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Department for Social Development's  
Response to Dr Paul Litchfield's Report

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# An Independent Review of the Work Capability Assessment – year five

February 2015



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## Ministerial Foreword

This report represents the Department for Social Development's response to the fifth and final, annual independent review of the Work Capability Assessment (WCA). This is the second review carried out by Dr Paul Litchfield, a senior occupational physician. In the first three reviews, Professor Malcolm Harrington, an occupational health specialist, made recommendations aimed at improving the fairness and effectiveness of the Work Capability Assessment. The implementation of recommendations arising from the first four reviews have seen considerable change to the Work Capability Assessment, indeed Dr Litchfield's report highlights that through the entire period of its existence, the Assessment has been in a "constant state of change".

The implementation of recommendations arising from the previous independent reviews has changed the journey for claimants who go through the Work Capability Assessment process. The Department has worked with officials in the Department for Work and Pensions and with the Independent Reviewers to improve and enhance the journey for claimants and for the staff who process the benefit. We will continue to work on the journey when finalising our delivery of the year four recommendations and commencing work on the year five recommendations.

As a Department we are committed to providing claimants with the support they need while they are unable to work and we will identify the support needed to get them back into the workplace. This will be underpinned by working with our business partners in the Department for Employment and Learning who deliver the work related support for claimants.

We particularly welcome Dr Litchfield's visits to Northern Ireland as part of his evidence gathering process when he met and listened to the views of a wide range of stakeholders. The Department notes the findings of Dr Litchfield's fifth independent review and accepts the five recommendations which are specific to Northern Ireland. We will also work with officials in the Department for Work and Pensions to progress the wider recommendations.

I note that Dr Litchfield, whilst welcoming continuous improvement as "a desirable feature in any system", has reflected on the volume of change to this particular element of the claimant journey as a system which has "never really had time to bed down so that people could get used to it", he adds "each change serves to resurrect public interest and reinforce what are generally negative perceptions". It is therefore important that we give very careful consideration to further change to ensure that we preserve the original policy intent for the delivery of Employment and Support Allowance.

## Introduction

1. The Department for Social Development (DSD) welcomes Dr Litchfield's report which represents the fifth and final independent review of the Work Capability Assessment (WCA) in Northern Ireland. This report continues on from Professor Harrington's first three reviews and Dr Litchfield's fourth review. The fifth review followed a similar process to that adopted in previous reviews, gathering a range of evidence to provide an insight into how the process is working. It also examines the impact of the previous reviews and identifies opportunities for further improvement. Dr Litchfield has included a separate chapter to consider issues specific to the Work Capability Assessment process in Northern Ireland.
2. Dr Litchfield has recognised the impact and scale of the level of change over the period of the five independent reviews. In particular he refers to the changes to descriptors and the introduction of the Decision Assurance Call. Whilst welcoming improvement, he cautions that "many individual changes may, over time, have caused the overall practice to deviate substantially from the original policy intention". It is therefore important that the Department continues to impact such changes against the policy intent.
3. The Department has accepted and implemented the majority of the recommendations arising from the first four reviews. This programme of work has made some significant changes and improvements to the Work Capability Assessment. We note Dr Litchfield's observation that the "WCA being delivered today is significantly different from that designed in 2006-2008". We particularly welcome Dr Litchfield's comments around the work we have started to develop aimed at delivering a more structured approach to support young people leaving school or college with severe learning disabilities.
4. The Department welcomes the recommendations made by Dr Litchfield in this review, which continues to build on progress arising from the previous four reviews.
5. This document:
  - sets out the Department for Social Development's response to Dr Litchfield's findings
  - provides our response to each of the Northern Ireland recommendations (Annex 1)
  - provides our response to each of the wider Department for Work and Pensions recommendations (Annex 2)
  - provides a summary of progress on the recommendations from previous reviews (Annex 3).



## Northern Ireland Independent Reviews

6. Section 10 of the Welfare Reform Act (Northern Ireland) 2007 places a statutory duty on the Department for Social Development to lay an independent report before the Assembly on the operation of the Work Capability Assessment each year, for the first five years. The aims of the Independent Reviews are to improve the fairness and effectiveness of the Work Capability Assessment. This review represents the findings arising from the fifth and final independent review.
7. Professor Harrington carried out the first three Independent Reviews. The first Northern Ireland report was presented to the Assembly in September 2011, the second in November 2011 and the third in November 2012.

Dr Litchfield carried out the fourth and fifth Independent Reviews which were presented to the Assembly in December

2013 and November 2014 respectively. The reviews typically included a Call for Evidence alongside a programme of process review set by the independent reviewer.

8. Dr Litchfield conducted the fifth and final Independent Review and report and he agreed to the inclusion of Northern Ireland in the review. The fifth year Call for Evidence focused on the impact of previous reviews, sought new evidence and established where further improvements are needed in relation to:
  - mental health and learning difficulties;
  - experiencing the Work Capability Assessment process
  - the difference between the Work Related Activity Group and the Support Group and reasons for being placed in particular group.

## Improvements to the WCA

9. A number of improvements have been made to the Work Capability Assessment process as a result of the previous independent reviews carried out by Professor Harrington and Dr Litchfield. These improvements include:
- changes to the descriptors relating to cancer sufferers which expanded the categories of cancer treatments under which a claimant may be treated as having limited capability for work related activity
  - the introduction of a fast track process for making decisions on claims made under the special rules provision for claimants with terminal illness and limited life expectancy
  - the introduction of a safeguard process for claimants suffering mental incapacities who fail to attend their assessment and do not follow up contact with the Social Security Agency (SSA)
  - improvements to the forms issued to claimants to make them clearer, less threatening and to more fully explain the process
  - amending the medical questionnaire (ESA50) to enable claimants to express the issues they face with a personalised justification and changes to clarify that clinical nurse specialists and consultants can complete the relevant section of the form for those with cancer
  - the production of a Customer Charter by the Medical Support Service provider
  - the introduction of Mental Function Champions to provide expert advice to healthcare professionals when dealing with claimants with mental, intellectual and cognitive illnesses and the plain-English personalised summary statements in every report to improve the face-to-face assessment
- improving training and guidance for healthcare professionals (HCPs) and Decision Makers and establishing a helpline to enable Decision Makers to contact healthcare professionals when they need advice
  - the introduction of the pre-decision call whereby Decision Makers attempt to contact claimants by telephone to offer them the opportunity to provide further evidence before making their final decision
  - Decision Makers now provide claimants with a 'Decision Maker Reasoning', outlining their reasoning as to how they came to their conclusion
  - the introduction of a minimum period of six months between a successful appeal decision and a recall notice being issued.
10. The Health Assessment Adviser function was established by the Department in August 2011. The Health Assessment Adviser continues to provide quality assurance of the medical assessment aspects of the Work Capability Assessment delivered by the Medical Support Service provider. This includes auditing of the quality of medical assessments, the standard of training and training materials provided to healthcare professionals, the quality assurance of medical guidance and the approval of all appointed healthcare professionals. As recommended by Dr Litchfield in his fourth review, the Department continues to explore ways to develop the role of the Health Assessment Adviser.
11. An update on years one to four recommendations can be found at Annex 3.

## Terms of Reference of the Year Five Review

12. The terms of reference for the fifth Review were to:

- provide the Secretary of State for Work and Pensions with an independent report evaluating the operation of the assessments of limited capability for work and limited capability for work-related activity
- evaluate the effectiveness of the limited capability for work assessment in correctly identifying those claimants who are currently unfit for work as a result of disease or disability
- evaluate the effectiveness of the limited capability for work-related activity assessment in correctly identifying those claimants whose disability is such that they are currently unfit to undertake any form of work-related activity
- evaluate perceptions of objectivity surrounding the assessments
- take forward any outstanding areas of work identified in the years one to four reports during year five
- monitor and report on the implementation of the recommendations in the years one to four reports that are adopted by Ministers
- provide independent advice to Ministers and the Department on any specific issues or concerns with the Work Capability Assessment that arise during the term of appointment, on which the Government may seek his independent view.

13. The scope of the fifth independent review, as well as continuing to review and monitor the implementation of recommendations from previous years and assess the impact, was to consider emerging issues around:

- the drivers for the number of people being placed in the Support Group which has been growing steadily. Dr Litchfield sought to understand why this might be
- mental health and learning disabilities. In his report Dr Litchfield recognised that “mental health conditions represent the primary cause of incapacity in 40% of cases going through the Work Capability Assessment and 41% of those placed in the Support Group”
- the long term future of the Work Capability Assessment.

## The Review Process

14. The Review was broken down into three broad stages:

- examination of changes to the Work Capability Assessment process since late 2013 and the Department for Work and Pensions’ Evidence Based Review
- gathering of evidence including multiple stakeholder meetings and a formal Call for Evidence
- analysis of data, evidence synthesis and report writing.

## Examining the Work Capability Assessment Process

15. The Review examined all parts of the Work Capability Assessment process. Meetings and briefings were held with both senior and working level officials from the Department for Work and Pensions, the Department for Social Development, the Department for Employment and Learning (DEL), Atos Healthcare, HM Courts and Tribunals Service and the Tribunal Service in Northern Ireland. Visits were made to four Benefit Centres (Stratford, Balham, Bridgend and Employment and Support Allowance Centre, Belfast) where the main focus was on observing and speaking to Decision Makers as they reviewed cases. A Work Capability Assessment Centre and a Personal Independence Payment Assessment Centre in Coventry were visited where processes and face-to-face assessment were observed. A Work Programme provider (Cardiff) and a Jobcentre Plus Office (Stratford) were also visited to help build an understanding of the process following a Work Capability Assessment with a view to considering how the Assessment could benefit from greater links with the later stages of an Employment and Support Allowance claim.

## Year Five – Evidence Gathering

16. In June 2014 the Department for Social Development launched the Call for Evidence in Northern Ireland to inform the fifth review. By the closing date of 15 August 2014, 41 responses had been received. 18 responses were from individuals with the remaining 23 from professional and voluntary organisations.
17. All Northern Ireland responses were shared with the Great Britain Review team for their consideration.
18. In addition to the Call for Evidence, Dr Litchfield visited Northern Ireland to take evidence from the Social Development Committee, the President of the Appeals Tribunal for Northern Ireland and officials from both the Department for Social Development and the Department for Employment and Learning working on the policy and operational delivery of the Work Capability Assessment and Employment and Support Allowance.
19. The Call for Evidence was supplemented by a seminar hosted by the Law Centre (Northern Ireland) in July 2014. Representatives from the voluntary advice sector met with Dr Litchfield, including Newry Citizen's Advice Bureau, Magherafelt District Advice Service, Mencap, Advice NI, Citywide Tribunal Service, North Belfast Advice Partnership, Disability Action, East Belfast Independent Advice Centre, STEP NI, Citizens Advice NI, Macmillan and Belfast Health and Social Care Trust.

## Key Findings of the Fifth Review (Northern Ireland)

20. **Support Group** – Dr Litchfield carried out analysis on the number of people being placed in the Support Group and identified a rising trend. Although the trend was similar to Great Britain, it was not possible to compare outcomes in Northern Ireland with those in Great Britain because of key differences in the data collected<sup>1</sup>. In particular Dr Litchfield found that the number of young people (ages 16 - 24 years old) being placed in the Support Group in Northern Ireland was very similar to Great Britain. During 2013, on average 48% of young people making a claim to Employment and Support Allowance were assigned to the Support Group. Dr Litchfield highlights the long term consequences of this trend, recommending that the Department works with the Department for Work and Pensions to better understand the general issues relating to young people and gives consideration to the issues which may be specific to Northern Ireland.
21. **Appeals** – Dr Litchfield found that the majority of claims overturned by the Tribunal Service were as a result of “additional or oral evidence given during the appeals process, rather than the original decision being considered defective”. He also welcomed the Department’s risk based approach to having Presenting Officers in attendance at appeal hearings. Dr Lichfield recommended that the Department considers whether it would be beneficial to have the examining healthcare professional in attendance at appeal hearings for more difficult cases.
22. **Information sharing and feedback loops** – When visiting Northern Ireland Dr Litchfield took particular note of issues around sharing information between the Social Security Agency and other organisations involved in the Work Capability Assessment process. In particular, the Department for Employment and Learning which administers work-related support in Northern Ireland. Dr Litchfield was pleased to hear that work was underway to consider how information could be better shared between the two departments and recommended that this work should continue.
23. **The Tribunal Service** – As the Tribunal Service does not provide summaries of their decisions when a case is overturned, there is an absence of reasoning as to why the person was scored differently at appeal. Dr Litchfield recommended that the Social Security Agency and the Tribunal Service should continue working together to “define the information that would be most conducive to improving decision making” and this information should be fed back to the Medical Support Service provider to improve the performance of the healthcare professionals.
24. Annex 1 sets out the Northern Ireland specific recommendations and the Department’s response to these recommendations.

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<sup>1</sup> Repeat assessments not included in Great Britain figures.

## Key Findings of the Fifth Review (Department for Work and Pensions)

25. The main body of the report relating to the Department for Work and Pensions, (including Northern Ireland), contains chapters on:

- **The development of the Work Capability Assessment since 2008**  
Dr Litchfield reviewed processes and perceptions around the mandatory reconsideration process in Great Britain and findings arising from the Department for Work and Pensions' Evidence Based Review. He went on to make 7 recommendations – see Annex 2 recommendations 1-7.
- **The Support Group**  
Dr Litchfield identifies the substantial increase in the proportion of people being assigned to the Support Group and in particular the high rate of young people (16 - 24 years old) being placed in the Support Group. The report details 3 recommendations to ensure that the application of the Work Capability Assessment is meeting the policy intent and that individuals are placed in the most appropriate group – see Annex 2 recommendations 8-10.
- **Perceptions**  
Dr Litchfield highlights the importance of effective communication for both staff and claimants going through the Work Capability Assessment process. He examined the way in which the Department communicates, particularly with those going through assessment for the first time and details five recommendations aimed at improving the perceptions of the Work Capability Assessment – see Annex 2 recommendations 11-15.

- **Decision Making and Processes**

Dr Litchfield looked at the flow of information across the Department, particularly in instances where a claimant was in receipt of other benefits involving health related assessments. He points to the need to explore opportunities for improving the flows of information. Dr Litchfield also comments on the setting and appropriateness of re-referral periods. The report details five recommendations designed at improving decision making – see Annex 2 recommendations 16 - 20.

- **Groups meriting special attention**

Dr Litchfield examined the potential barriers for those with mental health conditions and learning disabilities. Dr Litchfield also considered those leaving the armed forces, those spending extended periods in hospital and those liberated from prison and the barriers they faced interacting with the Work Capability Assessment process. Dr Litchfield makes 8 recommendations aimed at assisting groups who merit special attention – see Annex 2 recommendations 21-28.

## Conclusion and Way Forward

26. The Department thanks Dr Litchfield for his comprehensive review and will commence a programme of work to progress the Northern Ireland specific recommendations. Officials will also work closely with the Department for Work and Pensions to develop plans to progress the wider recommendations. The Department's response to the recommendations is contained at Annex 1 and Annex 2.

# Annexes

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## Annex 1

Department for Social Development Response to Year 5 Recommendations  
(Northern Ireland)

## Annex 2

Department for Social Development Response to Year 5 Recommendations  
(Department for Work and Pensions)

## Annex 3

Summary of Progress  
on Year One, Two, Three and Four Recommendations





## Department for Social Development Response to Year 5 Recommendations (Northern Ireland)

No	Recommendation	Response
29	The policy on audio recording face-to-face assessments be reviewed, with a view to requiring the Provider to make recording equipment available when requested in advance.	<p><b>DSD Response - Accepted</b></p> <p>The Department will review the policy on audio recording face-to-face assessments.</p>
30	DSD works with DWP to better understand the general issues relating to the high numbers of young people being assigned to the Support Group and that consideration is also given to issues which may be specific to Northern Ireland.	<p><b>DSD Response - Accepted</b></p> <p>The Department will work with the Department for Work and Pensions to understand both local and national issues.</p>
31	The SSA considers as part of its overall appeals review the issue of HCPs being available at Tribunals for the most difficult cases.	<p><b>DSD Response - Accepted</b></p> <p>The Department will consider whether it is appropriate and cost effective for healthcare professionals (HCPs) to attend appeal hearings.</p>
32	DEL and the SSA should continue to work together to identify the information gathered during the WCA process that would be of greatest use to advisers at the Jobs & Benefit offices. Mechanisms to facilitate the effective sharing of this information with DEL should then be developed as a priority.	<p><b>DSD Response - Accepted</b></p> <p>The Department has engaged with DEL to identify opportunities and processes for effective sharing of information.</p>
33	The SSA and Tribunal Service should continue working together to better define the information that would be most conducive to improving decision making without placing an undue burden on either organisation. Any enhanced feedback system should be extended to the Provider so that the performance of HCPs can also be improved.	<p><b>DSD Response - Accepted</b></p> <p>The Department will continue to work with the Tribunal Service to develop a feedback system aimed at enhancing learning and performance.</p>



## Department for Social Development Response to Year 5 Recommendations (Department for Work and Pensions)

No.	Recommendation	DWP and DSD Response
<b>The development of the Work Capability Assessment since 2008</b>		
1	Material changes to the WCA should be fully considered in advance by both policy officials and operational staff to ensure that policy intent and practical considerations are harmonised.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>Policy officials are fully involved in taking forward the recommendations arising from the independent reviews. The Department is taking forward a programme of research to gain a better understanding of the Employment and Support Allowance caseload to inform policy development and operational delivery.</p>
2	Use of 360 degree feedback and its impact on driving up the quality of decision making at all stages of the WCA process should be monitored over time and trends reported to the appropriate level to ensure that training needs are met and unintended behaviours are addressed. This work should be seen in parallel to feedback received from Tribunal Services.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department has commenced a programme of work to enhance feedback loops and monitor the quality of decision making.</p>
3	The Explanation call is removed from the mandatory reconsideration process, and that information on the points of contention are collated and included in the referral to dispute resolution teams where possible.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Not applicable to Northern Ireland.</b></p>
4	Options for displaying a geographical telephone number when making a reconsideration call should be explored. Additionally SMS messaging or an appropriate alternative method should be used to provide advance notice in all instances. As with face-to-face assessments, requests to have a supporting representative on the call should be accommodated where possible.	<p><b>DWP Response</b></p> <p>In consideration - the geographical telephone number, SMS messaging will be used where thought appropriate and, accept the recommendation to accommodate a representative where possible.</p> <p><b>DSD Response - Accepted in part.</b></p> <p>The geographical issue is not relevant to Northern Ireland. Use of SMS texting is in place in some aspects of the business and the Department will explore opportunities to use this facility further.</p>
5	The Department should review its geographical allocation of mandatory reconsideration casework taking account of both perception issues and practical considerations for avoiding unnecessary delays.	<p><b>DWP Response - Not accepted</b></p> <p><b>DSD Response - Not applicable to Northern Ireland.</b></p>

No.	Recommendation	DWP and DSD Response
<b>The development of the Work Capability Assessment since 2008</b>		
6	The Department gives specific consideration to how it improves the overall perceptions of the mandatory reconsideration process. This should include publishing target turnaround times and being clear on the reasons behind ceasing payment of the assessment rate of ESA.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Not applicable to Northern Ireland.</b></p>
7	Further work to develop and implement a semi-structured interview should continue. This should be developed in conjunction with a small number of representative groups. Particular attention should be paid to interview practices for those with mental health conditions, learning disabilities and autism, and this should be reflected in the guidance and training developed.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted, subject to developments in the Department for Employment and Learning.</b></p> <p>This recommendation is being taken forward by the Department for Work and Pensions in response to the Evidence Based Review. The Department will monitor progress and learn from any improvements.</p>
<b>The Support Group</b>		
8	The Department investigates the substantial increase in the proportion of Support Group outcomes as a matter of urgency to determine whether the WCA is being applied correctly.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department is taking forward a programme of research to gain a better understanding of the Employment and Support Allowance caseload to inform policy development and operational delivery.</p>
9	The use of Regulation 35(2) should be subject to close scrutiny with a particular focus on decisions made on a paper only basis.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department is taking forward a programme of research to gain a better understanding of the Employment and Support Allowance caseload to inform policy development and operational delivery.</p>
10	The drivers for the high rate of young people (16-24) being assigned to the Support Group should be examined not only to ensure that benefit decisions are correct but also to help provide appropriate support.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department is taking forward a programme of research to gain a better understanding of the Employment and Support Allowance caseload to inform policy development and operational delivery.</p>
<b>Perceptions</b>		
11	The Department bundles future necessary changes into packages delivered no more than bi-annually to provide greater stability and avoid the perception of constant change to the WCA.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted in Principle</b></p> <p>The Department will give consideration to this proposal accepting that welfare changes may dictate pace on some aspects of change.</p>

No.	Recommendation	DWP and DSD Response
<b>The development of the Work Capability Assessment since 2008</b>		
12	The Department reviews the mechanisms in place for monitoring levels of understanding amongst staff involved in the ESA process and consider appropriate means of following up this training to ensure levels of knowledge and understanding remain high.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department will explore means of gaining assurance on levels of knowledge and understanding of staff.</p>
13	The Department work with the Provider to improve communications sent in advance of an individual attending a WCA and ensure that it explains the nature of the WCA, including a description of what they can expect when they attend.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department is exploring alternative means of preparing claimants for the Work Capability Assessment process.</p>
14	The Department review its portfolio of alternate formats with specific reference to the use of Easy Read and then prioritise provision by need to create as many forms as is reasonably practicable.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department will review its portfolio of alternative formats and prioritisation of provision.</p>
15	The Department work with the new Provider to review the existing material available to improve both the quality and content of online resources available to those individuals about to go through a WCA. They should consider working with representative organisations to ensure that the information is both clear and accessible.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Not applicable to Northern Ireland.</b></p>
<b>Decision Making and Processes</b>		
16	The Department examines its workflow system, which appears to introduce an inevitable bias towards granting higher rate benefit levels, to ensure that the policy intent is being met.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department will monitor progress in the Department for Work and Pensions.</p>
17	The Department should explore ways and options of improved information between DWP assessments, including Personal Independence Payment, Disability Living Allowance, Industrial Injuries Disablement Benefit, Fit for Work and the Work Capability Assessment.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department has commenced work to improve the information flow between assessments.</p>
18	The Department should work with the Department of Health and other appropriate government departments to explore how DWP can make use of the WCA and the evidence gathered to ensure individuals are sign posted to appropriate support.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department is taking forward a programme of research to gain a better understanding of the Employment and Support Allowance caseload to inform policy development and operational delivery.</p>

No.	Recommendation	DWP and DSD Response
<b>The development of the Work Capability Assessment since 2008</b>		
19	Use of the term 'prognosis period' should be discouraged and documentation should be amended accordingly.	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department will review use of the term on documentation used in communication with claimants. Any reference to the term "prognosis" will be identified and replaced as appropriate.</p>
20	The Department should review its policy and processes around applying short re-referral periods in the Support Group, particularly for young people with mental health problems, and for longer re-referral periods in the WRAG.	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department is taking forward a programme of research to gain a better understanding of the Employment and Support Allowance caseload to inform policy development and operational delivery.</p>
<b>Groups meriting special attention</b>		
21	The Department should work with the Department for Education and the devolved administrations to develop improved mechanisms for providing information about the world of work, including the WCA to those with learning disabilities at the point of leaving education...	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department will explore ways to improve access for those with learning disabilities.</p>
22	The Department reviews its provision of alternate formats of communication with a view of adopting Easy Read wherever practicable.	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department will review its portfolio of alternative formats.</p>
23	The Department reviews the training given to its own staff and those of the Provider in relation to learning disabilities to ensure the risk of overstatement of capability is fully understood.	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department's Health Assessment Adviser currently reviews training materials and will continue to do so going forward.</p>
24	The Department ensures that it seeks the most appropriate evidence for people with learning disabilities, including Hospital Passports and care or support plans. The Department should consider options in each case rather than defaulting to a GP report.	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department will consider appropriate information sources.</p>
25	The Department should continue its good work with the MOD to ensure that suitable and sufficient evidence can be accessed as simply and speedily for ex-Service personnel who make an application for ESA.	<p><b>DWP Response - Accept</b> <b>DSD Response - Accepted</b></p> <p>The Department will seek opportunities to improve the process for ex-service personnel.</p>

No.	Recommendation	DWP and DSD Response
<b>The development of the Work Capability Assessment since 2008</b>		
26	The Department should work with the Department of Health to ensure that suitable and sufficient evidence can be accessed as simply and speedily as possible for long stay hospital patients who make an application for ESA or require reassessment.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response – Accepted</b></p> <p>The Department will seek opportunities to improve the process for long stay hospital patients.</p>
27	The Department should review its practice of routinely repeating the WCA for people liberated from prison who were in receipt of ESA with a reassessment period that is still extant on release	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department will seek opportunities to improve the process for those liberated from prison.</p>
28	The Department should work with the MOJ to ensure that suitable and sufficient evidence can be accessed as simply and speedily as possible for people leaving prison who make an application for ESA or require reassessment.	<p><b>DWP Response - Accept</b></p> <p><b>DSD Response - Accepted</b></p> <p>The Department will seek opportunities to improve the process for those liberated from prison.</p>





## Summary of Progress on Year One, Two, Three and Four Recommendations

<b>YEAR 1 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
1	Jobcentre Plus should manage and support the claimant during the course of their benefit claim and identifies their chosen Healthcare Adviser.	<b>ESA35/35A</b> - The issue of a new form ESA35/35a was piloted in Northern Ireland January to February 2012 to reduce the Failed to Return rate of the ESA50. The issue of the form had no impact on the Failed to Return and consequently the form was not rolled out.	<b>Closed</b>
		<b>Pre-Decision Call</b> - Following a pilot in February 2012 which contacted over 90 per cent of claimants whom the Decision Maker was inclined to disallow the call was rolled out in the ESA centre from 1 April.	<b>Closed</b>
		<b>Allowance Call</b> - Following a pilot in Northern Ireland when the response rate was only 30 per cent, and only 40 per cent of those contacted wanted to continue with the Call it was not introduced in the SSA.	<b>Closed</b>
2	The ESA50 should include a more personalised justification so the claimant can express the issues that they face in a short paragraph.	A revised version of ESA50, taking account of the recommendation, was introduced by the SSA with effect from 28 March 2011.	<b>Closed</b>
3	In the longer term, the review recommends that the Government reviews the ESA50 to ensure it is the most effective tool for capturing relevant information about the claimant.	Following a review the SSA, in conjunction with officials in DWP, determined that the ESA50 is currently the most appropriate tool supported by the medical assessment and the provision of any additional documentary evidence.	<b>Closed</b>
4	Written communications to the claimant should be comprehensively reviewed so that they are clearer, less threatening contain less jargon and fully explain the process.	The SSA has revised a number of written communications and these were introduced from 8 April 2012.	<b>Closed</b>
5	Every Atos assessment should contain a personalised summary of the assessment in plain English.	Solution implemented in Northern Ireland by the SSA on 28 October 2011. Process also put in place to monitor quality of the statements.	<b>Closed</b>
6	Every claimant should be sent a copy of the Atos personalised summary and is able to discuss any inaccuracies with a Decision Maker.	Professor Harrington agreed to the issue of the Decision Makers Justification rather than the Personalised Summary statement and the SSA now issues this along with disallowed decisions.	<b>Closed</b>

<b>YEAR 1 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
7	Atos should provide mental, intellectual and cognitive champions in each medical assessment centre. These champions should spread best practice amongst healthcare practitioners in mental, intellectual and cognitive disabilities.	The SSA initially made provision for one champion to be put in place but the service was enhanced from 16 April 2012 to extend the provision to four champions.	<b>Closed</b>
8	Atos should pilot the audio recording of assessments to determine whether such an approach is helpful for claimants and improves the quality of assessments.	This recommendation is being taken forward as part of the Year 5 review.	<b>Closed</b>
9	Atos should develop and publish a clear charter of claimant rights and responsibilities, and should consider publishing the HCP guidance online for customers and advisers.	Atos published the Healthcare Professional Guidance on 21 April 2011. The Customer Charter has been published and displayed in Medical Examination Centres since 19 September 2011.	<b>Closed</b>
10	Jobcentre Plus Decision Makers be put back at the heart of the system and empowered to make an independent and considered decision.	Existing SSA processes already incorporate this recommendation.	<b>Closed</b>
11	Better use of the reconsiderations stage.	The SSA has arrangements in place to conduct Reconsiderations by another Decision Maker at appeal stage.	<b>Closed</b>
12	Decision Makers are able to seek appropriate chosen healthcare professional advice to provide a view on the accuracy of report if required.	The SSA has arrangements in place to conduct Reconsiderations by another Decision Maker at appeal stage.	<b>Closed</b>
13	Better communication between Decision Makers and Atos Healthcare professionals to deal with borderline cases.	Existing SSA processes already incorporate recommendations.	<b>Closed</b>
14	Decision Makers receive training so that they can give appropriate weight to additional evidence.	Existing SSA processes already incorporate recommendations.	<b>Closed</b>
15	The First-tier Tribunal should routinely provide feedback to Jobcentre Plus staff and Atos Healthcare professionals. As part of their professional development Jobcentre Plus Decision Markers should be encouraged to attend tribunals.	Taken forward by Appeals Reform team.	<b>Closed</b>

<b>YEAR 1 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
16	Tribunal decisions should be better monitored, including monitoring of the relative or comparative performance of tribunals.	This is not within the remit of the Department.	<b>Open</b>
17	The Chamber President should offer training to Tribunal judges and medical members and should include modules on the evidence of the beneficial effects of work to an individual's well being.	This is not within the remit of the Department.	<b>Open</b>

<b>YEAR 2 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
1	Implementation of the Reviews recommendations should be monitored over time and on a regular basis, including a focus on: <ul style="list-style-type: none"> <li>• per cent of claimants failing to return initial ESA50;</li> <li>• per cent of claimants failing to attend face-to-face assessment;</li> <li>• per cent of decisions meeting criteria in the DM Quality Assessment Framework;</li> <li>• per cent of reconsiderations received;</li> <li>• per cent of decisions changed following reconsideration;</li> <li>• per cent of appeals received;</li> <li>• per cent of appeals successfully upheld.</li> </ul>	The SSA has developed and implemented an Evaluation Framework to monitor the impact on staff, the claimant and the business of the implementation of Professor Harrington's recommendations. Statistical information is also collated on a monthly basis.	<b>Closed</b>
2	Unannounced visits to Benefit Delivery Centres and Atos Medical Assessments Centres during the year 3 review.	Due to centralised units in Northern Ireland for key benefits and the location of senior managers within them Professor Harrington considered that these visits were not required.  The Health Assessment Adviser undertakes visits to Atos on a regular basis and also attends training events etc.	<b>Closed</b>
3	A "gold standard" review be carried out, beginning in early 2012. Future decisions about mental, intellectual and cognitive descriptors should be based on the findings of this review.	Testing being carried out in DWP. On conclusion any relevant learning will be taken forward in Northern Ireland.	<b>Closed</b>

<b>YEAR 2 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
4	DWP should consider working with relevant representative groups and their clinical advisers to: <ul style="list-style-type: none"> <li>• Update Atos the handbook and guidance.</li> <li>• Produce practical guidance for Decision Makers.</li> </ul>	The SSA has put arrangements in place, as part of its business as usual processes, for the production and updating of handbook and guidance.	<b>Closed</b>
5	This “bottom-up” model - involving a wide range of experts as well as DWP - should also be adopted in any future changes to the WCA descriptors, where appropriate.	The SSA has put arrangements in place, as part of its business as usual processes, to take forward any proposed changes to descriptors.	<b>Closed</b>
6	Work on the specific wording of the sensory descriptors and an additional descriptor which addresses the impact of generalised pain and / or fatigue should be considered early on in the year three Review.	Following engagement with the relevant groups Professor Harrington concluded that there is insufficient evidence at this stage to warrant specific changes to the descriptors themselves. However, as part of business as usual, guidance products are being amended to include reference to any changes that are needed around sensory impairments and the impact of pain and fatigue.	<b>Closed</b>
7	As and when changes to the descriptors are made, DWP and other relevant experts should monitor the impact of these changes to ensure both that they are working and that they are not causing any unintended consequences.	The SSA has put arrangements in place, as part of its business as usual processes, to take forward any proposed changes to descriptors.	<b>Closed</b>
8	DWP consider ways of sharing outcomes of the WCA with Work programme providers to ensure a smoother claimant journey.	DWP recommendation. Northern Ireland will progress any relevant learning following DWP pilot.	<b>Closed</b>
9	DWP undertake regular audit of DM performance.	Professor Harrington considers that sufficient audit arrangements are already in place in the SSA and applied by the Standards Assurance Unit and the Standards Committee.	<b>Closed</b>
10	In year 3, further research is undertaken to examine what happens to people found Fit for Work, placed in Work Related Activity and Support Groups, and the factors influencing these outcomes.	The SSA has completed a research specification and questionnaires and commenced the research project. The final research report is due March 2013.	<b>Closed</b>
11	These changes to LiMA, based on comments from the stakeholder seminars should be adopted and that further changes to LiMA should be considered as and when they are raised.	The SSA has put arrangements in place, as part of its business as usual processes, to take forward any further changes to the LiMA.	<b>Closed</b>

<b>YEAR 2 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
12	Atos and DWP monitor and audit the use of free text within LiMA to ensure a consistently high standard of accurate reports.	<p>Monthly reporting in place on the use of free text.</p> <p>Quarterly management information reports produced and any problems identified, etc.</p> <p>The SSA has arrangements in place, as part of its business as usual processes, to take forward any further changes to the LiMA.</p>	<b>Closed</b>
13	If needed, Atos Healthcare professionals are provided with the relevant IT training - especially typing - to enable them to use the LiMA system intelligently and ensure that the quality of the face-to-face assessment does not suffer.	<p>The SSA Health Assessment Adviser attends Atos training on an ongoing basis as part of core activity and any problems identified are reported and monitored.</p> <p>Following a review Atos and the Health Assessment Adviser advise that Health Care Professionals in Northern Ireland do not require this training as keyboard skills already sufficient.</p>	<b>Closed</b>
14	Given the importance of the quality of assessments (especially with Incapacity Benefit reassessment fully underway) DWP should consider lowering the target for C-grade reports.	Health Assessment Adviser audits the quality of assessments; learning/issues are fed back to Atos.	<b>Closed</b>
15	To improve the transparency of the face-to-face assessment, data on Atos performance and quality should be regularly published.	The SSA already publishes data on Atos performance and quality.	<b>Closed</b>
16	DWP should closely monitor the recruitment, and retention, of Atos Healthcare professionals in year 3.	The SSA has arrangements in place whereby the Health Assessment Adviser approves all appointments of healthcare professionals and monitors recruitment and retention.	<b>Closed</b>
17	DWP should continue to monitor the quality and appropriateness of DWP Operations and Atos training.	<p>Training needs analysis complete.</p> <p>The Health Assessment Adviser has held workshop with the business areas to identify additional training.</p> <p>Health Assessment Adviser attends Atos training events and reports findings / recommendations.</p>	<b>Closed</b>
18	Where appropriate, there should be sharing of knowledge and training between the various groups involved in the WCA.	The SSA has arrangements in place to share knowledge and training between the various groups involved in the WCA and incorporates the business, Atos and the Department for Employment and Learning.	<b>Closed</b>

<b>YEAR 2 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
19	DWP Operations should improve internal communications to ensure that each part of the claims process and Personal Advisers have a broad understanding of the policy intent of the WCA, what a fit for work decision means for a claimant and the support available to them.	The SSA has developed and put in place a Harrington Communication Strategy and plan.	<b>Closed</b>
20	DWP Operations should continue to monitor the impact of the year 1 recommendations, particularly the additional “touch points” with claimants, to better understand whether SSA about the support available on JSA are fully understood by claimants.	The SSA has developed and implemented an Evaluation framework for the ongoing monitoring of the impact on staff, the claimant and the business of the implementation of Professor Harrington’s recommendations.  Evaluation criteria and timelines are included in the SSA WCA Review implementation plan for each recommendation.	<b>Closed</b>
21	DWP should ensure that Universal Credit considers the risks of applying conditionality to those claimants who are currently employed.	DWP have engaged with the Universal Credit project and this will read across to Northern Ireland. On those grounds Professor Harrington agreed to Northern Ireland closing recommendation on 19 September 2012.	<b>Closed</b>
22	DWP Operations should consider seeking, and using, advice and guidance from the UK Drug Policy Commission and other relevant experts in order to improve and enhance the knowledge and capability of Decision Makers and Personal Advisers in managing these cases.	Following discussions with Professor Harrington he advised that the DWP have completed this work and there is no need for the SSA to replicate.	<b>Closed</b>
23	Similar advice should be sought by Atos for their Mental Function Champions and the UK Drug Policy Commission and other relevant experts could be involved in updating the relevant sections of the Atos Guidance Manual for their Healthcare professionals.	Following discussions with Professor Harrington he advised that the DWP has completed this work and there is no need for the SSA to replicate, as the outputs will inform guidance which will apply equally in Northern Ireland.	<b>Closed</b>

<b>YEAR 3 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
1	Decision Makers should actively consider the need to seek further documentary evidence in every claimant's case. The final decision must be justified if this is not sought.	The pre-disallowance call continues to encourage claimants to provide supporting medical evidence. Judicial review ongoing.	<b>Closed</b>
2	DWP Operations must enable Decision Makers to undertake their enhanced role free of unnecessary bureaucracy – including throughput time, targets or benchmarks – at a local level; otherwise there is a real risk of derailing the positive progress made to date.	Decision Makers Forum established – no evidence of conflict between quality and quantity in Northern Ireland.	<b>Closed</b>
3	DWP should continue to work with the First-tier Tribunal Service, encouraging them to, where appropriate, ensure robust and helpful feedback about reasons for upheld appeals.	The Agency's Appeals Project continues to pursue cooperation from the Appeals Service in taking forward this recommendation.	<b>Ongoing</b>
4	DWP must take the initiative and highlight the improvements that have been made where they exist, as well as being open about where problems remain and their plans to address these.	The SSA continuously monitors and reviews communications to ensure that key messages are relayed to the relevant audience.	<b>Closed</b>
5	The year four and five Reviews should further explore the quality of the outcomes rather than simply on the quantity of the training offered.	Terms of reference to be agreed by the Independent Reviewer.	<b>Closed</b>
6	DWP Operations and Atos Healthcare should take further steps to engage effectively and meaningfully with the UK Drug Policy Commission and other related groups concerned with the needs and difficulties of problem drug users to improve the WCA processes for them.	Comments received from UK Drug Policy Commission incorporated to the Atos Training Needs Analysis.	<b>Closed</b>

<b>YEAR 4 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
1	Sharing information from the WCA on capability for work with Work Programme Providers should be addressed as a priority.	The Department for Social Development is working with the Department for Employment and Learning to explore how this information may be best shared with Northern Ireland Work Programmes. This work will continue as part of the Year 5 Review.	<b>Ongoing</b>
2	The Evidence Based Review (EBR) and the actions taken by the Department as a result of its findings should be evaluated as part of the Year 5 Independent Review.	The Evidence Based Review was a study carried out by the Department for Work and Pensions. This recommendation is being progressed by Department for Work and Pensions as part of the Year 5 review.	<b>Closed</b>
3	The Department should build on the improvements for people with cancer by amending page 20 of the ESA50 to make it clear that Clinical Nurse Specialists and consultants may also complete that section of the form.	A revised ESA50 incorporating this change was implemented on 1 April 2014.	<b>Closed</b>
4	Give due consideration to whether piloting is required for interventions and, if so, to design pilots with particular attention to the means of evaluation. There should be suitable and sufficient analytical input to any pilots at the design, implementation and evaluation stages.	The Department's approach is to evaluate any pilots undertaken. This is a business as usual activity.	<b>Closed</b>
5	Ensure that proposed adjustments to accepted recommendations are fully considered in advance by both policy officials and operational staff so that policy intent and practical considerations are harmonised.	All recommendations have been impacted by policy officials.	<b>Closed</b>
6	The Department reviews its use of WCA scores, places less emphasis on the final number attained and uses the calculation simply to determine whether the threshold for benefit has been reached.	The Department has reviewed its use of scores in communications with claimants. This forms part of the wider review of communications within the Department for Employment and Learning in which DSD is a stakeholder. (Recommendation 13 refers)	<b>Closed</b>
7	Any further changes to the descriptors, as a result of the EBR or otherwise, should be considered in the light of their overall impact on the effectiveness of the WCA in achieving its purpose of discriminating between the different categories of people assessed.	Links to Recommendation 2 - This recommendation is being progressed by DWP as part of the Year 5 review.	<b>Closed</b>



<b>YEAR 4 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
8	The Department should specify an assessment format that facilitates better rapport, such as the HCP and person being assessed sitting side by side	The Department has fully considered this recommendation. Sitting side by side is not being taken forward as an option due to Health & Safety concerns. Rapport building has been taken forward and training is reviewed on an ongoing basis as part of Healthcare Professional continuous development.	<b>Closed</b>
9	The assessor should avoid reporting inferences from indirect questioning as factual statements of capability.	The Department's Health Assessment Adviser regularly reviews training for Healthcare Professionals. Progress against this recommendation is monitored by the Health Assessment Adviser.	<b>Closed</b>
10	The guidance on companions should be made clearer and applied consistently.	Current guidance and application of guidance has been reviewed and the Health Assessment Adviser is content that clarity is sufficient and applied consistently.	<b>Closed</b>
11	The person being assessed should be able to see what is being written during the assessment.	Links to recommendation 8 - Sitting side by side is not being taken forward as an option due to Health & Safety concerns.	<b>Closed</b>
12	The Department should update documentation and training to ensure that: there is clear differentiation between the purpose statements for HCPs and Decision Makers; a simple narrative explaining the differences is used consistently internally and externally; the distress that people can experience when things go wrong is recognised and acknowledged appropriately by staff.	The Health Assessment Adviser reviewed and updated training to include explanations to ensure that claimants understand how the decision making process works. This sits alongside work being carried out on the wider review of communications. (Recommendation 13 refers)	<b>Closed</b>

<b>YEAR 4 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
13	<p>The ESA50 and all the letters and forms are comprehensively reviewed with the input of the Behavioural Insights Unit at the Cabinet Office, to ensure that:</p> <ul style="list-style-type: none"> <li>• all letters and forms meet Plain English standards;</li> <li>• information is presented at the right point in the process;</li> <li>• the person making a claim is clear about their rights and responsibilities at each stage of the process;</li> <li>• decision letters set out clearly what the outcome means for the person concerned ideally in the opening section: the period that will elapse before they receive the benefit; what they will need to do to continue to receive the benefit; and what they will not need to do.</li> </ul>	<p>A review of communications is being taken forward by the Department for Work and Pensions, Department for Social Development is a stakeholder in this review. A further revision to the ESA50 is due to be implemented in April 2015.</p>	<b>Ongoing</b>
14	<p>Apply any Tribunal recommendations on review periods as the default and should only be altered where there is strong justification.</p>	<p>No action required. Not applicable to Northern Ireland.</p>	<b>Closed</b>
15	<p>Consider a minimum period (e.g. 6 months) between a successful appeal decision and a recall notice unless there are good grounds for believing that an earlier review is indicated.</p>	<p>Recall notices are no longer issued until six months has elapsed following a successful appeal outcome.</p>	<b>Closed</b>
16	<p>Give greater clarity about the role and parameters of Decision Makers with a particular focus on the meaning of “empowerment”.</p>	<p>This is an issue that the Department keeps under constant review.</p> <p>Decision Making Services has reviewed Decision Maker training material. A revised training course is due to be rolled out to Decision Makers in March 2015.</p>	<b>Ongoing</b>
17	<p>Review the QAF so that existing strengths in process adherence are supplemented by measures to examine other elements of Decision Maker quality. In particular, the outcome of decisions and the logic underpinning them should be monitored more closely</p>	<p>A new Quality Assurance Framework has been developed and implemented in January 2015.</p>	<b>Closed</b>
18	<p>Build a better relationship between HCPs and Decision Makers to engender more team spirit and to help Decision Makers view HCPs as their trusted advisers.</p>	<p>Plans are being developed to explore opportunities for closer working.</p>	<b>Ongoing</b>
19	<p>Improve Decision Maker training to recognise the strengths and weaknesses of further medical evidence and other information on capability to supplement the HAP report.</p>	<p>Decision Making Services has reviewed Decision Maker training material. A revised training course is due to be rolled out to Decision Makers in March 2015.</p>	<b>Ongoing</b>

<b>YEAR 4 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
20	Re-engineer the case mix for the two levels of Decision Maker so that more senior staff consider “borderline” cases (e.g. 6-21 points) and more junior staff process all others.	This recommendation is being progressed by DWP as part of the Year 5 review.	<b>Closed</b>
21	Ensure the provider batches cases into point bands when they send to the Department to save departmental admin/processing time.	This recommendation is being progressed by DWP as part of the Year 5 review.	<b>Closed</b>
22	Review the place of Decision Assurance Calls and apply them only in “borderline” cases handled by higher grade Decision Makers who should be up-skilled to make the intervention more effective	No action required. Recommendation not accepted in Northern Ireland.	<b>Closed</b>
23	Review the guidance of the preparation of Reasoning and audit Closed documents on a regular basis to further improve quality	Decision Making Services has reviewed Decision Maker training material. A revised training course is due to be rolled out to Decision Makers in March 2015.	<b>Ongoing</b>
24	Monitor overturn rates on an individual Decision Maker basis. Investigate exceptionally high and low rates as part of performance management.	Overturn rates have been monitored since April 2014 in line with recommendation 34. Analysis is ongoing.	<b>Ongoing</b>
25	DWP continues to work with BMA to develop and co-design a revised electronic ESA113 with the aim of simplifying the process for GPs and improving the quality of evidence available.	This recommendation is being progressed by DWP.	<b>Ongoing</b>
26	<p>The Department carries out a full impact assessment of an alternative process whereby DWP decision makers triage cases:</p> <ul style="list-style-type: none"> <li>• DWP rather than HAP issues the ESA50 and reviews the response with any supporting evidence supplied;</li> <li>• The DM determines (with the help of DM materials) whether further evidence is required and, if so, whether to obtain that by face to face assessment or other means;</li> <li>• Where suitable and sufficient evidence is available on paper and a face-to-face assessment would provide no additional value, the Department should make a decision without referral to its HAP;</li> <li>• Where a person is found Fit for Work on paper without a face-to-face assessment and subsequently disagrees with the decision, a second DM then reconsiders the need for a face-to-face assessment as part of the new mandatory reconsideration process.</li> </ul>	This recommendation is being progressed by DWP as part of the Year 5 review.	<b>Closed</b>

<b>YEAR 4 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
27	The Department should carry out a full impact assessment on the feasibility of a DWP DM being co-located with the HCP undertaking a face-to-face assessment and either seeing the person making a claim jointly or separately.	No action required. Recommendation not accepted in Northern Ireland	
28	The Department strengthen its requirements for HCPs working on the contract to have suitable and sufficient previous experience of dealing with people with mental health problems so that they can contextualise their findings at assessment.	The Health Assessment Adviser continues to audit cases to ensure that mental health conditions are appropriately dealt with by the assessing Healthcare Professional.	<b>Closed</b>
29	The current training in mental health that HCPs receive should be reviewed to ensure that it is adequate and the evaluation results for these and other key modules should be considered by the Department before approving any individual HCP. Approvals should be reviewed on a periodic basis and re-accreditation should be dependent upon effective refresher training in key subject matter areas.	The Health Assessment Adviser will continue to monitor progress in the Department for Work and Pensions. Training for Healthcare Professionals places an emphasis on continuous improvement with regard to mental health training and best practice. Approvals are carried out by the Health Assessment Adviser and are subject to the Healthcare Professional achieving and maintaining quality which is monitored through audits and analysis of complaints. This is a business as usual activity.	<b>Closed</b>
30	Mental Health training for DMs should include dealing on the telephone with distressed people, interpreting warning signs of potential self-harm and signposting to appropriate sources of help.	A revised training package is currently under development	<b>Ongoing</b>
31	The ESA50 is redesigned to make it clear that evidence, particularly in mental health cases, from CPNs, Support Worker, Carers etc. is valuable and giving guidance on the functional aspect that will help DMs.	A review of communications is being taken forward by the Department for Work and Pensions, Department for Social Development is a stakeholder in the review. A further revision to the ESA50 is due to be implemented in April 2015.	<b>Ongoing</b>

<b>YEAR 4 RECOMMENDATIONS UPDATE</b>			
<b>No</b>	<b>Recommendation</b>	<b>Current Position</b>	<b>Status</b>
32	Consideration is given to a new reassessment period extending to 5 years in the Support Group for people who have very severe incapacity resulting from brain disorders that are degenerative or which will not realistically improve.	Policy officials are working with the Department for Work and Pensions to propose a way forward.	<b>Ongoing</b>
<b>Northern Ireland</b>			
33	Review the terms of reference, role profile and job description of the HAA with input from a senior occupational health professional to maximise the value of the position.	This review has commenced with the input of a senior occupational health professional. Early findings are currently under consideration.	<b>Ongoing</b>
34	Capture and monitor data on DM overturns of HAP recommendations to track future trends to give the Department a valuable source of management information.	The Department captures and monitors this data on a monthly basis.	<b>Closed</b>
35	Extend the feedback loop to ensure that learning is communicated to the HAP as well as DMs.	This recommendation will be progressed as part of the Year 5 review.	<b>Closed</b>
36	Maintain the arrangement whereby a Mental Function Champion is available to DMs via the advice line.	This arrangement is in place.	<b>Closed</b>
37	Give careful consideration to both the public perception as well as the objective evidence relating to understanding of mental health issues before agreeing to any further adjustment of the HCP skill mix.	The Department gives careful consideration before agreeing to any further adjustment of the Healthcare Professional skill mix. Any adjustment is authorised by the Health Assessment Adviser who approves the training package and completes audits.	<b>Closed</b>

**Note: Definition of terms**

**Open:** This is not within the remit of the Department.

**Closed:** Immediate action completed and recommendation deemed implemented in Northern Ireland. However monitoring of Social Security Agency and Department for Work and Pensions position is continually reviewed and a process is in place to evaluate the impact of any changes made.

**Ongoing:** Work continues to complete the required activities to implement the recommendations in Northern Ireland and put in place procedures to evaluate the impact of the changes made.







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