

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT

Fifth Delegated Legislation Committee

DRAFT PNEUMOCONIOSIS ETC. (WORKERS'
COMPENSATION) (PAYMENT OF CLAIMS)
(AMENDMENT) REGULATIONS 2022

DRAFT MESOTHELIOMA LUMP SUM PAYMENTS
(CONDITIONS AND AMOUNTS) (AMENDMENT)
REGULATIONS 2022

Wednesday 23 February 2022

No proofs can be supplied. Corrections that Members suggest for the final version of the report should be clearly marked in a copy of the report—not telephoned—and must be received in the Editor’s Room, House of Commons,

not later than

Sunday 27 February 2022

© Parliamentary Copyright House of Commons 2022

This publication may be reproduced under the terms of the Open Parliament licence, which is published at www.parliament.uk/site-information/copyright/.

The Committee consisted of the following Members:

Chair: DR RUPA HUQ

Abbott, Ms Diane (<i>Hackney North and Stoke Newington</i>) (Lab)	† Long Bailey, Rebecca (<i>Salford and Eccles</i>) (Lab)
† Afriyie, Adam (<i>Windsor</i>) (Con)	† Madders, Justin (<i>Ellesmere Port and Neston</i>) (Lab)
† Bhatti, Saqib (<i>Meriden</i>) (Con)	† Smith, Chloe (<i>Minister of State, Department for Work and Pensions</i>)
† Brereton, Jack (<i>Stoke-on-Trent South</i>) (Con)	† Smith, Henry (<i>Crawley</i>) (Con)
† Drummond, Mrs Flick (<i>Meon Valley</i>) (Con)	† Stephens, Chris (<i>Glasgow South West</i>) (SNP)
† Fletcher, Nick (<i>Don Valley</i>) (Con)	† Warman, Matt (<i>Boston and Skegness</i>) (Con)
Fuller, Richard (<i>North East Bedfordshire</i>) (Con)	† Williams, Hywel (<i>Arfon</i>) (PC)
† Greenwood, Lilian (<i>Nottingham South</i>) (Lab)	Chloe Freeman, <i>Committee Clerk</i>
† Johnson, Gareth (<i>Dartford</i>) (Con)	† attended the Committee
† Leadbeater, Kim (<i>Batley and Spen</i>) (Lab)	

The following also attended, pursuant to Standing Order No. 118(2):

Rodda, Matt (*Reading East*) (Lab)

Fifth Delegated Legislation Committee

Wednesday 23 February 2022

[DR RUPA HUQ *in the Chair*]

Draft Pneumoconiosis etc. (Workers' Compensation) (Payment of Claims) (Amendment) Regulations 2022

2.30 pm

The Chair: Before we begin, I remind hon. Members to observe social distancing and to wear masks—apart from me, as I may have to speak at any moment. On Thursday, that guidance might change again, but that is what it says now.

The Minister of State, Department for Work and Pensions (Chloe Smith): I beg to move,

That the Committee has considered the draft Pneumoconiosis etc. (Workers' Compensation) (Payment of Claims) (Amendment) Regulations 2022.

The Chair: With this it will be convenient to consider the draft Mesothelioma Lump Sum Payments (Conditions and Amounts) (Amendment) Regulations 2022.

Chloe Smith: It is a pleasure to serve under your chairmanship, Ms Huq. Congratulations on joining the Panel of Chairs.

Important improvements in health and safety have restricted the use of asbestos and provided a much safer environment for those handling it. However, the legacy of its widespread use is of course still with us, with people starting to suffer many years—normally, decades—after exposure, when they can develop serious and often fatal diseases, such as diffuse mesothelioma. That long latency period can make it difficult for those affected, or their families, to bring a successful claim for civil damages—for example, because their former employer may simply no longer exist. They can, however, still claim compensation, through two schemes that aim, where possible, to ensure that people with diseases prescribed in regulations receive compensation in their lifetime, without having to wait for the outcome of civil litigation, which can take a long time.

There is the Pneumoconiosis etc. (Workers' Compensation) Act 1979 scheme, which provides a lump sum to people who have one of five dust-related respiratory diseases, including diffuse mesothelioma, and who cannot claim damages from an employer because they have gone out of business. Rates are based on the level of the disablement assessment and the age of the person at diagnosis. There is also the 2008 mesothelioma lump sum payments scheme, established by the Child Maintenance and Other Payments Act 2008. That scheme was introduced to provide compensation to people with diffuse mesothelioma who could not claim compensation under the 1979 Act—for example, because they were self-employed or their asbestos exposure was not due to their work. Again, payments for mesothelioma are made at the 100% disablement rate and based on age, with the highest payments going to the youngest people with the

disease. Under each scheme, a claim can be made by a dependant if the person with the disease has passed away. Overall, 2,670 awards were made across both schemes in 2020-21, with the awards totalling £42.4 million.

Chris Stephens (Glasgow South West) (SNP): The Minister mentioned dependants. Consistently, both Opposition parties have raised the issue of the big disparities in compensation payments between sufferers and dependants, and we got a commitment from the Minister's predecessor last year that the Government would look at that issue and look at providing an equality impact assessment on these benefits. Can this Minister please update us on that and what progress has been made to address the disparities between sufferers and dependants?

Chloe Smith: I can provide a very brief update. In the context of these regulations, that matter is not included, so it is not directly a matter for the Committee, but I am very much aware of the argument about equalisation. I am equally aware of the commitments that my predecessor gave, so with the Committee's leave I will write to the hon. Gentleman to give him a little more detail, which goes beyond the scope of the regulations that we have here today.

The regulations increase the value of the lump sum awards payable under both schemes, which stand apart from the main social security benefits uprating procedure. Although there is no statutory requirement to increase the rates of these compensation schemes, I am maintaining the approach taken by my predecessors and increasing lump sum awards by the consumer prices index—3.1%, as of September 2021. That is in line with the rate increase to the industrial injuries disablement benefit and the other disability benefits made as part of the main benefit operating provisions. The new levels will be paid to those who meet all the conditions for entitlement for the first time on or after 1 April this year.

I want to briefly mention further rule changes that we will make to support the end of life—sometimes known as the special rules for terminal illness. The Department certainly recognises the challenges that an individual, their friends and family face when they receive a terminal diagnosis. Supporting people in that difficult situation is, of course, crucial: that is why we have special rules for the end of life—to ensure that financial support can be provided as quickly as possible. These rules provide simple and fast access to benefits.

In July last year, we announced the intention to replace the current six-month rule for determining who could claim under those special rules with a 12-month end of life approach. That eligibility would then be consistent with current NHS end of life practice. Shortly, the Department plans to amend legislation to implement that change across five benefits, beginning with universal credit, alongside employment and support allowance. That will be followed, as soon as parliamentary time allows, by changes to the attendance allowance, the disability living allowance and the personal independence payment.

I will now touch on other support provided by the NHS for people with respiratory disease. As well as ensuring that financial compensation for the schemes is available, the Government are also focusing on and

investing in support, protection, diagnosis, treatment and research. We also entirely acknowledge that the last two years have been a particularly challenging and worrying time for people with chronic respiratory conditions, which is why we prioritised people with such conditions and other vulnerable groups for the initial covid vaccination and booster programmes. We will offer a further fourth jab in the spring. It is also why the Department for Work and Pensions put in place temporary measures to protect the most vulnerable, including the suspension of face-to-face assessments at the start of the pandemic.

To qualify for an award under the 1979 scheme, people must have an entitlement to industrial injuries disablement benefit. We have continued these claims for people with diffuse mesothelioma and other illnesses as they can be assessed by paper. Other respiratory disease claims that could not be assessed by paper—those requiring lung function tests, for example—have now resumed, with extra safety measures in place.

We have introduced one-off special payments so that nobody loses out financially if their age goes up while waiting for an assessment, which would otherwise prevent them from getting the correct rate. It is important to be clear that all eligible awards for IIDB will be backdated to the date of claim. Of course, those awaiting IIDB assessment are still able to apply for other benefits if they find themselves in financial hardship or have care or mobility needs.

Looking to wider lung health, the NHS is also doing much to support the clinical priority of respiratory disease—within the cancer service recovery plan, for example. We expect the number of people diagnosed with mesothelioma to begin to fall in the coming years, but sadly many people will still develop it or other debilitating respiratory diseases. That is why we are working with the NHS to improve those people's lives and why we recognise the continued importance of the financial compensation offered by the two schemes that we are discussing today. I commend the increase in the payment schemes to the Committee.

2.39 pm

Justin Madders (Ellesmere Port and Neston) (Lab): I believe that this is the first time I have appeared before you in the Chair, Dr Huq, so I will do my best to make sure that it is a memorable occasion for us both.

I thank the Minister for introducing the regulations. As she set out, the mesothelioma regulations amend the Child Maintenance and Other Payments Act 2008 and the pneumoconiosis regulations amend the Pneumoconiosis etc. (Workers' Compensation) Act 1979. As we heard, both Acts make provision for lump compensation payments to be made to people suffering from specific dust-related diseases or their dependants, provided that they meet the conditions of entitlement. I note that as of 1.30 pm today both statutory instruments had still not been assigned numbers and the explanatory memorandums appeared in draft form on the Government website. I hope that that can be addressed.

As we have heard, today's regulations uprate the amount of compensation paid to disease sufferers or their dependants by 3.1%. I note that the Government have reviewed the rates to maintain their value in line with inflation, as measured by the September 2021

consumer prices index, and in line with disability benefits. Although we recognise that the Government are under no obligation to do any uprating under either Act, we believe that it is vital to continue to support people affected by these awful diseases and their families and that annual uprating is necessary. Having said that, it is worth noting that, as my right hon. Friend the Member for Leicester South (Jonathan Ashworth) has already stated, uprating in line with inflation last September does not really reflect the true position that we are now in, given that inflation is likely to be around 6% for much of the course of the year according to the Bank of England. The uprating therefore reflects a real-terms cut.

The cost of living crisis has been debated in this place many times already this year and will no doubt be discussed again. As the regulations are not amendable, we cannot substitute the figure of 3.1% for something more akin to reality, but I believe it shows how once again the Government have struggled to recognise the very real financial pressures people face.

As we have heard this afternoon, mesothelioma is an invasive type of cancer caused by prior exposure to asbestos and for which there is currently no cure. It grows in the pleural membrane that lines the outside of the lung and the inside of the chest. Less commonly, it can also affect a similar lining around the abdomen or heart. It can take a long time to develop, as we have heard, with the first symptoms sometimes appearing 30 to 40 years after exposure. Patients experience complex debilitating symptoms and often have a short life expectancy. Of course, that presents real difficulties for those who develop the disease in being able to pursue a legal remedy.

The Health and Safety Executive reports that the UK has the highest rate of mesothelioma in the world and mortality rates have more than quadrupled in the past 30 years, with the disease being more common in certain parts of the country, reflecting the location of industries such as shipbuilding where asbestos was frequently used. Sadly, it is estimated that about 2,500 people die of the disease every year. Over the next 30 years, some 60,000 people will die of mesothelioma in the UK unless new treatments are found.

Pneumoconiosis refers to a group of lung diseases caused by inhaling dust. Common types include asbestosis; coal workers' pneumoconiosis, caused by breathing in coal mine dust; and silicosis, caused by breathing in respirable silica and typically affecting industries such as quarrying, foundries and potteries. As with mesothelioma, there is a long delay between exposure and the onset of the disease. The Health and Safety Executive estimates that overall 12,000 deaths each year are linked to occupational lung disease.

I pay tribute to organisations such as Mesothelioma UK, the British Lung Foundation and Macmillan Cancer Support, which raise awareness and provide ongoing support for individuals and their families who are affected by these terrible diseases.

We know that before the dangers of asbestos were known it was frequently used for insulation, roofing and flooring in commercial buildings and homes. Indeed, it has been used in this very building and I recall my grandfather telling me how they used to use it as a snowball when he was at work. It was clearly very commonly used and we are still reaping the consequences today, but it was not banned until the Asbestos

[Justin Madders]

(Prohibitions) (Amendment) Regulations 1999. That means that buildings constructed up until the turn of the century might still have asbestos in them. Many colleagues will be aware that unfortunately those who worked in industries such as building and construction from the 1970s to the 1990s may still experience the consequences of exposure to asbestos, but those consequences are not limited to people who worked in those industries. For example, the National Education Union found that at least 319 teachers have died from mesothelioma since 1980, 205 of whom died after 2001. That is a staggering statistic and highlights the pervasiveness of asbestos in many of our buildings.

As we have noted, the Government are not under any obligation to uprate the payments, but it is clear that Members have asked on many occasions whether future increases could be made automatically rather than at the discretion of Parliament. One of the Minister's predecessors agreed to consider that proposal, and I wonder the Minister can update us on that point. We have been told previously that automatic uprating would not be sensible because it would prevent debate, but when the yearly debate consists of very much the same issues being raised again and again, that argument appears a little artificial. Members are more than capable of raising issues in several ways through debates and in other forums. I hope that the Government will address the issue of automatic uprating, because it would not reduce Members' ability to raise specific issues. It would also send a powerful message that, while no amount of money will compensate for the suffering and loss caused by the diseases, the Government are committed as a matter of course to ensuring that support is provided to those entitled to it.

It would also provide security to those affected if they knew that the uprating would apply each year without fail. That is especially important when those in receipt of payments may already have experienced a long and stressful wait for their assessment and gone through what can sometimes be a challenging and distressing assessment process. Members will be aware from experiences with their constituents that the process is not necessarily adapted to individuals' needs, and the one size fits all approach can sometimes ignore irrefutable medical evidence. The Minister has set out some of the changes that have been made, but security for individuals from having their payments automatically uprated would be an important step forward, and the least that they deserve.

The hon. Member for Glasgow South West raised the issue of equalisation of lump sum payments to victims' dependants. According to the Asbestos Victims Support Group Forum, figures from 2019-20 showed that a 77-year-old with mesothelioma would receive £14,334 if they claimed themselves, but if they died before claiming—as we know can happen with such aggressive and difficult to diagnose cancers—their surviving partner or dependant would receive just £7,949, which is just over half. That issue has been raised by Members year after year in these debates.

Chris Stephens: I thank the hon. Gentleman, who is my good friend, for raising this important issue. I remind the Committee that the Government committed

in 2010 to look at the disparity and to equalise the situation. Twelve years is too long and we need action now.

Justin Madders: I thank the hon. Gentleman for his intervention, which highlights the point that we have these debates every year and the same issues continue to be raised. The Government are sympathetic, as indicated by previous commitments, but action is missing. The Minister has said that she will write to the hon. Gentleman after the debate, and I hope that she will share that correspondence with the rest of the Committee, because this is an important issue that needs addressing. It will not go away; we will continue to raise it on an annual basis.

When the Minister responds to this debate, will she comment on a response given to a written question tabled by my hon. Friend the Member for Manchester, Gorton (Afzal Khan) on this matter? He was told:

"It is right that available funding is prioritised where it is needed most, that is to people living with these diseases."

Will the Minister explain whether she agrees with that assessment; when she will be able to give us a timetable for when any change in the Government's position on the matter can be expected; and what recent estimates have been made of the cost of providing equal payments to sufferers and their dependants? I feel that that may well be what is behind the inertia on the Government Benches. Furthermore, given that the difference in payments often affects women whose husbands were directly exposed to asbestos, will the Minister tell us whether there has been any equality impact assessments in respect of the lack of parity in payments?

I conclude by urging the Minister to reflect on the issues that hon. Members have raised and to address them, so that we do not have to come back next year and debate them all over again.

2.51 pm

Chris Stephens: It is a pleasure to see you in the Chair, Dr Huq—it is good to see a good friend of the worker chairing the Committee on these particular regulations.

I have become an annual attender of the proceedings on the regulations, and I will start today, as I always do, by remembering my good Unison comrade and friend Tom Begley, who died as a result of asbestos-related cancer. This is an opportunity to remember him and others who have succumbed to these pernicious industrial diseases. I also pay tribute to the campaigners, trade unions and charities, such as Clydeside Action on Asbestos, that continue to highlight the devastating impact that these industrial diseases have on victims and on families. This is not just about workers who have worked in factories and buildings; it is also about individuals who have contracted these diseases as a result of washing clothes with asbestos on them. We have to remember that as well.

I want to take this opportunity to remind the Committee that it was SNP and Plaid Cymru MPs in the 1970s who were the first Members of Parliament to highlight the dangers of asbestos and industrial diseases. Those Members were dismissed at the time and accused of scaremongering, but thankfully we have come a long way in recognising the dangers of asbestos and the impact that it has on people's health.

I want to make three main points, but I first want to stress the issue of the disparity. The Government made a commitment in 2010 that they would look at the disparity between payments for dependants and sufferers. That was 12 years ago. I think we have waited far too long for that disparity to be addressed. There really should be an equality impact assessment along with these regulations, so that we can have a look at that.

Some of the figures for the differences in payments were given by my colleague on the Labour Front Bench, the hon. Member for Ellesmere Port and Neston. The one that I have been given is that someone who was a qualifying individual and aged 60 at the time of diagnosis would receive in the region of £44,000, whereas the dependant would receive £19,000. That is quite a big gap, I would argue, between the amounts of compensation for those individuals. I hope that the Government really do look at the issue very seriously. They are on borrowed time now; 12 years is far too long to wait. The Government gave us a commitment that they would look at the disparity.

Hywel Williams (Arfon) (PC): Just to emphasise that point, the sum of the compensation declines as the claimant gets older. That is because it is based on potential earnings should the person not have acquired the industrial disease. There is a fundamental injustice here. Someone who is 61 gets less than someone who is 60, when the condition is entirely the same and probably as dangerous.

Chris Stephens: I agree with my hon. Friend. He makes a valid point, and I hope that it has registered with the Government. It is important. I do not want to oppose the regulations today, but I hope the Minister has listened very carefully to the points that have been made about the disparity.

The Minister appeared before us at the Work and Pensions Committee to talk about the work of the Health and Safety Executive. Perhaps the Minister could provide an update on what work the Government are doing with HSE to make sure that all workplaces in the UK are asbestos-free. She knows that we have heard from campaigners and international experts.

I praise hon. Members across the House who have raised the issues of industrial diseases. I thank the Minister. Tonight I have to go and visit the Boundary Commission because of legislation that she put forward, I think last year. In all seriousness, we do not want to oppose these measures, but there is still a lot that the Government have to get right here and there are still injustices to be tackled.

2.56 pm

Hywel Williams: It is a pleasure to appear before you for the first time, Dr Huq. The history of this matter as outlined by colleagues is largely correct as far as it goes, although I should say that there was a very long campaign in Wales, lasting many decades, around the slate industry to have what was then called silicosis recognised as an industrial disease. That was hampered by the fact that doctors, in certifying death, would often certify heart disease or some other cause other than silicosis, and subject the family and the widow to having her husband subject to a post-mortem. Right at the start of my

career, many years ago, I had the very gruesome experience of attending a coroner's court on another case. The previous case was a death caused by silicosis. I saw the widow there, in tears, listening to the detail of her husband's PM.

Fortunately, we have the Pneumoconiosis etc. (Workers' Compensation) Act 1979, which brought in the compensation scheme—too late for some people, of course. Within the slate industry in Wales it was well known that dust was a killer, and very little was done about it. I am glad to say that now the slate industry in Wales is very much safer.

On the 1979 Act, I pay tribute to my predecessor as the Member for Caernarfon, now Lord Wigley. Dafydd was the MP up until 2001. As a new MP in 1974-79, he pushed very hard to get the 1979 Act in, working alongside trade union colleagues, including the much missed Tom Jones of the Transport and General Workers Union. Together, they worked very hard to get that Act through. We had had warm words for many years from successive Governments that there would be a compensation scheme, but it was work by people in my party, the T and G and colleagues from the Labour party that got us over the line in the end. Dafydd saw the devastating impact that slate dust was having on workers and their families. He played a leading part, and it is partly due to him that we are sitting here this afternoon.

I fully support the statutory instrument, but I should be grateful if the Minister would answer a couple of questions. Does she have any information about the geographical distribution of payments? People from the slate industry who are suffering from pneumoconiosis are getting older—they are fewer and fewer every year. I would like to know the distribution and the value of payments, particularly in respect of north Wales. Perhaps the Minister could write to me if she does not have that information.

Secondly, in the context of the rising cost of living—this point has already been made—if we are to have annual debates, we should be looking at the rate of inflation closer to the date of uprating, so that payments match the costs that people are facing.

Lastly, I would also emphasise the point about payments to dependants being increased in order to match those paid to sufferers. It is an injustice.

In bringing my remarks to a close, I note that Wales has a long and inglorious legacy of industrial disease and other industrial ills, not least the coal tips that disfigure our landscape and remain a risk to people. There are over 600 tips, and over 300 of them are classified as being a high risk. At some point, I would be very glad to see the UK Government funding the removal of those tips completely, as part-payment for the suffering that people in the coal industry have endured over the years.

3 pm

Matt Rodda (Reading East) (Lab): It is a pleasure to serve under your chairship, Dr Huq. I will say just a few brief words in relation to my local mesothelioma group in Berkshire, and I know that the hon. Member for Windsor would share some of my sentiments about our local community in the county. I pay tribute to my hon. Friend the Member for Ellesmere Port and Neston, and I echo his support for a wider look at the scale of the

[*Matt Rodda*]

payments. I ask the Minister again to consider that. I also pay tribute to the hon. Members for Glasgow South West and for Arfon for their very thoughtful and powerful accounts.

I pay tribute to the members of the Berkshire mesothelioma group, because until I met them, I had not fully understood the scale of the problem. Although colleagues have rightly addressed the issues with very specific industries, the problem of asbestos is everywhere. It is in this building and in houses, schools and small businesses across the country, and it was quite shocking to come across families who had lost a loved one to these dreadful illnesses. Some of the accounts that I heard from the local group were very moving and troubling, and it is perhaps worth briefly reflecting on the way in which some of these illnesses can occur. It is also worth remembering that the number of people suffering from these appalling illnesses may well increase in the years to come because of the very long incubation period, which is part of the problem with some of these industrial illnesses.

Hywel Williams: Equally shocking is the fact that the dangers of asbestos have been known within the industry since the 1920s. In my constituency, however, a factory was built in the early '60s to make brick linings. I remember one of the workers suffering from mesothelioma telling me that they would make snowballs out of loose asbestos during lunch breaks, so the dangers were known but not acted on for many years.

Matt Rodda: The hon. Gentleman makes an excellent point. These are dangers that were known but which, sadly, were not acted on. The stories about workers and others playing with asbestos mistakenly, without having full knowledge of this material, are widespread. I have been told similar stories about workers in a power station in London where they had snowball fights with this material, and it is absolutely awful to hear such accounts.

I will mention a couple of examples of the sorts of tragedies that have occurred in our community in Berkshire, involving residents from both Reading and nearby areas. Workers worked on the railway and in other transport roles where, as my hon. Friend the Member for Ellesmere Port and Neston rightly said, asbestos was used to insulate materials in ships and trains, and for brakes in cars. I have heard stories of mechanics in small garages blowing the brake dust from disintegrating brake pads, without realising the horror of what was near to them. One tragic case is of a gentleman who sadly did not live to be one of my constituents, but who was a resident in the Reading East constituency and a young apprentice in the 1980s. He was apparently told by somebody at work, "Go away and saw up these pieces of cladding." He sawed up the asbestos and had no indication of the scale of risk that he faced. When we hear such accounts, it is deeply moving and harrowing. It tells a very powerful story and urges action from all of us in a position of responsibility.

I will not take too much of the Committee's time. Although I welcome the increasing payments, I urge the Minister and her colleagues across Government to look at what can be done to improve the health and safety

regime in the UK so that we have better prevention and better understanding of emerging risks from new technologies, as well as from existing technologies which are perhaps better understood now, so that we never, ever go through this nightmare again. As we have heard, it has wrecked so many lives, and it has also imposed huge costs on businesses and the public sector. I am very aware, given my previous life as a civil servant in the Department for Education, of the cost to local authorities and central Government of retrofitting schools and taking asbestos out of schools. There could be huge costs in removing it from this building. Unfortunately, many employers and other organisations now face huge costs in making buildings safe after mistakes made decades ago.

I hope that, as a society, we can understand dangerous materials better in future, avoid unnecessary mistakes and the misery they cause, and move on, learn and be much better at managing those sorts of risks.

3.6 pm

Chloe Smith: May I first apologise to you, Dr Huq, for omitting your doctorate earlier? That was an unintentional mistake.

The Chair: I have been called worse.

Chloe Smith: Haven't we all, Dr Huq? I thank you for chairing the debate, and I thank hon. Members for all their contributions, which I think have been in keeping with the seriousness of the work we are here to do on the regulations. I will endeavour to work through a number of the points that have been raised.

I reiterate my offer to write to the hon. Member for Ellesmere Port and Neston on equalisation and the other issues that he raised, and to copy in the entire Committee. I can of course confirm that the Government's position is, as the hon. Gentleman pointed out, what was expressed in response to the parliamentary question: we think that the funds available ought to be prioritised for those who are suffering most with the diseases—the person with the disease. As I said, I will come back to the Committee to answer a few of the other points that have been made.

I also acknowledge the request made by the hon. Member for Glasgow South West about requiring an update on the Government's wider work to support the safe management and removal of asbestos. I say again what I said to him two weeks ago in the Work and Pensions Committee: the Health and Safety Executive takes that extremely seriously and is, in my view, taking the right steps. I also reiterate my condolences to the hon. Gentleman for the loss of his friend.

The hon. Member for Arfon raised the geographical distribution of payments. I have some basic data that I can let him have right now, which is that Wales comprises 4% of scheme payments made by region in both 1979 and 2008. If we have it, I endeavour to come back to him with more granular data of interest to him.

I will cover a couple of the more legislative or philosophical points that were made. The hon. Member for Ellesmere Port and Neston asked why the uprating ought not to be automatic. I am conscious that, as has been said, that is an argument in its own right and it is

made every year in these debates. The hon. Gentleman queried whether our having this debate every year is only a vehicle for those arguments or whether it serves any greater purpose. I take the view that this annual debate is valuable and gives us an opportunity to remember the gravity of the situation and to think about the human cost, as laid out well by the hon. Member for Reading East. However, turning from a consistent promise made across Governments of different persuasions to an automatic scheme would not necessarily make a difference to those who receive compensation. The money would rightly still come, and I do not take the argument that we need to make it automatic for that to be the case, because that commitment is there and has been there since 2004.

Moving on, the hon. Member for Ellesmere Port and Neston also questioned whether using CPI at 3.1% is enough. Since 2004, Ministers have uprated these schemes in line with inflation, so we have the argument of consistency and predictability, which is important in the sense that everybody knows that the CPI of September the prior year is what will be used.

Members may be aware from other aspects of inflation-uprating debates that my Department has some internal technical reasons that make it necessary to use the September rate. Those are important arguments, but the broader argument here is that to increase payments by inflation provides consistency and predictability and aligns the scheme with the way that other benefits are uprated.

I acknowledge that the hon. Member for Arfon also argued that the uprating date could be moved closer to that of the regulations, saying that that would give

many of the same benefits. I will take that point away, because it could happen for all uprating across Government, which may be worth consideration.

The Government acknowledge that people are facing extra costs as a result of recent global price shocks. We already put in place extra support this winter in anticipation of higher costs, and we immediately responded to Ofgem's announcement of the energy price cap increase. All that builds on extensive existing cost of living support that, crucially, is targeted at the most vulnerable, which is right. That reminds us of the context in which we are working—the hon. Member for Reading East rightly paid tribute to the organisations that assist in the understanding and promulgation of these important issues—and that we are doing this to support people who are very much in their hour of need. That is why we are all in agreement here today that uprating is the correct thing to do, and I again commend the regulations to the Committee.

Question put and agreed to.

Resolved,

That the Committee has considered the draft Pneumoconiosis Etc. (Workers' Compensation) (Payment of Claims) (Amendment) Regulations 2022.

**DRAFT MESOTHELIOMA LUMP SUM
PAYMENTS (CONDITIONS AND AMOUNTS)
(AMENDMENT) REGULATIONS 2022**

Resolved,

That the Committee has considered the draft Mesothelioma Lump Sum Payments (Conditions and Amounts) (Amendment) Regulations 2022.—(*Chloe Smith.*)

3.13 pm

Committee rose.

