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Ms Mo Stewart

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Dear Ms Stewart

Thank you for your letters of 18 December 2017 to Minister for Disabled People, Health and Work and 8 January to Secretary of State for Work and Pensions in relation to the Work Capability Assessment (WCA) in which you have raised a number of important points. I have been asked to reply and I apologise for the delay in doing so.

Health and disability is one of the most challenging parts of the welfare system we run, as it depends on understanding someone's capacity for work and the effect disability and sickness has on their life. This is not a straightforward thing to measure. Officials are constantly evaluating a wide variety of propositions for their effectiveness. Many factors need to be taken into account and possible long-term effects carefully considered before any single measure is implemented.

We have made significant improvements to the WCA since its introduction in 2008. This includes implementing changes to address issues raised through five independent reviews and strong customer experience improvements in partnership with our WCA provider. The assessment is not designed to diagnose or give a prognosis; instead it is looking at the impact of a disability or long term health condition on an individual. We remain committed to further improving the WCA, which is why on 29 September 2017 we stopped further reassessments for those with the most severe conditions. There still needs to be a gateway in place for disability benefits to provide support to those who need it most.

In your letters you refer to the recent Westminster Hall debate on the WCA and the overturn rate for appeals. To put this into context, between April 2014

and June 2017, over 2.6m ESA (post WCA) decisions have been made, of these just 8 per cent have been appealed and only 5 per cent have been overturned. In most cases Tribunals' overturn of our decisions is due to the claimant providing more evidence at appeal – written or oral – than was originally available to us.

We have recruited, trained and deployed approximately 150 Presenting Officers, split between PIP and ESA. They present the Department's case at First-tier Tribunal, with the aim of ensuring that the Tribunal reaches the correct conclusion, for both the appellant and the taxpayer. Presenting Officers are also providing valuable insight into why decisions are overturned, and are identifying improvements that could be made to the claimant journey.

Furthermore, the department is running a series of tests which explores the different ways we can improve evidence gathering and the quality of our decision making. This work is being brought together in a Decision Making and Appeals Improvement Plan which draws on the recommendations made in the Social Security Advisory Committee's Decision Making and MR report.

You have also raised a point about the information available to health professionals who conduct the WCAs. The purpose of the WCA is to explore whether a person is able to, or might be able to, work or undertake work related activity. In order to provide an assessment report that is medically justified and accurate, a health professional must undertake extensive questioning in order to establish how the claimant is impacted by their condition. Depending on a claimant's condition/disability the assessment may also include a physical examination, blood pressure, sight, hearing or other tests, movements such as stretching, standing and bending. This is a comprehensive disability analysis assessment which is required in accordance with government legislation.

We ensure our assessors who conduct the work capability assessments attend extensive training in Mental Health matters, removing the need for a specifically trained psychologists to undertake assessments and we require healthcare professionals to have a broad training in disability analysis, as well as training in specific conditions, including multiple and complex conditions.

Assessors also have access to mental health function champions to support them when reviewing evidence and provide advice to decision makers and access to senior clinical leads for advice and guidance on more complex cases. Where an assessor identifies any indication of suicidal thoughts or intentions, they are trained to explore the person's circumstance – as sensitively as possible – and if they have concerns that an ESA claimant is at substantial and imminent risk they have a professional responsibility to act in order to safeguard their welfare. Our training of decision makers has also

been improved to ensure they understand mental health conditions and their impact.

DWP decision makers consider all the available information before making a decision on benefit entitlement, including the advice by our health professionals. Claimants are encouraged to provide all evidence they have that is relevant to their claim at the outset of their claim, including medical evidence supplied by their GP or other professionals, such as support workers, carers and community mental health nurses. However, we make it clear to claimants that we will request medical evidence from clinicians if we need it. Health professionals are also expected to seek further evidence in situations where it would help them provide advice without calling a claimant in for a face-to-face assessment.

DWP asks clinicians, for example GPs to provide objective clinical information, for example diagnoses, investigations, symptoms, clinical findings and treatment. We also ask for functional information if known i.e. the effects of the disabling conditions on day to day life provided that it is supported by factual evidence, for example that it is based upon direct observation. However clinicians often do not have knowledge of the disabling effects of their patients' medical conditions and this information is often not included in their reports.

Suicide is a tragic and complex issue which we take extremely seriously. Whilst any death is extremely distressing for the family, it would be inaccurate and misleading to link it solely to a person's benefit claim. Evidence shows that work is generally good for physical and mental health and wellbeing and can aid health improvement. The Government already provides a range of support to claimants with mental health conditions:

- We are continuing to build the capability of Jobcentre Plus work coaches to deliver tailored support, including training on supporting claimants with health conditions for work coaches delivering UC and the introduction of an enhanced training offer for all work coaches to better support people with mental health conditions.
- The Department's Personal Support Package which supports ESA and UC claimants provides people with health conditions and disabilities, with a range of new interventions and initiatives designed to provide support that is tailored to their individual needs.

The Cross-Government Suicide Prevention Strategy for England (2012) identified high risk groups and groups of people for whom tailored approaches to their mental health are required to address the risk of suicide. This includes people who are disabled and those with long-term health conditions. The Government provides annual progress reports on the implementation of the Cross-Government Suicide Prevention Strategy. The third annual report

updated the key areas for action within the strategy to drive its implementation. Progress reports regularly provide updates on work with the Department of Work and Pensions on how it is addressing suicide risk. This includes work to trial models of improving access to psychological therapies for people in contact with employment services and the implementation of suicide awareness training for staff and implementing a six point plan which sets out a framework for managing suicide and self-harm declarations from customers.

You have referred to conditionality and sanctions in your correspondence. ESA claimants in the Work Related Activity Group are only asked to meet reasonable requirements, taking into account their circumstances and capability, including health conditions, disability and caring responsibilities. Work Coaches work with claimants to agree these requirements and explain the consequences of failing to meet them. Imposing a sanction is not something we do lightly. Claimants are given every opportunity to explain why they failed to meet their agreed conditionality requirements, before a decision is made.

We place additional emphasis on protecting more vulnerable ESA recipients before a sanction is considered. Before sanctions are applied, home visits are undertaken for ESA claimants who have a mental health condition or learning disability, or condition which affects communication/cognition. This happens when either they haven't responded to the Department's communications to provide good reason or there has been contact and good cause is not provided but it is considered the claimant may not have understood the requirement / consequence, due to their condition. There is also a well-established system of hardship payments, available as a safeguard if a claimant demonstrates that they cannot meet their immediate and most essential needs, including accommodation, heating, food and hygiene, as a result of their sanction.

We want to ensure our most vulnerable claimants, those with difficult personal circumstances or disadvantages caused by life events, are supported as much as possible. So we have a range of policies and procedures in place to ensure they get the benefits they are entitled to and can make best use our services.

The language, style and tone of our letters and questionnaires have been simplified to make them clearer for the customer. Indeed in our EAS50 Health Questionnaire, we have added clearer, plain English explanations to the descriptors which mirror the regulations and introduced colour coding to help people differentiate between the physical and cognitive sections. These and other changes have been introduced following insight from support groups,

and we will be conducting user testing in 2018 to understand how these changes have impacted our customers.

We recognise however that there is more to be done so we have:

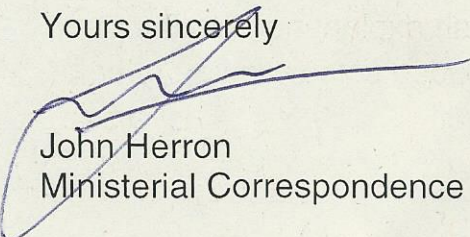
- a wide test and learn agenda to help identify what works and to continue to improve. For example, we are exploring ways to improve the customer journey specifically for claimants with mental health conditions; and the impact of sharing claimant information between PIP and ESA to make the process more efficient.
- recruited new Community Partners, who will provide expertise (often through 'lived experience' or external experience) of disability and health condition issues, including those with expertise in mental health issues;
- recruited 300 additional Disability Employment Advisers, who are actively providing advice and guidance on what works for claimants with disabilities, including those with mental health issues;
- completed rollout of the new Health and Work Conversation, which allows work coaches to continue to build engagement with claimants with disabilities and health issues, backed by comprehensive new work coach training to build skills of empathy and active listening to help people respond resiliently to challenges and overcome fixed beliefs about their abilities; and
- ensured work coaches are supported in their transition to Universal Credit, with them undertaking a robust learning process which includes a focus on health conditions and disabilities and specific content on mental health conditions.

These improvements we have made to ESA and the work capability assessment process are part of our wider strategy to support those with mental health issues or at risk from suicide.

The recent publication 'Improving Lives: The Future of Health, Work and Disability' sets out our vision and next steps to best support people to remain in or return to work which included future plans for the WCA. We will carry on making improvements, including through longer-term reform if that is what is needed. But we need to get this right. We will therefore be working with stakeholders to inform future changes, including engaging with concerns about the specific model consulted on in the Green Paper for the WCA.

I trust that this has addressed your concerns

Yours sincerely



John Herron
Ministerial Correspondence Team Manager