulted in a good price.⁴⁹

19. From summer 2016, the Department needs to start thinking about how it will procure ESA and PIP assessments once the current contracts expire.⁵⁰ Over recent years, its approach has varied with both regional and national contracts and different contract structures.⁵¹ We asked contractors about the future but neither Atos nor Capita would comment on whether they wanted to continue to be involved. The Department told us it felt positive about finding multiple bidders when it prepares to renew contracts.⁵²

42 [Q 76; C&AG's Report 2.32](#)

43 [Committee of Public Accounts' Report, Department for Work and Pensions: Contract management of medical services, Twenty-third Report of Session 2012–13, para 4](#)

44 [Qq 59,](#)

45 [C&AG's Report, Figure 23](#)

46 [Qq 25, 26, 48](#)

47 [Qq 171, 127; C&AG's Report, para 2.39,](#)

48 [C&AG's Report, para 2.32](#)

49 [Q 69](#)

50 [C&AG's Report, para 2.42](#)

51 [C&AG's Report, paras 2.28, 2.38](#)

52 [Qq 84, 88](#)

Formal Minutes

Thursday 17 March 2016

Members present:

Meg Hillier, in the Chair

Deidre Brock	Nigel Mills
Chris Evans	David Mowat
Caroline Flint	Stephen Phillips
Kevin Foster	Karin Smyth

Draft Report (*Contracted out health and disability assessments*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 19 read and agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

Resolved, That the Report be the Thirty-third Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Monday 21 March 2016 at 3.30pm]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 3 February 2016

Question number

Tom Pollard, Policy and Campaigns Manager, MIND, **Rachael Badger**, Head of Policy for Families, Welfare and Work, Citizens Advice, and **Phil Reynolds**, Co-Chair, Disability Benefits Consortium

[Q1–24](#)

Robert Devereux, Permanent Secretary, **Nicole Kett**, Director for Health Services, Department for Work and Pensions, **David Haley**, Client Executive, Personal Independence Payment, Atos, **Chris Stroud**, Divisional Managing Director, Capita, and **Leslie Wolfe**, General Manager, MAXIMUS UK

[Q25–176](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

HDA numbers are generated by the evidence processing system and so may not be complete.

- 1 Advice Nottingham ([HDA0007](#))
- 2 Atos ([HDA0059](#))
- 3 Citizens Advice Camden ([HDA0058](#))
- 4 Greenwich Mind ([HDA0018](#))
- 5 Hertfordshire County Council Money Advice Unit ([HDA0057](#))
- 6 Miss Christina Brown ([HDA0010](#))
- 7 Mrs Harriet Townsend ([HDA0050](#))
- 8 Sense ([HDA0054](#))
- 9 The National Deaf Children's Society ([HDA0028](#))
- 10 West Norfolk Disability information Service (WNDiS) ([HDA0012](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2015–16

First Report	Financial sustainability of police forces in England and Wales	HC 288 (Cm 9170)
Second Report	Disposal of public land for new homes	HC 289 (Cm 9170)
Third Report	Funding for disadvantaged pupils	HC 327 (Cm 9170)
Fourth Report	Fraud and Error Stocktake	HC 394 (Cm 9190)
Fifth Report	Care leavers' transition to adulthood	HC 411 (Cm 9190)
Sixth Report	HM Revenue & Customs performance 2014–15	HC 393 (Cm 9190)
Seventh Report	Devolving responsibilities to cities in England: Wave 1 City Deals	HC 395 (Cm 9190)
Eighth Report	The Government's funding of Kids Company	HC 504 (Cm 9190)
Ninth Report	Network Rail's: 2014–2019 investment programme	HC 473 (Cm 9220)
Tenth Report	Care Act first-phase reforms and local government new burdens	HC 412 (Cm 9220)
Eleventh Report	Strategic financial management of the Ministry of Defence and Military flying training	HC 391 (Cm 9220)
Twelfth Report	Care Quality Commission	HC 501 (Cm 9220)
Thirteenth Report	Overseeing financial sustainability in the further education sector	HC 414 (Cm 9220)
Fourteenth Report	General Practice Extraction Service	HC 503 (Cm 9220)
Fifteenth Report	Economic regulation in the water sector	HC 505
Sixteenth Report	Sale of Eurostar	HC 564
Seventeenth Report	Management of adult diabetes services in the NHS: progress review	HC 563
Eighteenth Report	Automatic enrolment to workplace pensions	HC 581
Nineteenth Report	Universal Credit: progress update	HC 601

Twentieth Report	Cancer Drugs Fund	HC 583
Twenty-first Report	Reform of the rail franchising programme	HC 600
Twenty-second Report	Excess Votes 2014–15	HC 787
Twenty-third Report	Financial sustainability of fire and rescue services	HC 582
Twenty-fourth Report	Services to people with neurological conditions: progress review	HC 502
Twenty-fifth Report	Corporate tax settlements	HC 788
Twenty-sixth Report	The Common Agricultural Policy Delivery Programme	HC 642
Twenty-seventh Report	e-Borders and successor programmes	HC 643
Twenty-eighth Report	Access to General Practice in England	HC 673
Twenty-ninth Report	Making a whistleblowing policy work: progress update	HC 602
Thirtieth Report	Sustainability and financial performance of acute hospital trusts	HC 709
Thirty-first Report	Delivering major projects in government	HC 710
Thirty-second Report	Transforming contract management: progress review	HC 711
First Special Report	Unauthorised disclosure of draft Report in the previous Parliament	HC 539
Second Special Report	Network Rail's 2014-2019 investment programme: Office of Rail and Road Response to the Committee's Ninth Report of Session 2015–16	HC 905