

Written evidence from Department for Work and Pensions (HAB0079)

Written Evidence for the Health Assessments for Benefits inquiry

As we set out in *Shaping Future Support: The Health and Disability Green Paper*, we have ambitious plans to support disabled people and people with health conditions to achieve their full potential. The Green Paper, the National Disability Strategy and the *Health is Everyone's Business* consultation response each form part of our holistic approach to supporting disabled people and people with health conditions to live independently. Key to this is helping more people to start, stay and succeed in employment.

Please see below our response to the Committee's call for evidence.

1. How could DWP improve the quality of assessments for health-related benefits?

The Government is committed to continuously improving our services. We have recently reiterated this commitment in *Shaping Future Support: The Health and Disability Green Paper*. During the Green Paper consultation period, we explored ways in which we could improve the current system of assessments, including by:

- Introducing different ways to conduct assessments, such as introducing telephone and video assessments;
- Reducing unnecessary assessments;
- Improving our decisions, for example, by making sure that evidence is available earlier in the decision-making process;
- Improving support for people with serious health conditions, including people nearing the end of their lives.

We were pleased to hear from more than 4,500 individuals and organisations, including disabled people and their representatives, by the time the consultation closed on 11 October 2021. We are considering all the responses to our Green Paper proposals as we consider what future policy changes might look like, which we will set out in next year's White Paper.

The Department's Health Transformation Programme (HTP) will deliver improvements to the health and disability benefits system, including proposals that stem from the Green Paper. The Programme will integrate the services that deliver Personal Independence Payment (PIP) and Work Capability Assessments (WCA), through the new Health Assessment Service.

Our ambition is to make the assessment process simpler, more user-friendly, easier to navigate and more joined-up for claimants, whilst delivering better value for money for taxpayers.

The Programme has also begun work to procure assessment services for the period 2023-28, having extended the current contracts, to ensure continuity of service in response to the impact of Covid-19. The new Functional Assessment Service contracts are key to our transformational approach and will replace the current multi-provider model with a single supplier for all services in a geographic area. They will bring contracts for PIP and WCA together into a single contractual arrangement, providing opportunity to join up the claimant experience.

a. Have you seen any specific improvements in the process since the Committee last reported on PIP and ESA assessments, in 2018?

Across our health assessment services, DWP has introduced a range of improvements, including:

- Introducing telephone and video assessments, in response to the Covid-19 pandemic. Telephone assessments were introduced at pace in 2020, when face-to-face assessments were suspended due to the pandemic, with video assessments introduced shortly after. These continue to be delivered alongside face-to-face and paper-based assessments whilst we complete an evaluation and consider views shared in response to the Green Paper.
- Introducing a Clinical Governance Quality Standards Framework. This ensures a systematic approach through which healthcare professionals will be supported by their senior management to continuously improve the quality and consistency of their work; and learn from the customer experience.

There have been five independent reviews of the WCA and two independent reviews of PIP, and we have taken on board over 100 recommendations. For example, as per the recommendations of the second PIP Independent Review, 'Function First' has now been rolled out nationally. PIP assessments now focus much more heavily on assessing functional impacts up front, rather than beginning each assessment with a detailed medical history.

Additionally, we have also adopted other recommendations from this review such as increasing the percentage of reports completed within 24 hours of the assessment, and ensuring HPs have sufficient time to prepare prior to an assessment.

DWP has worked continuously 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 DWP receives. In addition, PIP assessment reports have been redesigned to have clearer justifications which support improved benefit decision making.

To support quality and retention, all providers have improved the on-boarding and training processes for new functional assessors. The WCA provider, CHDA, introduced a redesigned training programme for new entrants in October 2019.

All assessment providers strive to provide excellent service to claimants and are held to account for their performance. All assessment providers have consistently exceeded their customer satisfaction target scores since the Committee last reported in 2018.

2. Are there any international examples of good practice that the Department could draw on to improve the application and assessment processes for health-related benefits?

We use a range of evidence sources to support policy development including looking at international examples. For example, we have looked at several European countries' assessment systems. This research has informed the thinking behind the employment and health discussion that we committed to test in the Green Paper.

3. Do the descriptors for PIP accurately assess functional impairment? If not, how should they be changed?

The PIP assessment looks at an individual's ability to carry out a series of everyday activities which are fundamental to living an independent life. These include: their ability to prepare, cook and eat food, dress and undress, make budgeting decisions, manage and monitor their health condition, engage with other people, and plan and follow journeys. These activities were chosen in order to enable consideration of the impact of a comprehensive range of impairment types.

Descriptors list a range of activities within each activity area which people may be able to perform with or without assistance. The activities and the descriptors together make up the assessment criteria. In selecting the activities, we sought to ensure that the assessment takes a holistic view of the impact of disability, fairly taking into account the full range of impairments, including: physical, sensory, mental, intellectual and cognitive impairments. The activities have been carefully selected to act as a proxy for participation, levels of need and likely extra cost.

We have not sought to assess each and every action an individual might perform on a daily basis but rather have selected a range of activities which cumulatively act as a good proxy. For example, individuals that have difficulties:

- Dressing and undressing are likely to have difficulties in other areas that involve bending and reaching; or
- Preparing food are likely to have difficulties carrying out other activities that require manual dexterity.

The PIP assessment criteria were developed in collaboration with independent specialists in health, social care and disability, including disabled people. As mentioned above, PIP has since been subject to two independent reviews. Although they did not revisit the assessment criteria as part of these, they did comment that the criteria were widely considered to reflect a relevant range of daily living and mobility activities.

4. Do the descriptors for ESA accurately assess claimants' ability to work? If not, how should they be changed?

The WCA assesses individuals against a set of functional and non-functional physical and mental health descriptors to assess how their health condition or disability affects their ability to work. The assessment is not to determine whether the claimant is able to do a specific job, but rather to assess whether they are capable of work. The activities and descriptors used in the assessment were developed in consultation with medical experts, alongside other experts and specialist disability groups to ensure that they are appropriate for all conditions.

The recent Green Paper consultation asked for people's views on the effectiveness of the activities and descriptors in the PIP assessment and WCA. We are now analysing the many responses we received to the consultation and will use those responses to consider whether any changes should be made to the PIP or WCA assessment criteria.

5. DLA (for children under the age of 16) and Attendance Allowance usually use paper-based rather than face-to-face assessments. How well is this working?

Disability Living Allowance (DLA)

DLA is an extra-cost benefit available to those under the age of 16 who, due to a disability or health condition have needs that are substantially in excess of the normal requirements of children of the same age and/ or have mobility issues.

The needs of children are very different to those of adults. The claim form captures evidence, usually provided by the child's parent or guardian, describing their child's care and support needs. Other evidence such as from a GP or consultant may also be provided, and if required Case Managers may contact the child's school to understand further how the child's disability affects them. This approach provides a holistic overview of the child's needs.

We have an improvement plan for DLA for children. Our initiatives include redesigning and shortening both the initial claim and renewal forms to improve the claimant journey, as the information in the claim form is such an important part of the decision-making process. As part of this we have consulted with external stakeholders and parents and guardians.

When PIP was being introduced, we said we would want to build on our experience of developing the objective assessment for claimants of working age before considering if it should be applied to children. During the development of policy on PIP, we consulted with and received input from health professionals, stakeholders and organisations acting on behalf of children about the range of assessments already carried out and the impact that had on parents and children.

There is a broad range of available evidence in DLA child cases. Disabled children already undergo several different assessments via social care, SEND etc. and will have evidence from their GP or consultant.

In addition, if Case Managers have a question regarding the medical evidence they have received or require more information about the impact of a particular condition, they have comprehensive medical guidance available. They can also seek both verbal and written advice from on-site health professionals.

The disability profile for children shows very marked differences between those for the working age and pensioner client groups – in particular, that mental health and learning difficulties predominate for this group.

DLA is not based solely on the diagnosis of a condition. As children grow and develop then their needs will change. Even where there are life-long conditions the level of care and mobility needs will not remain the same in all cases. As the mobility components are not payable until age 3 or 5 then we would usually need to seek a renewal claim if there is evidence of a mobility need.

As child awards are time limited and therefore reviewed more often than adult awards pre PIP, we do not think it is necessary for a child to undergo a face-to-face assessment for benefit purposes.

The Claimant Service and Experience survey shows that satisfaction for children claimants remains stable. In 2018/19, 89% of DLA child claimants were satisfied with the service they received from DWP. This proportion has remained broadly stable since 2017/18 (85%). Claimant Service and Experience Survey 2018 to 2019 (publishing.service.gov.uk).

Attendance Allowance

The paper-based assessment process for Attendance Allowance (AA) enables applications to AA to be decided without referring a severely disabled person over State Pension age for a medical assessment. The age and medical conditions of those claiming AA means many would have difficulty attending a face to face assessment so find the paper-based claim pack application works for them.

The main comments we receive are about the length of the claim pack and the level of detail required. The detail enables an award to be made without further information or assessment. In cases where further clarification is needed, the decision maker will usually talk to the person themselves, or, with appropriate permission, their carer, their GP or other medical professional.

Comprehensive notes accompany the claim pack and customers have told us they find these very useful. They support the customer with the completion of the form and provide the eligibility criteria for AA. They also signpost the customer to other benefits they may be able to claim.

a. Before PIP replaced DLA for adults, DLA was also assessed using a paper-based system. What were the benefits and drawbacks of this approach?

The primary advantage of having face-to-face assessments is that the process allows the assessor to explore with claimants how their condition or health condition affects them on a daily basis. We know that claimants can often find the process of

describing how their condition impacts them in forms difficult and may in fact under report their needs. DLA did not provide any systematic process to check that awards for working age people remained correct.

6. How practical would it be for DWP's decision makers to rely on clinician input, without a separate assessment, to make decisions on benefit entitlement? What are the benefits and the drawbacks of such an approach?

The PIP assessment and WCA are functional assessments, assessed on the basis of needs arising from a health condition or disability, rather than the health condition or disability itself. Healthcare professionals (HPs) who undertake WCA and PIP assessments are trained in assessing the functional impact of disability on claimants' daily life. It is unclear if purely 'clinical' input would be beneficial in the context of functional assessments.

Paper-based, telephone, video and face-to-face WCA and PIP assessments are currently undertaken by HPs and their advice is used by Decision Makers (DMs – WCA) and Case Managers (CMs – PIP) to inform their decisions on benefit entitlement.

The practicality of a CM or DM being able to make a decision without a separate assessment by a healthcare professional would depend on the quality of the information supporting the claim (e.g. the ESA/UC50 and PIP2 claim forms, and any Further Medical Evidence (FME) such as clinical letters, reports and care plans and the nature of the clinical input available to them). Completed claim forms frequently don't have enough information included on them to enable a robust decision to be made on paper, and FME can be variable in quantity and quality and is often lacking in detail about the functional impact of the claimant's health condition(s). In many cases FME is not available at all, either because none is provided or is not returned by a treating clinician upon request.

DMs currently have access to a WCA helpline for clinical advice from HPs, but this is in addition to an assessment by a HP. It is unclear how helpful this facility, or another form of clinical input, would be as a standalone without the benefit of an assessment.

Under the current process, when sufficient further evidence is available assessments can be completed on paper by a HP. Decision-making without adequate clinical input may have a negative impact in terms of the quality and accuracy of decision-making. It may also undermine confidence in the decision, potentially driving more appeals.

7. Appeals data shows that, for some health-related benefits, up to 76% of tribunals find in favour of the claimant. Why is that?

a. What could DWP change earlier in the process to ensure that fewer cases go to appeal?

We work hard to make the right decision first time. In the majority of cases that already happens; for example, in PIP, of the 4.4 million initial decisions made

following an assessment up to March 2021, 9% per cent have been appealed and 5% overturned at a tribunal hearing.

Similarly, in ESA between April 2014 and March 2021, 5.2m ESA (post WCA) decisions have been made, of these 7% have been appealed and 4% have been overturned at a tribunal hearing.

The latest statistics release from the Ministry of Justice (MoJ), covering the period April to June 2021, show that of the 18,000 appeals cleared at a hearing:

- Overall, 62% were found in favour of the claimant (down from 77% on the same period in 2020).
- This overturn rate varied by benefit type, with PIP at 70%, Disability Living Allowance (DLA) 65%, ESA 57%, and UC 46%. The PIP, DLA, ESA and UC overturn rates fell nine, eight, and 27 percentage points on April to June 2020 respectively. We advise caution in interpreting the recent data on overturn rates as an indication of future trends, as these could be affected by changes in DWP operational measures during Covid-19, impacting the volume and type of cases going to tribunal, as well as restrictions in place in the Tribunal Service due to Covid-19.

Decisions are overturned on appeal mainly because of the claimant's oral and new written evidence and tribunals taking a different view of the same evidence.

Research tells us most people are content with our services and the majority of our decisions about entitlement are correct. 75% of people claiming ESA, 74% of people claiming PIP and 79% of people claiming UC say they are 'satisfied' or 'very satisfied' with their overall experience. However, not everyone is content, and as noted above, 9% of PIP initial decisions and 7% of ESA (WCA) decisions have been appealed following an assessment. We want to ensure more people have a positive experience

Our aim is to make the right decision as early as possible in the claim journey. To support this, we have introduced a new approach to decision making at both the first decision and the Mandatory Reconsideration (MR) stage, giving Decision Makers additional time to proactively contact customers if they think additional evidence may support the claim. We have also been taking a similar approach when reviewing cases at the appeal stage and where new evidence is provided that changes the decision.

Since we introduced this new approach, we have seen a gradual increase in the proportion of PIP awards changed at the MR stage – from 23% in January 2019 to 40% in December 2019.

We are working closely with the Providers who carry out the assessments to ensure that they provide decision makers with the highest quality reports. For example, we are giving them feedback from appeal hearings.

8. Is there a case for combining the assessment processes for different benefits? If not, how else could the Department streamline the application processes for people claiming more than one benefit (e.g. PIP and ESA)?

We invited views on this in Chapter 5 of the Shaping Future Support: The Health and Disability Green Paper and are currently analysing responses.

In parallel, we are making ongoing service improvements to improve people's experience. Through the development of the new Health Assessment Service (HAS), the Health Transformation Programme will be integrating the services that deliver PIP and Work Capability Assessments. All health assessments in a given area will be carried out by a single organisation using an integrated digital platform developed by DWP, an initial step towards delivering a more streamlined, joined up claimant experience.

9. What are your views on the Department's "Health Transformation Programme"? What changes would you like to see under the programme?

a. (For people claiming) Would you like to be able to manage your benefit claim online?

b. What would be the benefits and drawbacks of DWP bringing assessments "in house", rather than contracting them to external organisations (Capita, Atos and Maximus)? In particular, would this help to increase trust in the process?

HTP will support policy reform and transformation ambitions across all functional health assessments. The Programme will provide a digital end-to-end service, whilst supporting those with assisted digital needs and continuing to provide the option of paper based and telephone applications. The Programme will also support claimants with better signposting from the outset. This will enable claimants to make more relevant personalised choices about their application and potentially avoid applying for a benefit or undertaking an assessment if that not the best option for them, it will also build trust by enabling claimants to track the progress of their claim and by actively responding to information and evidence to get the claimant the right decision first time.

As stated above, the Programme is developing a new integrated Health Assessment Service, which will bring the assessments for PIP and UC/ESA onto a single digital system. This will present opportunities to make our processes more effective and efficient and improve people's experience. For example, where people are willing to provide consent, the new system will allow us to share medical evidence more easily. This will help reduce the need for people to provide the same information more than once.

We are developing this new service on a small scale to begin with in a small area called the Health Transformation Area (HTA). The HTA will enable us to test, adapt and learn from new ideas and processes. This approach will allow us to continually improve the new service and systems in a controlled way. We then plan to roll out improvements gradually at a greater scale. The first HTA location, in London, was launched on 21 April 2021.

We have no plans to in-house the assessment service beyond the small Health Transformation Area and the Programme has begun work to procure health assessment services for the period 2023-28.

10. What lessons should the Department learn from the way that it handled claims for health-related benefit claims during the pandemic: for example, relying to a greater extent on paper-based assessments, or using remote/telephone assessments?

a. Is there a case for making some of the changes permanent?

In response to the Covid-19 pandemic, the Department made a number of changes to health and disability benefits to safeguard the health of claimants and staff and to prioritise new claims and continuity of awards. These changes included:

- Suspending all face-to-face assessments and introducing telephone-based assessments and video assessments, in addition to paper-based assessments. Companions are also able to join telephony assessments for further social support, as they would have done for a face-to-face assessment. The companion does not have to be living with the claimant as a three-way conversation can be set up between all parties.
- Suspending most review and reassessment activity across the health and disability benefits, and extending awards, unless a claimant notified us of a change in their needs.
- In May 2020, the Department began a small-scale test of an editable PDF version of the 'how your disability affects you' form (the PIP2). This test enabled a limited number of PIP claimants to receive and return a PIP2 by email, along with any supporting evidence. From October 2020, we then moved this test into an online (HTML) version of the PIP2, which allows users to complete the form online.
- We made it possible for a third party to be added to the initial claim call (possible by phone, Relay UK and video relay service). This ensured that those who needed support but may struggle to access it in-person due to social distancing or self-isolation continued to have the support they need.

We are currently assessing these remote assessment channels. Findings from a survey of PIP and ESA/UC claimants who received a telephone assessment, which was conducted in early summer 2020, was published alongside the Green Paper. The Green Paper has offered an opportunity to hear views on how we can improve assessments, including how we might provide a multi-channel health assessment service. Any future decisions about assessment channels will be evidence-based and draw on research and analysis.

The electronic and online PIP2 service, introduced at small scale during the pandemic, are being rolled out in a way that ensures that the system operates as smoothly as possible and we provide a positive claimant experience.

11. Most assessments for Industrial Injuries Disablement Benefit were suspended during the pandemic. What has been the impact on people trying to claim IIDB?

Face-to-face assessments for IIDB were suspended in March 2020 to reduce the risk of exposure to coronavirus and protect our most vulnerable customers. In order to reduce the impact on customers during this period, we conducted paper-based assessments for certain prescribed diseases and trialled video assessments for some accidents claims. Face-to-face assessments for IIDB customers were reintroduced from April 2021.

We will continue to assess people on the basis of paper evidence whenever possible. While paper-based and a limited number of video assessments will continue to be appropriate for many of our claimants, for others it is necessary to conduct a face-to-face assessment in order to collect sufficient evidence and make a robust recommendation. All eligible awards for IIDB will be backdated to date of claim.

a. Some IIDB claimants will receive a lower award than they might have, due to the suspension of assessments, because IIDB awards are linked to age. Should the Department compensate these claimants? How?

For IIDB all eligible awards will be backdated to the date of claim. The amount IIDB awarded is not dependent on the age of the claimant, only on the level of disablement.

However, the suspension of face-to-face assessments due to COVID-19 for IIDB has meant that some payments under the Pneumoconiosis etc. (Workers' Compensation) Act 1979 may have affected the value of the award, as the amount payable under the 1979 Act is dependent on the individual's age at time of assessment. That is why, for claimants impacted in this way, we will award a one-off Special Payment for the period of the suspension of face-to-face assessments in order to put claimants back into the financial position they would have been, had they not been affected by the suspension of services. This issue is isolated to a small number of claims.

b. What lessons could the Department learn for how it deals with these claims in future, in the event of further disruption to normal services?

The Department identified the impact the suspension of face to face assessments was having on some customers making claims under the 1979 Act and consequently put in place measures to ensure that customers affected were not financially disadvantaged as a result.

12. DWP believes that applications for some benefits dropped sharply at the start of the pandemic because claimants weren't able to access support (for example, from third sector organisations) to complete their applications. What

are the implications of this for how the Department ensures people are able to access health-related benefits consistently?

a. How can the Department best help the third sector to support claimants in their applications?

In order to better understand the decrease in PIP new claim volumes in the early part of the pandemic, we asked charities and other representative bodies for their insight. Initial feedback pointed to the disruption of support services, due to staffing constraints resulting from Covid-19. As a result, fewer people may have been signposted to PIP and those who intended to apply may have been deterred by the lack of support in completing the application process from third sector organisations. The volume of new claims has since recovered, with 170,000 registrations for new claims in the quarter ending July 2021, the highest quarterly level of new claim registrations since PIP began.

Throughout the pandemic, support has been provided by third sector organisations, but delivery methods may have changed.

To make it easier for people to claim we have made it possible for third parties to join claimants on the initial call to claim PIP and the PIP telephone assessment. This ensures that people are able to access their social support system even if they are not able to be physically together.

Citizens Advice and Citizens Advice Scotland continue to deliver 'Help to Claim', which provides support to help people make their first UC claim. 'Help to Claim' is available across England, Wales and Scotland.

During the pandemic, and following Government advice, the face to face facility for Help to Claim was temporarily suspended and comprehensive help was provided through telephony and online support. When Government advice allowed, Citizens Advice and Citizens Advice Scotland began a phased return to face to face support for those who needed it and continued to provide comprehensive telephony and online support.

In the Health and Disability Green Paper we set out our intention to test how we might deliver an advocacy service that provides support for people who are struggling to navigate the benefits system. This support would be accessible at any point in the claim process and would complement existing third sector provision. The Green Paper asked for views on how this service should be designed and how we might identify who could benefit from it, and we are now considering the responses we have received.

13. DWP recently published research on the impact of applying for PIP or ESA on claimants' mental and physical health. What would be the best way of addressing this?

For the purposes of this response, we have assumed you are referring to the claimant views on ways to improve PIP and ESA questionnaires research and

analysis published here <https://www.gov.uk/government/publications/claimant-views-on-ways-to-improve-pip-and-esa-questionnaires> in July 2021

DWP has taken a number of steps to improve the PIP and ESA application process. This includes:

- In May 2020, as part of the Department's Covid-19 response we developed an interim editable PDF version of the 'How your disability affects you' form (PIP2) to be returned by email, along with any supporting evidence. Beginning in November 2020, we replaced this with an online (HTML) version of the PIP2, which allows users the opportunity to complete the form online. The service offer is currently limited to citizens who are identified as able to self-serve digitally, during the PIP1 call. Numbers invited will increase further as the service scales ahead of the planned introduction of a full online PIP service.
- Changes were made to the Personal Independence Payment Assessment Guide (PIPAG), in September 2020, to improve how claimants with additional support needs could be identified thereby increasing protection for the most vulnerable claimants. This enables PIP claimants with a severe mental health or behavioural condition, learning disability, developmental disorder or cognitive problems, who may have difficulty engaging with the claims process, and with no formal support network in place, to be provided with additional support during the claims process if they need it. This support includes help filling in the form, additional protections for failing to return the questionnaire or for failing to attend an assessment. Claimants with an additional support marker are guaranteed to have an assessment if they fail to return their PIP2 questionnaire and won't be disallowed if they fail to attend an assessment; instead their case is referred back to DWP and we follow up with the claimant.
- This research is referred to in the Health and Disability Green Paper which was published in July of this year. DWP makes a clear commitment in the Green Paper to continue looking at ways of improving our services. The research invited views on both the application and assessment process. The lived experience of disabled people and people with health conditions is at the heart of the DWP's plans to improve our services.

14. What could the Department do to shorten waits for health-related benefit assessments—especially for ESA/UC?

DWP is committed to assessing people as quickly as possible in order that they receive the benefit(s) and support they are entitled to in a timely manner.

We are always looking at ways to improve the assessment process and how this impacts on overall processing times. As part of the Covid-19 response we introduced telephone assessments (in March 2020 for PIP and in May 2020 for WCA), and have continuously improved our processes and guidance to minimise the number of

customers for whom a telephone assessment is not suitable. Currently only a small proportion of customers are unable to undertake a telephone assessment. We continue to conduct paper-based assessments and are also undertaking a small number of assessments via video.

We reintroduced face to face assessments for PIP and WCA in May 2021 on a small scale, prioritising claimants who were unable to be assessed remotely.

a. How effectively does the “assessment rate” for ESA cover disabled peoples’ living costs while they wait for an assessment? Is there a case for introducing an assessment rate for other health-related benefits?

ESA is an income-replacement benefit for people who are unable to work due to a health condition or disability. Claimants who meet the basic conditions of entitlement to ESA enter a 13-week assessment phase. During this period, they receive an assessment rate payment of £74.70 a week for a single person aged 25 or over; and £59.20 for a single person under 25 (April 2021 figures).

The ESA assessment rate is the same as the rate paid to those placed in the work-related activity group and is intended to provide eligible claimants with help towards their living costs. Claimants in receipt of ESA may also be eligible for PIP, which can help with the extra costs arising from their health condition or disability.

The majority of claimants in the Limited Capability for Work and Work-Related Activity (LCWRA) group of UC are awarded an additional amount of UC once they have served a three month ‘relevant’ period similar to the ESA assessment phase. There are exceptions to the three-month rule for claimants who are terminally ill and claimants with other Special Circumstances. These Circumstances include;

Claimants who had a previous award of Universal Credit which included LCWRA and either:

- The Universal Credit claimant becomes a single or joint claimant as a result of the couple separation or formation;
- The claimants Universal Credit award ends when their income or earnings exceed their entitlement and they claim again within 6 months;
- The claimant has a continuous claim from Employment and Support Allowance to Universal Credit or is still entitled to New Style Employment and Support Allowance with the support component or work-related activity component.

As extra costs benefits which are not related to life events such as becoming unemployed or reaching retirement, rather than income replacement benefits to help meet such needs, there is no need for an “assessment phase” for AA, DLA and PIP. Likewise, the IIDB is not intended to be an income replacement benefit, but rather payment to assist with extra costs arising from disablement resulting from an

industrial accident and injury. Once a decision has been reached, any entitlement to these benefits can be backdated, often to the point the claim was made.

15. The Scottish Government intends to introduce its own assessment process for the Adult Disability Payment, which will replace PIP in Scotland from 2022. What could DWP learn from the approach of the Scottish Government?

Both the UK and Scottish Governments are working to ensure a safe, secure transition from UK benefits to new Scottish arrangements as soon as the Scottish government is able.

Until the Social Security Scotland Agency is in a position to deliver the replacement Scottish benefit, Adult Disability Payment (ADP), Agency Agreements are in place to allow for ongoing maintenance of devolved benefits by DWP on a business as usual basis. This will allow for a phased transfer between agencies, providing financial continuity for customers. ADP is due to be introduced in 2022.

It is entirely a matter for the Scottish Government how they deliver their own benefits. Our view is that assessments with the claimant, whether through face to face or telephone/video consultations, give them the best opportunity to describe how their condition affects them on a daily basis. Making a decision on the basis of clinical evidence alone may also have a negative impact in terms of the quality and accuracy of decision-making.

a. PIP started rolling out in Northern Ireland in 2016. Is there evidence that the Department learned from the experience of rolling out PIP in the rest of the UK?

Social Security matters, including PIP, are entirely devolved to the Northern Ireland Executive. Our respective administrations engage regularly to ensure the parity arrangements are maintained and to share good practice. However, the delivery of benefits in NI is a matter for the Northern Ireland Executive and the Department for Communities.

16. How effectively does DWP work with stakeholders — including disabled people — to develop policy and monitor operational concerns about health-related benefits?

a. What steps could the Department take to improve its engagement with stakeholders?

We have a number of established stakeholder forums that meet regularly to discuss policy and operational issues and help us improve our services for disabled people. This includes the Operational Stakeholder Engagement Forum (OSEF), containing seventeen organisations who represent customers with health and disability issues, the Health & Disability Policy Forum, Access to Work forums in England, Scotland and Wales, and the PIP Policy Forum.

The PIP Policy Forum is a group of approximately fifty charities, welfare rights advisors and local authorities who work with disabled people on PIP. We regularly update the Forum on PIP policy, operate an email inbox for members to contact us whenever PIP-related concerns arise and work with this group when undertaking development of new policy. Recent examples of engagement include improvements made to the PIP2 form, design of the Light Touch Review for ongoing awards and understanding the reasons for people failing to attend their PIP assessment.

The Green Paper consultation invited disabled people and their representatives to put forward their views on the approaches we should consider to improve the benefits system. The content of the Green Paper was shaped by listening to disabled people about their experience of our services. Between October 2019 and March 2020 we held seven large workshops with disabled people, their representatives and charity workers, in locations across the country. During the pandemic we held thirteen virtual events organised with charities and organisations in which we heard directly from disabled people about their lived experience of our services. In February 2021, we wrote to all Members of Parliament to invite them to host virtual events with disabled people, charities and organisations in their constituencies, and held 20 such events prior to the publication of the green paper.

During the consultation period we continued this engagement with eleven face-to-face events in each region of England, and Wales and Scotland. We also held six virtual events to give people choice in how they engaged with us, and we ran a series of nineteen virtual events organised with charities to hear the views of their users. In total we ran over forty events during the consultation period, gathering a rich set of insights that will shape future policy development and service delivery.

The Regional Stakeholder Network is made up of 225 disabled people, their organisations, parents and carers that are grouped in networks in each of the nine regions in England and led by regional chairs. They allow disabled people to share their views about the policies and services that affect them and offer a channel for organisations across England to contribute their views on government priorities and policies that affect disabled people. Between November 2020 and January 2021 DWP officials met with each of the nine regions to hear their views on how our services could be improved.

The Disability Unit, which sits within the Cabinet Office, has led the development and delivery of the National Disability Strategy, working across government and reporting to DWP Ministers. The National Disability Strategy was published on 28 July and set out over 100 commitments to improve disabled people's everyday lives. The Strategy is informed by one of the biggest listening exercises with disabled people in our recent history, with the UK Disability Survey receiving over 14,000 responses. We also engaged through our regional and national networks, virtual workshops and detailed dialogues with disabled people.

The National Disability Strategy commits to reviewing the way the UK government engages with disabled people, in discussion with disabled people, disabled people's organisations and charities. The strategy committed to publishing an annual report in summer 2022, which will detail the progress made against the commitments.

November 2021