



House of Commons
Work and Pensions Committee

**Health assessments for
benefits: Government
response to Committee's
Fifth Report of Session
2022–23**

**Sixth Special Report of
Session 2022–23**

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Work and Pensions Committee

The Work and Pensions Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for Work and Pensions and its associated public bodies.

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The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

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Committee staff

The current staff of the Committee are Henry Ayi-Hyde (Committee Operations Officer), Sarah Dixon (Committee Specialist), Oliver Florence (Senior Media and Communications Officer), Ed Hamill (Committee Operations Manager), Aaron Kulakiewicz (Second Clerk), Alexandra Ming (Committee Specialist), Danielle Nash (Clerk), and Djuna Thurley (Senior Committee Specialist).

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Sixth Special Report

The Work and Pensions Committee published its Fifth Report of Session 2022–23, [Health assessments for benefits](#) (HC 128) on 14 April 2023. The Government Response was received on 14 June 2023 and is appended below.

Appendix: Government Response

The Department for Work and Pensions welcomes the Committee's report and focus on making the health and disability benefits system function more effectively for all of those involved. It also welcomes the Committee's careful reading of *Transforming Support: The Health and Disability White Paper*.

Our overarching mission is to improve the day-to-day lives of our citizens and help them to build a secure and prosperous future, while supporting the most vulnerable. This intention connects the many different services, programmes and support that the Department provides across the country. In this response, the Department sets out its detailed consideration of the Committee's recommendations and the activity underway to deliver a better health assessment journey, and better outcomes for its customers, their families and wider society.

Since the Committee's previous report, in 2018, the Department has demonstrated its commitment to improving its services and creating a better experience for people applying for, and receiving, health and disability benefits, as well as improving trust and transparency in DWP decisions and processes.

Specifically, the Department has introduced:

- Telephone and video assessments alongside face-to-face and paper-based assessments in its response to the Covid-19 pandemic;
- A flexible approach to handling claimant requests to change their assessment channel;
- New guidance ensuring that claimants on the highest level of support whose needs will not improve, and those over State Pension age, receive an ongoing award of Personal Independence Payment (PIP) with a light-touch review at the 10-year point;
- Changes to the Special Rules processes to enable more people who are terminally ill and nearing the end of their lives to get fast-track access to benefits up to six months earlier than under the previous rules;
- Alongside this, an ambitious programme of engagement with primary care, secondary care, and community-based healthcare professionals to disseminate information about the improvements to the Special Rules, and increase awareness of the financial support available for people who are nearing the end of life;

- A Clinical Governance Quality Standards Framework which ensures a systematic approach through which health professionals are supported by their senior management to continuously improve the quality and consistency of their work, taking into account what can be learnt from the customer experience;
- The roll-out of ‘Function First’ nationally, following the recommendations of the second PIP Independent Review by Paul Gray CB published in 2017, so that PIP assessments now focus much more heavily on assessing functional impacts up front, rather than beginning each assessment with a detailed medical history; and
- Continuous work with providers to drive improvements in assessment services. Providers have introduced new management processes to drive performance across their services, including new or enhanced systems of assessment report quality checks to improve the quality of advice the Department receives. In addition, PIP assessment reports have been redesigned to have clearer justifications which support improved benefit decision making.

The Department is pleased that the Committee recognises its achievements, including during the coronavirus pandemic, but also acknowledges there is more to do. The Department wholeheartedly agrees with the Committee that assessments must be fit for purpose and fairly assess people’s needs. In many cases, the Department is already taking forward activity to achieve the objectives set out in the Committee’s recommendations, outlined in detail below.

Building on this, the Department has set out reforms in the White Paper which follow the Department’s consultation on *Shaping Future Support: The Health and Disability Green Paper*, which was published in July 2021. As part of that, it has engaged widely on the changes, including with disability charities and disabled people’s organisations, as well as with disabled people themselves who have been through the current process and understand how and why it needs to change.

The White Paper was published three months ago and some aspects of the Department’s initiatives are at an early stage. Seeing tests and trials through is vital in ensuring that proposals are rolled out based on the evidence of what works, and deliver better outcomes, while making the best use of taxpayers’ money.

The Department will continue to take steps to improve assessments, including those set out above, and the reforms set out in the White Paper, to help people access the right support at the right time and ensure they have a better overall experience when applying for, and receiving, health and disability benefits. The Department also committed in the White Paper to supporting more disabled people and people with health conditions to start, stay and succeed in work, which is central to the reform proposals. The Department will keep the Committee informed as it continues to build a better service for customers, including around health assessments.

In the following section, the Department addresses each of the recommendations made by the Committee.

Government response to Work and Pensions Committee recommendations

Recommendation 1: We recommend that the Department provide, in response to this Report, a list of actions it will take to improve the claimant experience of PIP assessments and Work Capability Assessments, while they remain in use. (Paragraph 16)

In the White Paper the Department set out its intention to take forward a series of initiatives to ensure disabled people, people with health conditions and their carers have a better experience when applying for, and receiving, health and disability benefits. A number of tests and trials are already in train.

The Department continually works with providers to make improvements to the PIP and WCA claimant experience. Longer term, through the Health Transformation Programme, the Department is modernising benefit services to improve the claimant experience, build trust in its services and create a more efficient service for taxpayers.

The new Functional Assessment Service health and disability benefit assessment contracts will drive improvements in the claimant experience by providing a platform that allows for greater sharing of information across benefits and reducing the amount of evidence that claimants have to provide.

The Health Transformation Programme is developing a new Health Assessment Service to integrate and automate processes and information technology across all benefits that use a functional health assessment. The new service will reduce the burden on claimants by providing a more joined-up service, allowing for easier sharing of medical evidence and greater opportunity to re-use information that claimants have already provided, with simpler and clearer processes for claimants.

The Health Transformation Programme is also transforming the entire PIP service, from finding out about benefits and eligibility through to decisions and payments. This includes improvements to existing ways to claim and the introduction of an optional online application service.

As part of its test-and-learn process, the Department has created a small-scale Health Transformation Area where it can engage with claimants and receive feedback on changes to existing processes. The Department is currently testing a variety of potential options to improve the service in its Health Transformation Area. Some of the key areas of change currently being developed:

- Automating clerical processes, reducing the manual steps to speed up claimant journeys;
- Looking to reduce the burden on claimants by exploring opportunities to draw evidence from different sources including previous applications;
- Making the claimant journey more consistent, with the steps and actions within claims consistent across different benefits, rather than each having their own language and approach.

Recommendation 2: The Department should provide the Committee with a quarterly update on progress with implementing the Section 23 Agreement once it is agreed. (Paragraph 27)

Discussions between the Department and the Equality and Human Rights Commission (EHRC) are ongoing. Both parties must adhere to the Equality Act 2006 and general public law principles throughout these discussions, which are, in part, legally privileged. It is therefore not appropriate for the Department to discuss the contents of what may or may not be included within any agreement, or the contents of any information which may be published in future, while confidential discussions are ongoing.

Recommendation 3: Prior to any changes to the health assessment process, including the abolition of the Work Capability Assessment, an external assessment should be undertaken on the potential physical and mental health effects of these changes on affected claimants. (Paragraph 28)

The health and wellbeing of claimants is central to the Department's delivery of its services. There are robust processes in place to ensure that objective assessment and reporting are carried out in line with professional analytical standards. The department will produce an impact assessment to accompany legislation in line with HMT Green Book guidance.

The Department's structural reform proposals, including removing the WCA, mark the biggest reform of the welfare system in a decade, and the Department understands the importance of getting it right. The intention of the reforms is to reduce the burden of assessments, whilst helping more people to move into and remain in work. It is vital that the Department build confidence and trust in the benefits system when people apply for or receive support. As such, it will be rolling out changes initially to new claims only on a staged, geographical basis, to allow it to test and learn continuously. The proposals will require primary legislation, which the Department would aim to take forward in a new parliament when parliamentary time allows. These reforms would then be rolled out from no earlier than 2026/27.

The Department would expect the new claims roll-out to be completed within three years (so by 2029 at the earliest), when it would then begin to move the existing caseload on to the new system.

Recommendation 4: In response to this Report, we ask the Government to outline the methodology used to determine when Internal Process Reviews are carried out, and how it has improved its collection of data on deaths and serious harms since the NAO report on Information held by the Department for Work & Pensions on deaths by suicide of benefit claimants in 2020. In addition, DWP should publish anonymised data annually on all instances of deaths or serious harms associated with health assessments, disaggregated to show incidence of suicide, the issues that led to these deaths, and the steps it has taken to remedy issues raised. (Paragraph 29)

Internal Process Reviews (IPRs) form a core part of the Department's overall approach to learning and help inform improvement activities across all DWP product lines (which provide services to around 20 million customers) to ensure that it supports the continuous improvement of capability, culture, behaviour and processes.

IPRs are not conducted to investigate a customer's death, but provide an internal, high-quality investigation to ensure the Department continuously learns from where the customer experience has fallen short of expected standards.

The Department is not always made aware of the reason for a customer's death or serious harm, there is no public record of these, and the Department does not conduct IPRs in all cases where DWP customers have died. Where cases are referred for an IPR, these will be conducted where:

- There is a suggestion or allegation that the Department's actions or omissions may have negatively contributed to the customer's circumstances, and a customer has suffered serious harm, has died (including by suicide) or where the Department has reason to believe there has been an attempted suicide:

or

- The Department is asked to participate in a Safeguarding Adults Review or is named as an Interested Person at an Inquest, regardless of whether there is an allegation against the Department.

Since the National Audit Office's report, the Department has collected data on all cases referred for an IPR, and has published details on the numbers of IPRs and provided a breakdown between death and serious harm in response to both Parliamentary Questions and Freedom of Information requests on several occasions. It is also intending to include data in relation to IPRs in this year's Annual Report and Accounts. Additionally, the Department is also considering its options and the potential for publishing IPR data more frequently in the future.

The Department is also working closely with assessment providers to look at interactions, feedback and learning from IPR cases. The Department has met and explored what information it can provide from the outset of IPRs being commissioned, as well as how feedback and learning can be supplied to providers following the outcomes of IPRs. Where this is in relation to an individual customer this is taken forward with the individual provider, and additionally, the Department has introduced quarterly meetings to bring together representatives from all providers. Within these meetings cases are discussed more widely to provide a broader understanding of IPR cases that have involved providers and to increase understanding of issues identified and work taken forward across the Department to support vulnerable customers.

The Department is also very keen to engage with stakeholders, including from mental health charities and other organisations, to continue to make improvements to services for its customers. It recently met with Rethink, a mental health charity who were representing the families of some benefit claimants who have passed away, and the Department intends to organise further meetings.

Recommendation 5: Staff and contractors involved in any DWP health assessment process should undertake claimant safeguarding and suicide prevention training.
(Paragraph 37)

The Department recognises it has a responsibility to support vulnerable claimants and takes this responsibility seriously.

All staff working with claimants undertake comprehensive training to equip them with the skills to be able to support claimants who express an intention of suicide or self-harm.

The Department has an established Six Point Plan for staff to follow when they identify a claimant who may be at risk of harming themselves. Also, since 2020, the Department has introduced Advanced Customer Support roles. Staff in these roles are responsible for providing personal support to the Department's most vulnerable claimants.

Whilst the Department does not have a statutory safeguarding responsibility, the Department expects all staff who work with claimants to undertake safeguarding awareness training, which is why it is now incorporated into the fundamental learning routeway for all customer-facing staff.

All health professionals working for assessment providers are highly trained clinicians and understand the importance of safeguarding and suicide prevention within their role. They carry out their duties to ensure that during the assessment process the appropriate action is taken, if required, to support and protect claimants. All providers continually review their processes and approach to ensure they remain fit for purpose and respond to any feedback provided directly from claimants.

Assessment providers:

- Deliver mandatory safeguarding training to all health professionals to ensure they are fully aware of their safeguarding policies and the situations in which a vulnerable adult or child should be referred to their GP, social services or the police to ensure they receive appropriate support.
- Have designated safeguarding leads or teams and/or area safeguarding leads who have all received additional training in safeguarding.
- Share safeguarding statistics monthly with the Department and discuss best practice and overarching themes at quarterly roundtable events, which all assessment providers attend.

Safeguarding referrals are supported by the long-established Unexpected Findings process. This serves to ensure a claimant's GP is informed of unexpected or potentially serious physical or mental health symptoms or clinical findings that may be revealed as part of an assessment. This information is best directed towards the GP as they are in the best position to ensure the claimant gets the correct medical follow-up.

Assessment providers recognise that suicide awareness and prevention are interlinked, and that both are required to provide effective understanding and support. Providers deliver suicide awareness and prevention training to all their staff through Zero Suicide's Suicide Awareness Training module and provide detailed steps on dealing with emergency situations relating to claimant welfare.

All provider non-clinical, claimant-facing staff and health professionals undertake safeguarding training to provide an understanding of legislation, and they have the necessary skills needed to invoke safeguarding procedures.

Recommendation 6: The Government should commit to undertaking regular reviews of the mental health impacts of its end-to-end process of health assessments, including

comparing them to assessments undertaken elsewhere in Government, such as social care. It should also ensure external researchers have access to good quality, anonymised data to complement this with independent research. (Paragraph 38)

The Department's assessments are not comparable to clinical assessments, because these focus on functional impairment, as set out in regulations. There are a range of ways in which government reviews health impacts, from the clinician in a health setting to a more metric or qualitative assessment in other settings. A direct comparison would not be feasible as there is not a like-for-like assessment.

The Department does routinely carry out evaluations of policy changes, including many where external researchers are engaged. Methods used for each of these are designed to be appropriate to the specific type of intervention being evaluated. However, it would be extremely difficult to objectively separate the impact of the process on mental health from other confounding factors.

Recommendation 7: We recommend that the Department build on its successes introducing video and telephone assessments during the pandemic. In particular, now it knows that remote assessments are possible on a large scale, that it completes its evaluation as soon as possible and commits to informing claimants of the options available and allowing them to choose what suits them best before booking an assessment. (Paragraph 42)

The Department continues to build on its successful introduction of telephone and video health assessments. In the White Paper the Department explained that it is evaluating, through the Health Assessment Channel Trial, how well remote assessments work compared to face-to-face assessments.

The Health Assessment Channel Trial is scheduled to complete later this year. It will include a large-scale survey and claimant interviews to seek a fuller understanding of claimant experience by assessment channel, exploring areas such as channel preference. Evidence from the Health Assessment Channel Trial, in combination with further testing of a number of different approaches, will inform how the Department's multi-channelled service capability can be optimised, including whether claimants will be able to choose their preferred assessment channel.

While the evaluation continues, all assessment providers have introduced and embedded a flexible approach to handling claimant requests to change their assessment channel.

Recommendation 8: We recommend that the new contracts for assessment providers contain explicit clearance time targets with appropriate sanctions where these are missed. (Paragraph 47)

The new Functional Assessment Service contracts include specific end-to-end clearance targets for:

- PIP Services
- WCA Services
- Special Rules for End of Life

The Department will assess providers' delivery against these targets under the performance regime. In the event of repeated performance failure, the Department can deduct a percentage of the invoice prior to payment.

Recommendation 9: In line with our recommendation that the Department set clearance time targets (recommendation 8), we also recommend that where these are missed, PIP applicants are paid an assessment rate for the remaining time until their claim is decided. This should be non-repayable in the event that a claim is disallowed. Where an award is made, claims should continue to be backdated at the rate awarded, less any amount paid at assessment rate. (Paragraph 49)

Income replacement benefits such as Employment and Support Allowance have a rate of payment during the assessment phase because the Department can establish a need at the outset—being out of work.

PIP is not an income replacement benefit. It is paid to help with the additional costs that arise from needs that are determined at assessment, rather than a life circumstance or diagnosis. PIP requires an assessment to determine entitlement and which of the nine possible award outcomes is appropriate.

As such, payment of an assessment rate for PIP applicants, which would be non-repayable in the event that a claim is disallowed, could lead to inappropriate expenditure of public funds. Around half of new PIP claims that are referred for assessment do not receive an award.

Dependent on circumstance an individual may be able to receive support from Universal Credit which provides financial support to people in or out of work who have a low income.

Recommendation 10: DWP should investigate the process for issuing UC50 forms urgently and confirm in its response to this Report what steps it is taking to fix any points of failure identified to improve the process while the Work Capability Assessment and UC50 forms remain in use. (Paragraph 51)

The Department makes a high number of Work Capability Assessment referrals each week in Universal Credit, resulting in the successful issuing of a UC50.

It is already working collaboratively with welfare rights organisations to identify and understand any potential points of failure. The Department has not identified any systemic points of failure, but it has identified some improvements to the journey and these will be delivered by the end of 2023.

Recommendation 11: DWP should extend the deadline for returning ESA50, UC50 and PIP2 forms and accompanying evidence to two months. (Paragraph 54)

The Department does not support extending the deadline to two months. It recognises the importance of claimants having the opportunity to provide information and evidence about their disabilities and health conditions in their ESA50, UC50 and PIP2 forms in support of their claims and there are existing provisions available that give additional time and support to those who require it.

Timeframes for returning questionnaires and providing medical evidence have been informed by the Department's 15 years' experience of delivering health assessments. They

are intended to strike the right balance between providing a claimant with sufficient time to return their evidence and getting the correct award in place at the earliest opportunity. For example, regarding the ESA50 and UC50, delaying return of the questionnaire by a further four weeks would lead to a later assessment and delays in being paid any entitlement to the Limited Capability for Work-Related Activity (LCWRA) component and, in Universal Credit, access to the work allowance.

For PIP, safeguards are already in place to allow for additional time for claimants to submit their PIP2. These include an automatic extension of the due date by a further 14 days, applied when a reminder of the need to return the form is sent. In addition to the automatic extension, claimants can ask for additional time to complete their PIP2, and can do so on more than one occasion where they have good reason.

For the WCA, if a claimant contacts the Department to inform it that they need more time or help with completing their ESA50 or UC50, it will provide them with help and support where necessary, including signposting them to the special helpline operated by the WCA provider, where dedicated advisors can answer questions and provide help with completing the form. In cases where difficulties result in the ESA50 or UC50 being returned late, the Department asks the claimant to explain the reasons, which it takes fully into consideration.

Recommendation 12: In response to this Report, the Department should detail what changes it plans to make to the PIP2 form to make it easier for claimants to complete it themselves. (Paragraph 57)

The Department is committed to making the process of claiming PIP straightforward for claimants. The current PIP2 form is under review and the Department is planning changes to ensure the form is both simple to fill out and accessible. It is undertaking research to understand how it can reduce the burden on claimants using a user-centred design approach, which ensures all changes are thoroughly user-researched before any roll-out.

As well as planned changes to the PIP2 form, claimants now have the option to submit the form by email. The Department is also currently developing a new digital PIP service with the option to apply online, giving claimants a greater choice of how they interact with it. Telephony and paper-based applications will continue to be offered for those who prefer to use them. The new online service will include the ability to save, resume and upload medical evidence. The Department has already introduced a digital version of the PIP2 health questionnaire with this functionality, which is now offered to the majority of those making a claim. The new digital PIP service will simplify data collection processes, gathering data electronically where possible, to help reduce the ask made of claimants.

The Department is also testing a new Enhanced Support Service, which will provide targeted help during the claiming process for those who need it the most.

Recommendation 13: In response to this Report, the Government should set out how many legal challenges it has faced relating to failure to make reasonable adjustments for health assessments for benefits in the last five years, broken down by year. (Paragraph 58)

This information is not stored in a way that would allow us to provide figures that are accurate enough to be meaningful. Claims are not logged as “reasonable adjustments cases” and as a result it is not practical to identify challenges that specifically relate to a failure to make reasonable adjustments for health assessments. Any legal challenge that includes grounds that there has been failure to make reasonable adjustments will typically form part of a challenge or claim in which other legal issues are raised. Often the grounds for challenge are not initially apparent, and might change, particularly if the claimant is a litigant in person.

Legal challenges come through many different routes and are dealt with by different teams within the Department, depending on the nature of the challenge or legal remedies sought. It might be that a proposed challenge is not pursued by the claimant following initial pre-action correspondence or a challenge ends if the court refuses a grant of permission to proceed with a ground of challenge. It might also be that proposed proceedings are settled at an early stage.

Recommendation 14: As the Department moves towards a single digital platform for health benefits, it must ensure the system is accessible to everyone, and that alternative formats and channels are easily available to those that need them, and maintained and updated in the long-term alongside the digital platform. (Paragraph 61)

The Department accepts this recommendation and is committed to ensuring that the claims process for health benefits is accessible for all. Through the Health Transformation Programme, the Department is transforming the entire PIP service and will make improvements to existing ways to claim and create a new digital PIP service, giving claimants the option to apply online. This will provide claimants with a greater choice over the way they interact with the Department. We are ensuring all accessibility considerations are taken into account during the development of the PIP online service, including the availability of alternative formats.

The Department will continue to offer a telephony service and paper-based forms for those who are unable or prefer not to use a digital service. In line with government standards for digital services, we will ensure a focus on high accessibility standards as the digital service is developed, so that everyone who wishes to can use the service. The Department will also carry out rigorous user research in developing the transformed service.

Recommendation 15: The Department should adopt a version of the severe conditions criteria for PIP, effectively ending the need for reassessment as it does in ESA/UC. If this is achieved through the Severe Disability Group, which the Department is currently testing, the criteria must be developed to recognise the differences between ESA/UC and PIP, and not focus solely on a claimant’s ability to work. (Paragraph 65)

In PIP, for those with long-term (severe) conditions and with an ongoing award, the Department’s intention has always been to have a light-touch review, appropriate to the needs of the claimant, at 10 years.

The Department has made progress with its plans to test the Severe Disability Group, so that the relevant claimants can benefit from a simplified process without ever needing to complete a detailed application form, go through a full assessment or have frequent award reviews. This builds on existing successful measures such as the Severe Conditions Criteria for ESA or UC. The Department has worked with an expert group of specialist

health professionals to draw up a set of draft criteria that focus on claimants who have conditions which are severely disabling, lifelong and with no realistic prospect of recovery. These criteria were shared with several charities and their feedback was used to further develop its draft criteria, which do not focus on a claimant's ability to work.

Recommendation 16a: We recommend the Department reviews the guidance on carers' and family members' evidence to assess why they may still not be being given due weight, and confirm what action it will take to ensure assessment providers are following it correctly. (Paragraph 77)

The Department agrees that carers and family members should be encouraged to attend and provide evidence at assessments, and this is reflected in the guidance for health professionals who conduct PIP and WCA assessments, such as the PIP Assessment Guide and the WCA handbook. The Department will review the health professionals' guidance and training material, assess the evidence and work with the assessment providers to ensure compliance.

Recommendation 16b: We also recommend the Government urgently investigate the use of covert surveillance by assessors, working with organisations that support claimants to establish whether this practice is widespread, and work with the assessment providers and contractors to ensure claimants are treated fairly and in line with the guidance. (Paragraph 77)

The Department has looked into this issue which was raised by the committee, and all assessment providers strongly refute the suggestion that they undertake any covert surveillance or manipulate assessment centre environments to test a claimant's functional ability. Health professionals are trained to treat claimants fairly and with respect and are professional clinicians who use their skills in history-taking, informal observation, and examination to provide an impartial, independent, and factual assessment back to DWP.

Health professionals are trained to undertake consultations in line with departmental guidance and have no targets or incentives on outcomes for claimants, so have no reason to use covert surveillance. All completed assessments result in a report to the Department which supports the DWP decision maker in deciding entitlement to benefit. A copy of the assessment report completed by the health professional is available to claimants on request. All assessment providers are unaware of any instances where a claimant has reviewed their report and successfully identified covert surveillance being used during their assessment.

Providers work in partnership with a wide range of customer representative groups and advocacy organisations, and covert surveillance has not been raised by any of these as a significant concern.

Any complaints regarding the use of covert surveillance would be fully investigated and could be considered by the Independent Case Examiner, but there are no instances where the use of covert surveillance techniques have been identified. All assessment providers are committed to undertaking fair and independent investigations into all complaints and would work with the Department to review any examples raised by claimants, their representatives or the Work and Pensions Committee.

It should also be noted that informal observations are part of the suite of evidence used by DWP decision makers to help them determine entitlement to benefit. Informal observations are of importance to the consultation, as they can reveal abilities and limitations not mentioned in the claimant questionnaire, supporting evidence or during the history taking for the consultation. They may also show discrepancies between the reported need and the actual needs of the claimant.

Recommendation 17: We request that the Government confirm in response to this Report whether it is still reviewing the descriptors, and if not, what evidence it has found that those currently in use are fit for purpose. (Paragraph 78)

The PIP assessment criteria were developed in collaboration with independent specialists in health, social care and disability, including disabled people, and were subject to a comprehensive public consultation. They focus on needs arising from a comprehensive range of conditions, including physical, sensory, cognitive and mental health, rather than the condition itself and ensure the greatest level of support goes to those least able to carry out the activities. The proportion of PIP recipients with a mental health condition getting the top rates of support is six times higher compared to Disability Living Allowance.

The PIP assessment does not just consider whether an individual can complete an activity, but the manner in which they can do it. An individual is assessed by their ability to complete each assessment activity reliably; “safely, to an acceptable standard, repeatedly and in a reasonable time period”. Application of the reliability criteria is audited as part of the Department’s monitoring of the quality of assessments.

The PIP criteria consider an individual’s ability over a 12-month period, ensuring that fluctuations are taken into account. It is essential for the assessment to accurately reflect the impact of variations in an individual’s level of impairment. As part of a commitment to ongoing improvements, the Department will test at a small scale this year the introduction of a new Health Impact Record. This will give people the option of a structured way to present evidence that demonstrates the changing impact of their health condition(s).

Recommendation 18: When the Government begins to publish data on UC WCAs from June 2023, it must also include data on Mandatory Reconsiderations. DWP should also work with HM Courts and Tribunal Service to ensure it has an accurate understanding of the scale of disability-related UC Tribunals as part of the wider Tribunal Service caseload. (Paragraph 91)

On 8 February 2023 the Department announced its intention to publish the first set of UC WCA statistics, covering April 2019 to March 2023, on 8 June 2023. This new quarterly experimental statistical series will be developed in line with the Code of Practice for Statistics and users will be kept informed through the DWP Statistical Work Programme. Alongside this announcement the Department published details on what it plans to include in the publication to give users an opportunity to engage on the development of this release in line with its User Engagement Strategy. Future releases of the publication will include data on Mandatory Reconsiderations.

Recommendation 19: We recommend DWP commission and publish research focusing on the costs and effectiveness of Mandatory Reconsideration, as well as practical

recommendations for learning from Tribunal, and options for incorporating this into wider reform of health assessments. The Department should commission this work within three months of this Report. (Paragraph 92)

The Department recognises that it is a fundamental principle of our legal and political system that citizens should be able to challenge decisions made by the government through the legal system. Mandatory Reconsideration is a valuable process that supports the resolution of disputes as early as possible, reducing unnecessary demand on HM Courts & Tribunals Service and encourages claimants to identify and provide additional evidence that may affect the decision, so that they can receive the correct decision at the earliest opportunity.

The Department is undertaking a number of small-scale internal learning exercises to better understand what it can learn from the disputes stage. It is also working to improve feedback loops so that it can continue to learn from tribunals with a view to improving decision making across all stages of the claim journey.

This includes improving feedback from DWP Presenting Officers following tribunal hearings so that the Department can look for further points of learning to feed into internal decision making and provider assessments. This work is still in very early development.

Recommendation 20: We recommend the Department instructs providers to record assessments by default, with a clear opt-out rather than opt-in option, as recommended by the previous Committee and endorsed by all three current contractors. This will ensure that an objective record of assessments exists, providing reassurance to claimants and enabling quality auditing. This should be included in the new contracts for assessments from 2023. (Paragraph 98)

The Department remains committed to improving the health assessment process. Since the Work and Pensions Committee Report in 2018, the Department has worked closely with providers to test and implement the audio recording of health assessments. Progress included PIP providers moving to a digital solution for audio recording and PIP claimants can now make their own recordings on a device of their choosing.

Audio recording is now available for face-to-face and telephone assessments with all the Department's assessment providers. These arrangements are publicised on providers' websites and in the assessment invitation letters to claimants. The Department remains committed to retaining audio recording on an opt-in basis, giving claimants the choice of having their assessment recorded. This recognises that audio recording could provide trust in the service for some claimants but also, that recording by default could inadvertently cause additional concerns about the assessment process for others, particularly when sharing detailed, personal information.

The Health Transformation Programme is exploring the recording of assessments as part of its work to develop a new Health Assessment Service. The programme is looking at how audio recording can also be offered for video assessments and will be seeking ways to improve the whole process, including helping claimants to better understand the current availability of the opt-in option. The new Health Assessment Service will provide clear, simple information and instructions so people know what to expect and feel involved and informed.

Further improvements include moving to an enhanced digital solution for the recording of WCA telephone assessments in the new Functional Assessment Service contracts, which start in 2024.

Recommendation 21: When recordings are available, in cases where the findings of assessments are overturned on MR or appeal, the recordings of the original assessment should be checked at least on a sampled basis, to establish whether the erroneous assessment outcome should have been avoided. We welcome the plans to test sending reports by default and recommend that this be rolled out as soon as possible. (Paragraph 99)

The Department is committed to ensuring individuals receive high-quality assessments as part of the evidence used to decide benefit entitlement. Providers are monitored against a range of measures, including independent audit, to improve the accuracy of the advice they provide. The Department continually looks to improve the efficacy of the assessment process by working closely with providers.

The main reasons that decisions are overturned on appeal are: cogent oral evidence given by the individual; tribunals drawing a different conclusion based on the same evidence; and new written evidence provided at the hearing. The Department continues to learn from decisions overturned at appeal. For example, insight is gathered from DWP Presenting Officers who regularly provide feedback from hearings they attend.

Recommendation 22: We recommend that young people in receipt of Disability Living Allowance should not be required to claim PIP until they are 18, as is the case in Scotland. Where under 18s decide to claim PIP, they should be given light-touch, paper-based assessments until they are 18. DWP should also ensure that in the development of an equivalent of severe conditions criteria for PIP, consideration is given to those moving from DLA, to ensure that young people whose conditions are unlikely to improve do not have to undergo repeated assessments when they move to PIP. (Paragraph 104)

When PIP was designed, the Department consulted extensively on the age of transition from Disability Living Allowance (DLA) and considered the needs and requirements of young people reaching age 16 and younger adults. The consultation highlighted the need to prevent this group falling through the welfare net by not claiming PIP and an appetite to encourage young people's independence by managing their own financial affairs. The Department also set up a stakeholder group to specifically consider communications and messaging for these young people. The age 16 limit was chosen on the basis of three principal factors:

- children were previously reassessed for DLA at or around age 16, when most developmental milestones were reached, and adult rules were applied from that age;
- PIP assessment criteria were specifically developed to be appropriate for adults aged 16 and above with no need for age-related rules; and
- at age 16, many individuals are already very independent, and the Department wants to ensure that everyone has the same opportunity to lead a full, active and independent life.

DLA and PIP have different entitlement conditions, so it is not possible to move claimants from DLA to PIP without an assessment.

The Department will give consideration to those moving from DLA to PIP as it develops its testing plans for the Severe Disability Group.

Recommendation 23: We recommend DWP develop targeted interventions to improve awareness of Attendance Allowance, working closely with organisations that could reach people who may be eligible. The Department's work on support and advocacy as part of the Health Transformation Programme should also specifically consider tailored support for Attendance Allowance applicants. (Paragraph 109)

Information on Attendance Allowance (AA) is already widely available, including online through Gov.UK. Organisations supporting older people and other stakeholders and partners, also make information available on Attendance Allowance.

The Department is introducing a digital claim journey for AA as part of its wider Service Modernisation plans. This aims to streamline the current form. Online claims are currently being tested, with a very limited group of people, within AA, with a view to this becoming more widely available in due course.

Recommendation 24: We agree that the easement for signing forms on behalf of people with terminal mesothelioma and lung cancer was a positive development in the pandemic. The Department should make this permanent and bring the rules on advisers signing forms in line with those for other benefits, including Attendance Allowance. (Paragraph 111)

The Department recognises that some customers will require support to make or maintain benefit claims. Where an Industrial Injuries Disablement Benefit (IIDB) claimant is unable to manage their own affairs because they are mentally incapable or severely disabled, a third party can apply to the Department to become an appointee. An appointee will then have responsibility for making the benefit claim and is permitted to sign a benefit claim form.

Unlike Attendance Allowance (AA), there is no definition of 'terminally ill' within the legislation for IIDB, which is a compensatory, rather than an extra-costs, benefit. While there is legislative provision for third parties to make a claim on behalf of terminally ill AA claimants, there is no equivalent legislative provision within IIDB.

However, there is an expedited routeway in place to support the Department's most vulnerable IIDB claimants. Advantageous entitlement rules (the waiving of 90 day waiting periods and automatic right to 100% assessments) apply to eight prescribed diseases which have a poor prognosis. These entitlement rules follow recommendations made by the Industrial Injuries Advisory Council about the treatment of IIDB claimants with terminal cancers.

Given appointee provision and the generous entitlement rules in place for the most vulnerable IIDB claimants, the Department considers that there is already appropriate provision in place for these customers.

Recommendation 25: We recommend that as well as accessing medical information, the single digital platform should allow evidence from previous applications and renewals to be saved and used again, with the appropriate consent processes and safeguarding practices in place. (Paragraph 115)

In the creation of the new integrated Health Assessment Service, the Department recognises the benefit of reviewing and reusing previous evidence and is currently exploring how reusing previous evidence can provide a potential opportunity to reduce the burden on claimants. The Health Transformation Programme will take this into consideration in developing the journey for repeat claims, claims from those receiving other benefits, change of circumstances and award reviews to enable more accurate data gather and decision making.

The Department will develop this approach in line with data retention and identity verification practices, to ensure that General Data Protection Regulation standards are met.

Recommendation 26: We recommend that the Government evaluate the performance of the Health Transformation Programme within the current Health Transformation Areas, and publish its findings, before further rollout, akin to the Scottish Government's evaluation of the Adult Disability Payment. (Paragraph 116)

The Department agrees with this recommendation and has published an evaluation strategy for the Health Transformation Programme on the 25 May 2023. The evaluation strategy sets out how the Department will use a combination of impact and process evaluation to assess the current performance in the Health Transformation Areas as well as future performance as the new Health Assessment Service is developed and rolled out.

Programme metrics will be used to monitor progress on an ongoing basis. This evaluation evidence will inform programme decision-making, including roll-out decisions, at key milestones. The evaluation strategy will further iterate as the programme's plans develop to ensure that evaluation continues to meet both policy and programme needs. The evaluation strategy report commits to publishing information about the programme's performance and evaluation at points when the service is suitably developed and robust, and where publishing will provide a representative picture of the Health Transformation Programme's progress.

Recommendation 27: We recommend DWP take a similar approach in evaluating its Health Transformation Programme measures. Furthermore, when the Scottish Government publishes its planned evaluation, DWP should learn from the results and consider what changes, if any, it should make to its benefit assessments. (Paragraph 122)

In the development of the Health Transformation Programme evaluation strategy, the Department has drawn on wider programme evaluation expertise which has informed the strategy. A review of learning from the evaluation of other relevant programmes within the UK has helped inform the Department's approach in line with best practice.

Recommendation 28: We recommend that while it develops its long-term plans to remove WCAs, DWP accelerates improvements to health assessments in the short-

term. We have suggested some areas for change in this Report to start that process—recording of assessments and sharing reports to increase transparency are key, and these should be implemented without delay. (Paragraph 125)

Thorough evaluation through tests and trials is vital in ensuring that any improvements the Department makes—including proposals set out in the White Paper—are rolled out based on robust evidence of what works.

For instance, as outlined in the response to recommendation 7, evidence from the Health Assessment Channel Trial will inform how the Department's multi-channelled service capability can be optimised, including whether claimants will be able to choose their preferred assessment channel.

In the response to recommendation 15, the Department also outlines its progress on plans to test the Severe Disability Group, working with specialist health professionals to draw up a set of draft criteria which were shared with several charities, whose feedback was used to further develop the criteria.

Other recent/ongoing developments outlined in other recommendation responses include the publication, on 8 June, of the first set of UC WCA statistics; and the Department's commitment to review guidance and training for health professionals on the use of evidence from carers and family members, which will be accompanied by work with the assessment providers to address any compliance issues.

The Department has begun to test the feasibility of sharing assessment reports with people by default rather than on request. As outlined in its response to recommendation 20, it is also exploring the recording of assessments as part of its work to develop a new Health Assessment Service, including looking at how audio recording can also be offered for video assessments. The Department will be seeking ways to improve the whole process, including helping claimants to better understand that the opt-in option for audio recording is already available.