

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

An Independent Review of the Work Capability Assessment - year four
27 March 2014



Ministerial Foreword

This report represents the Department for Social Development's (DSD) response to the fourth, in a series of five, annual independent reviews of the Work Capability Assessment (WCA). This is the first review carried out by Dr Paul Litchfield, a senior occupational physician. In the three previous reviews, Professor Malcolm Harrington, an occupational health specialist, made recommendations aimed at improving the fairness and effectiveness of the Work Capability Assessment. Much progress has been made and I welcome Dr Litchfield's recognition of this.

The implementation of recommendations arising from the previous independent reviews has contributed significantly to improvements in the Work Capability Assessment process for those going through the journey of claiming benefits and for the staff who process those benefits. Nonetheless, whilst progress has been made, we need to continue the momentum, not only to build on those improvements already made, but to continue our efforts to shape the Work Capability Assessment process to better meet the needs of claimants. I particularly welcome Dr Litchfield's comments around the role of the Health Assessment Adviser and the Decision Makers in Northern Ireland.

The Department will continue to work on and to develop recommendations from previous reviews. We are committed to providing claimants 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 supported by ensuring that the Work Capability Assessment is a fair and effective way of meeting the needs of those it is designed to protect and support.

We endorse the findings of Dr Litchfield's independent review and accept all of the recommendations specific to Northern Ireland. We will also work with our colleagues in the Department for Work and Pensions to progress the wider recommendations. We also welcome Dr Litchfield's visit to Northern Ireland as part of his evidence gathering process and his willingness to meet and take views from a wide range of stakeholders.

I note the emphasis Dr Litchfield placed on the benefits of work for those who can. He states: "Good work is good for the health of most people and a benefits system that helps people back into employment when they have been incapacitated must be the aim of a compassionate society. An effective WCA which is fair and perceived to be fair can contribute to that overall aim". I welcome these comments and my Department is committed to working with Dr Litchfield and his team to continuously improve the WCA process.

Introduction

1. The Department for Social Development (DSD) welcomes Dr Litchfield's report which represents the fourth independent review of the Work Capability Assessment (WCA) in Northern Ireland. This report builds on Professor Harrington's first three reviews, once again gathering a range of evidence to provide an insight into how the process is working, the impact of the improvements already made, and what we can do to further improve the process. In conducting this review Dr Litchfield has considered specific issues pertaining to the Work Capability Assessment process as they apply in Northern Ireland.
2. Dr Litchfield stated: "The WCA has evolved since its introduction and will continue to evolve as circumstances change. There remain those who call for its abolition but suggestions for what to replace it with are rarely forthcoming. No "test" is ever perfect but the WCA has been designed with considerable rigour and it is subject to a process of continuous improvement in which I hope this review may play a small part".
3. The recommendations contained in previous reviews, and this Department's response of accepting and implementing them, have already significantly changed and improved the Work Capability Assessment. We welcome Dr Litchfield's observations on the role of the Department's Health Assessment Adviser (HAA) and Decision Makers which have gone some way towards improving the process for our customers. That said, there is no doubt that some still find the process challenging. We will continue to develop, consolidate and strengthen the improvements we have already made alongside our commitment to deliver on the recommendations contained within this fourth review.
4. We welcome the recommendations made by Dr Litchfield in this review, which focuses on developing recommendations from the previous three reviews and aims to further improve our service to build confidence in the Work Capability Assessment.

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); and
- provides an overview of the improvements made to date (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.
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 12. The reviews identified areas for improvement and acknowledged the progress to date. All of the recommendations from the first three reviews were accepted in principle subject to further consideration of how they could be implemented.
8. In February 2013, the Department for Work and Pensions appointed Dr Litchfield to carry out the fourth Independent Review and he agreed to the inclusion of Northern Ireland in the review. The fourth year call for evidence focused on the impact of previous reviews, sought new evidence and established where further improvements are needed in relation to the:
 - overall effectiveness of the Work Capability Assessment as a discriminator;
 - impact of earlier independent reviews;
 - way that mental health conditions are considered in the Work Capability Assessment; and
 - bio psychosocial factors that influence capability for work.
9. There is one further review to be conducted in 2014. The Department for Social Development has asked to be included in provisions being made by the Department for Work and Pensions (DWP) for the completion of that review.

Improvements to the WCA

10. 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. 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 customers with terminal illness and limited life expectancy;
- the introduction of a safeguard process for customers 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;
- the production of a Customer Charter by the Medical Assessment 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 (HCP) and Decision Makers and establishing a helpline to enable Decision Makers to contact HPCs 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; and
- Decision Makers now provide claimants with a 'Decision Maker Reasoning', outlining their reasoning as to how they came to their conclusion.

11. The Health Assessment Adviser appointed by the Department in August 2011 continues to monitor the quality of services provided by the service provider. This includes their audit processes, 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.
12. The Quality Assurance Framework developed by the Health Assessment Adviser continues to develop the service through quality audits, validation of Atos' internal audit process, review of guidance/handbook and training materials and management and monitoring of all medical based complaints.
13. An update on years one to three recommendations can be found at Annex 3.

Terms of Reference of the Year Four Review

14. The terms of reference for the fourth Review are 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, two and three reports during year four;
 - monitor and report on the implementation of the recommendations in the years one, two and three reports that are adopted by Ministers; and
 - 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.

15. The wider key focus of Dr Litchfield's fourth independent review was to consider emerging issues around:
 - the core of the Work Capability Assessment in which Department for Work and Pension Decision Makers operate;
 - the number of people being moved to the Work Related Activity Group (WRAG) by Decision Makers has been growing steadily and he sought to understand why that might be; and
 - mental health. In his report Dr Litchfield recognised that: "mental health problems, unlike many other medical conditions, are common in every age group and feature large in people claiming Employment and Support Allowance (ESA). The impaired capability associated with mental health problems can be

difficult to assess and this can be compounded by the stigma that still exists in relation to this group of conditions”.

Within his remit to include Northern Ireland, Dr Litchfield focused in particular on the implementation of the recommendations from earlier Independent Reviews, decision making, mental health and realising the potential of the Health Assessment Adviser role.

The Review Process

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

- Examination of the end to end process from initial application to the determination of any appeal;
- Gathering of evidence from a range of sources including multiple stakeholder meetings and a formal Call for Evidence; and
- Analysis of data, evidence synthesis and report writing.

Examining the Work Capability Assessment Process

17. 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 (DWP), Atos Healthcare and HM Courts and Tribunals Service. Visits were made to four Benefit Centres (Stratford, Worcester, Leicester and ESA Centre, Belfast) where the main focus was on observing and speaking to Decision Makers as they reviewed cases. Three Health Assessment Provider (HAP) Assessment Centres were visited (Worcester, Marylebone and Belfast) where both Health Care Professionals and people making a claim were interviewed and some assessments were observed. Fourteen tribunal hearings were attended at Fox Court in London and the opportunity was taken to listen to the views of tribunal members.

Year Four - Call for Evidence

18. In July 2013 the Department for Social Development launched the call for evidence in Northern Ireland to inform the fourth review. By the closing date of 27 August 2013 48 responses had been received. The majority of responses were from individuals with the remaining 13 from professional and voluntary organisations. In addition to the call for evidence, Dr Litchfield took the opportunity to visit Northern Ireland to meet with the Minister for Social Development, the Social Development Committee, customer representative members of the Advice Service Alliance and managers and staff involved in decision making and appeals in the Employment Support Allowance Centre.

19. A considerable amount of information was gathered through the call for evidence. There was some positive reaction to the changes for cancer sufferers and the pre-disallowance call. The key themes in these responses were that:

The Work Capability Assessment was seen to be inflexible;

- Mental health conditions were not adequately catered for in the assessment;
- Additional medical evidence was not sought early enough in the process;
- The process was seen to be impersonal;
- Reviews, particularly following a successful appeal, were initiated too soon; and
- Grounds for decisions based on medical scrutiny were not always clear and therefore difficult to challenge.

20. All Northern Ireland responses were shared with the Great Britain Review team for their consideration.

21. Four stakeholder seminars were held in August 2013 to supplement the Call for Evidence; one specifically focused on mental health and one for Health Care Professionals. The Reviewer also met with the Disability Benefits Consortium twice and held a number of group and individual meetings with interested groups including a video conference with stakeholders from Scotland. In total, over sixty

stakeholder organisations took up the opportunity to attend a meeting or seminar with Dr Litchfield.

Key Findings of the Fourth Review (Northern Ireland)

22. **The Health Assessment Adviser Role** – Dr Litchfield found the role of the Health Assessment Adviser had a beneficial effect on the effectiveness of the Work Capability Assessment and felt that it had potential to contribute more. Accepting that the Department had continued to develop and improve the role since its inception, Dr Litchfield felt that a more formal review of the role would be appropriate. In particular he felt that the Health Assessment Adviser role could be developed to include:

- acting as an interface between Health Care Providers and Decision Makers to promote a greater sense of team working;
- extending the quality role to oversee a comprehensive feedback loop between appeal tribunals, Decision Makers and Health Care Providers;
- using data generated by audit, etc to give better insight to areas for improvement; and
- playing a role in the education and training of both Decision Makers and Health Care Providers.

23. **Decision making** - Dr Litchfield visited the Incapacity Benefit Reassessment Team and the Employment and Support Allowance Centre where he met with groups of Decision Makers and observed Work Capability Assessment processes in action. He reported that he was impressed by the quality of the Decision Makers interviewed and the compassion they showed.

In comparing the decision making role in Northern Ireland with that in Great Britain, Dr Litchfield identified a gap in data capture. He went on to recommend that data on Decision Maker overturns of Health Assessment Provider recommendations should be captured and monitored. This would provide the Department with an opportunity to track future trends as a valuable source of management information.

24. **Appeals** - With regard to appeals Dr Litchfield drew comparison with Great Britain, where he had found a general need for a more consistent, better quality feedback loop that works across all agencies involved in the Work Capability

Assessment process, and not just between the Tribunals and the Social Security Agency. He recognised that work had commenced within the area of appeal reform to explore and agree arrangements which will take into account the feedback already provided by Tribunals in Northern Ireland and the new Tribunal feedback arrangements being rolled out in Great Britain. Dr Litchfield welcomed this initiative and recommended that the feedback loop be extended to ensure that learning is communicated to the Health Assessment Provider as well as to Decision Makers.

25. **Mental Health** – Dr Litchfield’s team had carried out analysis on the Northern Ireland and Great Britain caseload and concluded that the case mix in Northern Ireland was somewhat different. He noted a strong focus on mental health in Northern Ireland and identified a perception through the evidence gathering process that much of the difference was attributable to the consequences of the social conflict experienced in recent decades. Dr Litchfield, on that basis, concluded that mental health had an even higher profile as an issue than in Great Britain. He went on to welcome the introduction of Mental Function Champions and the link between the Champions and Decision Makers.
26. Annex 1 sets out the Northern Ireland specific recommendations and the DSD response.

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

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

- **building on implementation of recommendations from the first three reviews;**

Dr Litchfield recognised that notable improvements have been made as a result of the first three independent reviews. These included involving experts in changes to descriptors. He went on to make 3 further recommendations – see Annex 2 recommendations 1-3.

- **the approach to implementation of year four recommendations;**

The report highlights the need for the Department for Work and Pensions to consider policy implications and analytical input when determining the approach to implementation of recommendations along with ensuring any pilot trials included an evaluation strand to fully assess outcomes. The report details 2 recommendations relating to implementation of year 4 recommendations – see Annex 2 recommendations 4 and 5.

- **effectiveness of the Work Capability Assessment;**

Dr Litchfield recognises that the WCA process is a fairly simple one; however he adds: “it also runs the risk of oversimplifying multifaceted health conditions and the way that people deal with those conditions which may be very complex”. He also makes reference to the 15 point threshold as “somewhat arbitrary”, and the report goes on to detail 2 recommendations aimed at improving the effectiveness of the assessment – see Annex 2 recommendations 6 and 7.

- **perceptions of the assessment;**

Conclusions in this area highlight the need to ensure a better rapport is established at assessments along with the need for clarity of the differing roles of the Healthcare Provider and Decision Makers. The report also examines staff guidance and training, written communications and reassessment post appeal.

There are 8 recommendations aimed at improving perceptions of the assessment – see Annex 2 recommendations 8-15.

- **decision making;**

Dr Litchfield concluded that decision making was not working as well as intended. He goes on to recommend a change to the classification of complex and non-complex cases and the grade mix of the Decision Makers to place more emphasis on “borderline cases” He also comments on the process whereby Decision Makers overturn the recommendation of the healthcare professional. Dr Litchfield details 9 recommendations aimed at improving decision making – see Annex 2 recommendations 16-24.

- **simplifying the process;**

The report identifies the length of the end to end process as “too long” and “over complex”; Dr Litchfield identifies an opportunity to work with the British Medical Authority to improve the interface with customers General Practitioners thereby affording an opportunity to simplify the process of gaining additional medical evidence. There are 3 recommendations directed towards simplifying the process – see Annex 2 recommendations 25-27.

- **mental health**

Dr Litchfield highlights a need to build on the previous recommendation relating to provision of Mental Health Champions and concludes that improved training could potentially enhance this facility. He goes on to detail 5 recommendations aimed at further improving the service for those suffering from mental health conditions – see Annex 2 recommendations 28-32.

Conclusion and Way Forward

28. The Department thanks Dr Litchfield for his comprehensive review and will commence a programme of work to implement 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.

DSD Response to Year 4 Recommendations (Northern Ireland)

List of Recommendations		Response
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.	DSD Response - Accepted The Department will seek the input of a senior occupational health professional to further enhance the role of the HAA.
34	Capture and monitor data on Decision Maker overturns of HAP recommendations to track future trends to give the Department a valuable source of management information.	DSD Response - Accepted The Department will capture and monitor this data as a valuable information source.
35	Extend the feedback loop to ensure that learning is communicated to the HAP as well as to Decision Makers.	DSD Response - Accepted The Department will ensure that Tribunal feedback is communicated to the HAA.
36	Maintain the arrangement whereby a Mental Function Champion is available to Decision Makers via the advice line.	DSD Response – Accepted This arrangement is in place.
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.	DSD Response – Accepted The Department will give careful consideration before agreeing to any further adjustment of the HCP skill mix.

DSD Response to Year 4 Recommendations (Department for Work and Pensions)

List of Recommendations	DWP and DSD Response
Implementation of years one to three recommendations	
<p>1 Sharing information from the WCA on capability for work with Work Programme Providers should be addressed as a priority.</p>	<p>DWP Response - Accepted subject to the outcome of further work on feasibility. DWP is currently investigating how information from the WCA might be shared with Work Programme providers.</p> <p>The findings from the detailed feasibility work undertaken will help to inform future decisions on how or if to proceed with recommendation.</p> <p>DSD Response - Accepted DSD will explore how this information may be best shared with colleagues in the Department for Employment and Learning.</p>
<p>2 The Evidence Based Review and the actions taken by the Department as a result of its findings should be evaluated as part of the Year 5 Independent Review.</p>	<p>DWP Response - Accepted The findings of the Evidence Based Review were published on 12 December 2013 and can be accessed through the following link - https://www.gov.uk/government/publications/work-capability-assessment-evidence-based-review</p> <p>The findings indicate that overall, the WCA is a valid assessment relative to expert opinion about people's fitness for work.</p> <p>DSD Response – Accepted DSD will work closely with DWP on any actions arising from the Evidence Based Review.</p>
<p>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.</p>	<p>DWP Response - Accepted and will be implemented in spring 2014. DWP will make the recommended change as part of the updated ESA50 which will go live in spring 2014.</p> <p>DSD Response - Accepted DSD has initiated this change to the ESA50 and will implement in Spring 2014 in line with DWP.</p>

Implementation of Year 4 Recommendations

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.	<p>DWP Response - Accepted. DWP will assess whether there should be a pilot of any measures intended to change the WCA. With contributions from appropriate analytical experts, the most appropriate design, implementation and evaluation of any pilots will be considered to ensure robust findings.</p> <p>DSD Response - Accepted DSD will learn from DWP pilots and where appropriate will pilot, implement and evaluate any changes to WCA.</p>
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.	<p>DWP Response - Accepted. DWP will build on its existing practice of joint working between Operational and Policy staff to further strengthen our capacity to identify the implications of any recommendations and design appropriate changes or measures in response to them.</p> <p>DSD Response - Accepted DSD policy officials will work with operational staff to fully assess implications of change.</p>

Effectiveness of the WCA

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.	<p>DWP Response - Accepted subject to the outcome of feasibility work that will also address recommendation 13.</p> <p>DWP will review how it explains scores when communicating decisions to claimants. This will involve examination of the intended behavioural effects of any potential changes as well as our obligation to make transparent decisions.</p> <p>DSD Response - Accepted DSD will engage with DWP on feasibility of this recommendation. The Department will also review how it explains WCA scores.</p>
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.	<p>DWP Response - Accepted.</p> <p>DWP will explore practical improvements to the assessment process in light of the EBR findings, in particular the feasibility of healthcare professionals using prompts from a semi-structured topic guide for WCA discussions.</p> <p>DWP will also explore the scope to further review healthcare professional training and guidance on considering and recording fluctuation during assessment discussions without placing undue burden on claimants.</p> <p>On the whole, the EBR results do not suggest that changes to the descriptors would improve the effectiveness of the WCA.</p>

		<p>DSD Response - Accepted DSD will engage with DWP on EBR findings and will fully consider any proposed changes to the descriptors.</p>
The face to face assessment		
8	The Department should specify an assessment format that facilitates better rapport, such as the HCP and person being assessed sitting side by side.	<p>DWP Response - Accepted in principle. DWP agrees that building a better rapport between the healthcare professional and person being assessed will help to improve the perception of the WCA.</p> <p>We will work with our health assessment provider to ensure that seating arrangements used during assessments aim to put the individual at ease.</p> <p>DSD Response - Accepted DSD's Health Assessment Adviser will work with the Health Assessment Provider to identify means of improving the rapport at the WCA.</p>
9	The assessor should avoid reporting inferences from indirect questioning as factual statements of capability.	<p>DWP Response - Accepted as part of work to examine the possibility of a semi-structured interview approach to assessment discussions to address recommendation 7.</p> <p>DWP will work with its health assessment provider to examine how further improvements might be made to ensure best practice in healthcare professionals conduct and write-up of discussions. A consideration of the feasibility of using semi-structured interview prompts will be a key part of this work.</p> <p>DSD Response - Accepted DSD's Health Assessment Adviser will work with the Health Assessment Provider to examine how further improvements can be made in reporting.</p>
10	The guidance on companions should be made clearer and applied consistently.	<p>DWP Response - Accepted DWP will work with its health assessment provider to review communications and guidance around companions at assessments to ensure clarity of the policy and consistency of practice.</p> <p>DSD Response - Accepted DSD will review communications and guidance around companions.</p>
11	The person being assessed should be able to see what is being written during the assessment.	<p>DWP Response - Accepted in principle. DWP believes it is paramount that assessment reports are an accurate reflection of the issues explored during discussions.</p> <p>We will work with our health assessment provider to ensure that seating arrangements used during assessments are appropriate and engender trust in the process.</p>

		<p>DSD Response - Accepted DSD's Health Assessment Adviser will work with DWP and the HAP to review the seating arrangement during assessments.</p>
Staff Guidance and Training		
12	<p>The Department should update documentation and training to ensure that:</p> <ul style="list-style-type: none"> • 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; and • the distress that people can experience when things go wrong is recognised and acknowledged appropriately by staff. 	<p>DWP Response - Accepted Atos Healthcare already has a customer charter which clearly explains the role of healthcare professionals and is available in all assessment centres.</p> <p>DWP will work with its health assessment provider to ensure that both healthcare professionals and Decision Makers are able to communicate the distinction between the two roles with consistent and clear messages, and ensure that these messages are in turn communicated to stakeholders with an interest in the WCA where appropriate.</p> <p>We will also review training and guidance to ensure that distress is appropriately recognised when the WCA process does not work as intended.</p> <p>DSD Response - Accepted In NI there is a clear differentiation between the purpose statements for HCPs and Decision Makers. The Health Assessment Provider customer charter is clearly displayed in all assessment centres in Northern Ireland. The DSD Health Assessment Advisor will continue to carry out Training Needs Analysis with the Health Assessment Provider on an annual basis.</p>
Written Communications		
13	<p>The ESA50 and all 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"> • all letters and forms meet Plain English standards; • information is presented at the right point in the process; • the person making a claim is clear about their rights and responsibilities at each stage of the process; and • decision letters set out clearly what the outcome means for the person 	<p>DWP Response - Accepted We currently review the ESA50 twice a year and our letters are written in an easy to understand way.</p> <p>However we will review our existing forms and letters to try and understand what changes we can make. We will undertake this review using Behavioural Insight techniques.</p> <p>DSD Response - Accepted DSD will continue to review the ESA50 twice a year and will work closely with DWP to identify further improvements in communications. DSD leaflets are produced in line with the Plain English Campaign.</p>

	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.	
Reassessment Post Appeal		
14	Apply any Tribunal recommendations on review periods as the default and should only be altered where there is strong justification.	<p>DWP Response – Accepted in principle subject to the review of the policy. DWP will review the current policy and amend guidance and training where appropriate to ensure clarity and consistency of review periods in line with Her Majesty’s Courts and Tribunals Service recommendations.</p> <p>DSD Response – Not Applicable to Northern Ireland</p>
15	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>DWP Response - Accepted DWP will consider the most appropriate minimum period between successful appeal and the recall notice.</p> <p>Once policy considerations have concluded we will amend, if appropriate, DM guidance to ensure clarity of policy and consistency of practice.</p> <p>DSD Response - Accepted This is the current practice in DSD.</p>
Decision Making		
16	Give greater clarity about the role and parameters of Decision Makers with a particular focus on the meaning of “empowerment”.	<p>DWP Response - Accepted DWP is committed to ensuring Decision Makers are clear about the parameters of their role and are able to effectively use the current rework processes in place.</p> <p>All training and products in place for Decision Makers are regularly reviewed, including communications, and there is specific training in place for Decision Makers on giving the appropriate weight to additional evidence provided by claimants.</p> <p>DWP will continue to review the Quality Assurance Framework alongside its Learning and Development products for Decision Makers.</p> <p>DSD Response - Accepted It was accepted in previous reviews that DSD Decision Makers are empowered. DSD will continue to ensure this remains the case.</p>

17	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>DWP Response - Accepted subject to scoping work on monitoring of specific quality outcomes. The content of the Quality Assurance Framework is currently reviewed on a regular basis as part of the Department's continuous improvement processes.</p> <p>DWP recognises that this is a sensible suggestion and will undertake work on how best to monitor different aspects of quality.</p> <p>DSD Response - Accepted DSD decision makers are subject to monitoring by Standards Assurance Unit, results are reported to the Standards Assurance Committee and learning is fed back to Decision Makers routinely. The Department will continue to monitor the standards of decision making.</p>
18	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>DWP Response - Accepted Decision Makers are currently able to and encouraged to contact healthcare professionals through existing help lines. DWP recognises that further consideration of this area could improve the experience of the claimant and will work with its health assessment provider to strengthen existing work between Decision Makers and healthcare professionals.</p> <p>DSD Response - Accepted The Department's Decision Makers currently contact help lines as necessary. DSD will consider how to build upon the relationship between the Decision Maker and the Health Care Professional.</p>
19	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>DWP Response - Accepted DWP has done a considerable amount of work to improve training for Decision Makers, with a specific module on critical evaluation of evidence available. The content of existing training material is regularly reviewed to improve any weaknesses identified through the Quality Assurance Framework process.</p> <p>The process for collecting further medical evidence during the WCA process is being reviewed by DWP. Any changes introduced will be accompanied by relevant training for Decision Makers</p> <p>DSD Response - Accepted DSD has carried out a considerable amount of work to improve the training of Decision Makers. This has been noted in the independent reviews. DSD will continue to develop training as the need arises.</p>

20	<p>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.</p>	<p>DWP Response - Accepted subject to further feasibility work and future decisions on recommendations 26 and 27</p> <p>DWP recognises that there may be value in reviewing how work is allocated between different grades and the types of cases they are required to make decisions against.</p> <p>DWP will consider the feasibility of re-engineering the grade mix of Decision Makers and the types of cases.</p> <p>Any decision on whether to accept this recommendation in its entirety will only be made once this feasibility work, and work to consider recommendations 26 and 27, is completed.</p> <p>DSD Response - Accepted DSD will monitor progress in DWP on recommendations 20, 26 and 27.</p>
21	<p>Ensure the provider batches cases into point bands when they send to the Department to save departmental admin/processing time.</p>	<p>DWP Response - Accepted subject to further feasibility work and future decisions on recommendations 26 and 27.</p> <p>DWP will assess the feasibility of implementing this recommendation and examine whether batching cases would achieve efficiencies.</p> <p>A decision on whether to accept this recommendation in its entirety will only be made once this is completed.</p> <p>DSD Response - Accepted This will be subject to feasibility of recommendation 20.</p>
22	<p>Review the place of Decision Assurance Calls and apply them only in “borderline” cases handled by Band C Decision Makers who should be up-skilled to make the intervention more effective.</p>	<p>DWP Response - Not accepted.</p> <p>This recommendation does not align with DWP’s strategic direction for the Decision Assurance Call which is to maximise the number of successful claimant contacts. This will provide the claimant with additional opportunity to provide further evidence, discuss the proposed decision and manage a smoother transition to alternative benefits (where applicable).</p> <p>DWP will trial a new process to the way in which Decisions Assurance Calls are made to ESA claimants. Early indications are that results have been promising: we therefore intend to formalise this initial start and consider alternative solutions, including introducing text messages prior to making the call in order to encourage claimants to answer their phone.</p> <p>DSD Response – Not Accepted DSD does not accept this recommendation. The Department is content with the current approach of ensuring customers are kept informed on decisions affecting their entitlement.</p>

23	Review the guidance on the preparation of Reasoning and audit completed documents on a regular basis to further improve quality.	<p>DWP Response - Accepted As part of quarterly QAF reviews, reasoning is examined to ensure that it is robust. Where necessary, the findings are used to change guidance for Decision Makers.</p> <p>DSD Response - Accepted Reasoning is monitored as an integral part of the Standards Assurance Unit role and is reported to the DSD Standards Committee. Where necessary the findings are used to update Decision Maker guidance.</p>
24	Monitor overturn rates on an individual Decision Maker basis. Investigate exceptionally high and low rates as part of performance management.	<p>DWP Response - Accepted subject to further feasibility work. DWP will consider the feasibility of implementing this recommendation.</p> <p>HM Courts and Tribunal Service (HMCTS), working closely with the Tribunal's judiciary and the DWP, introduced on a "controlled start" basis the provision of Summary Reasons in appeals against ESA decisions. The Summary Reasons take the form of written text which is incorporated into the Decision Notice issued by the Tribunal, which is provided to both the appellant and DWP. A wider roll-out of the provision of Summary Reasons for decisions made by the Tribunal is planned for the first half of 2014.</p> <p>Any decision on whether to accept this recommendation in its entirety will only be made once this feasibility work is completed.</p> <p>DSD Response – Accepted subject to further feasibility work.</p>
Simplifying the Process		
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.	<p>DWP Response - Accepted The Government accepts the Reviewer's recommendation in full and will continue to work with the BMA to further investigate ways of improving the way in which supporting evidence is collected during the WCA process.</p> <p>DSD Response - Accepted DSD will work with DWP to investigate ways to improve the information gather involved in the WCA process.</p>

26	<p>The Department carries out a full impact assessment on an alternative process whereby DWP Decision Makers triage cases;</p> <ul style="list-style-type: none"> • DWP, rather than the HAP, issues the ESA50 and reviews the response with any supporting evidence supplied; • the Decision Maker determines (with the help of decision support materials) whether further evidence is required and, if so whether to obtain that by face to face assessment or other means; • 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; • where a person is found Fit for Work on paper without a face-to-face assessment and subsequently disagrees with the decision, a second Decision Maker then reconsiders the need for a face to face assessment as part of the new mandatory reconsideration process. 	<p>DWP Response - Accepted DWP will carry out the recommended impact assessment to inform decisions about if and how triage of cases by Decision Makers might be implemented.</p> <p>DSD Response - Accepted DSD will work closely with DWP to assess any policy implications and impact of implementing a Decision Maker triage.</p>
27	<p>The Department should carry out a full impact assessment on the feasibility of a DWP Decision Maker being co-located with the HCP undertaking a face-to-face assessment and either seeing the person making a claim jointly or separately.</p>	<p>DWP Response - Accepted DWP will carry out the recommended impact assessment before making a decision about whether and how collocation of Decision Makers and healthcare professionals might be achieved.</p> <p>DSD Response – Not Accepted DSD will monitor the outcome of DWP’s impact assessment.</p>

Mental Health

28	<p>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.</p>	<p>DWP Response - Decision deferred until completion of further work to understand whether DWP would accept or reject the principles underpinning this recommendation. All healthcare professionals receive training and Continuing Professional Development in mental health.</p> <p>Further work is needed to understand exactly what Dr Litchfield means by “suitable and sufficient” and how we would respond to his interpretation of this.</p> <p>DSD Response – Decision Deferred DSD will monitor progress in DWP.</p>
29	<p>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 reaccreditation should be dependent upon effective refresher training in key subject matter areas.</p>	<p>DWP Response - Accepted subject to the outcome of further scoping work on the overall effects of changing current approvals and training approach. All training for healthcare professionals is reviewed on a regular basis, including modules related to mental health. External clinical experts have, and will continue to be, involved in this review process to ensure that materials are clinically sound and based on the latest available evidence.</p> <p>DWP’s focus is on ensuring appropriate standards are maintained through regular auditing of performance across the contract, including on performance around mental health cases.</p> <p>DSD Response - Accepted DSD will monitor DWP’s progress on further scoping the effects of changing the approval and training approach.</p>
30	<p>Mental Health training for Decision Makers should include dealing on the telephone with distressed people, interpreting warning signs of potential self-harm and signposting to appropriate sources of help</p>	<p>DWP Response - Accepted DWP has a range of learning products and guidance for DMs with clear focus on vulnerable customers, as well as Decision Maker training to facilitate conversations and deal with difficult or distressing conversations.</p> <p>Nonetheless the Department recognises that a review of this package of training might suggest ways to further build Decision Maker capability to deal with distressed people or those who may be at risk of self-harm.</p> <p>DSD Response - Accepted DSD Decision Makers have been trained, as part of the decision assurance call training, on dealing with distressed customers on the telephone. DSD has guidance for all staff on self harm and as a result of a previous recommendation by Professor Harrington, the drug outreach service provided training on dealing with addictions. Training for Decision Makers is kept under review.</p>

31	<p>The ESA50 is redesigned to make it clear that evidence, particularly in mental health cases, from CPNs, Support Workers, Carers etc is valuable and giving guidance on the functional aspect that will help Decision Makers.</p>	<p>DWP Response - Accepted DWP currently review the ESA50 twice a year – we will incorporate these changes as part of the review which will be completed in October 2014. As with all changes to the ESA50, where appropriate we will work with representative groups to agree this new wording.</p> <p>DWP is also reviewing the contents of the letter sent with the ESA50 – the ESA51 – to ensure this information is contained in the letter.</p> <p>DSD Response - Accepted DSD will work with DWP to review the ESA50 in October 2014.</p>
32	<p>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.</p>	<p>DWP Response - Accept subject to the outcome of further scoping work DWP will ask Dr Litchfield to examine the Support Group criteria as part of the fifth independent review and consider what specific criteria might be applied to address this recommendation.</p> <p>DSD Response - Accepted DSD will work with DWP and Dr Litchfield to examine the Support Group Criteria for future consideration.</p>

Summary of Progress on Year One, Two and Three Recommendations

YEAR 1 RECOMMENDATIONS UPDATE			
No	Recommendation	Current Position	Status
1	Jobcentre Plus should manage and support the claimant during the course of their benefit claim and identifies their chosen Healthcare Adviser.	ESA35/35A - The issue of a new form ESA35/35a was piloted in NI Jan / Feb 12 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.	Closed
		Pre –Decision Call - Following a pilot in February 2012 which contacted over 90per cent of customers whom the Decision Maker was inclined to disallow the call was rolled out in the ESA centre from 1 April.	Closed
		Allowance Call - Following a pilot in NI 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.	Closed
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.	Closed
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 DWP colleagues determined that the ESA50 is currently the most appropriate tool supported by the medical assessment and the provision of any additional documentary evidence.	Closed
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.	Closed
5	Every Atos assessment should contain a personalised summary of the assessment in plain English.	Solution implemented in Northern Ireland by the SSA on 28/10/11. Process also put in place to monitor quality of the statements.	Closed

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.	Closed
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.	Closed
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.	Atos piloted the audio recording of assessments in Great Britain and as a result of the evaluation of the Pilot this has been withdrawn.	Closed
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.	Closed
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.	Closed
11	Better use of the reconsiderations stage.	The SSA has arrangements in place to conduct Reconsiderations by another Decision Maker at appeal stage.	Closed
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.	Closed
13	Better communication between Decision Makers and Atos Healthcare professionals to deal with borderline cases.	Existing SSA processes already incorporate recommendations.	Closed
14	Decision Makers receive training so that they can give appropriate weight to additional evidence.	Existing SSA processes already incorporate recommendations.	Closed
15	The First-tier Tribunal should routinely provide feedback to Jobcentre Plus staff and Atos Healthcare professionals. As part of their professional development Jobcentre	Taken forward by Appeals Reform team.	Closed

	Plus Decision Markers should be encouraged to attend tribunals.		
16	Tribunal decisions should be better monitored, including monitoring of the relative or comparative performance of tribunals.		Closed
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.		Closed

YEAR 2 RECOMMENDATIONS UPDATE

No	Recommendation	Current Position	Status
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"> - per cent of claimants failing to return initial ESA50; - per cent of claimants failing to attend face-to-face assessment; - per cent of decisions meeting criteria in the DM Quality Assessment Framework - per cent of reconsiderations received - per cent of decisions changed following reconsideration - per cent of appeals received - per cent of appeals successfully upheld. 	The SSA has developed and implemented an Evaluation framework to monitor the impact on staff, the customer and the business of the implementation of Professor Harrington's recommendations. Statistical information is also collated on a monthly basis.	Closed
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.	Closed
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 NI.	Closed

4	DWP should consider working with relevant representative groups and their clinical advisers to: - Update Atos the handbook and guidance - Produce practical guidance for Decision Makers.	The SSA has put arrangements in place, as part of its business as usual processes, for the production and updating of handbook and guidance.	Closed
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.	Closed
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.	Closed
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.	Closed
8	DWP consider ways of sharing outcomes of the WCA with Work programme providers to ensure a smoother claimant journey.	DWP recommendation. NI will progress any relevant learning following DWP pilot.	Closed
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.	Closed
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 Mar 2013.	Closed

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.	Closed
12	Atos and DWP monitor and audit the use of free text within LiMA to ensure a consistently high standard of accurate reports.	<ul style="list-style-type: none"> • Monthly reporting in place on the use of free text; • Quarterly management information reports produced and any problems identified, etc; • The SSA has arrangements in place, as part of its business as usual processes, to take forward any further changes to the LiMa. 	Closed
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.	<ul style="list-style-type: none"> • 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; • 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. 	Closed
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.	Closed
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.	Closed
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 to approve all appointments of healthcare professionals and monitors recruitment and retention.	Closed
17	DWP should continue to monitor the quality and appropriateness of DWP Operations and Atos training.	<ul style="list-style-type: none"> • Training needs analysis complete; • The Health Assessment Adviser has held workshop with the business areas to identify additional training; • Health Assessment Adviser attends Atos training events and reports findings / recommendations. 	Closed

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.	Closed
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.	Closed
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.	<ul style="list-style-type: none"> • The SSA has developed and implemented an Evaluation framework for the ongoing monitoring of the impact on staff, the customer 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. 	Closed
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 UC project and this will read across to NI. On those grounds Professor Harrington agreed to NI closing recommendation on 19/09/12.	Closed
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.	Closed
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 have 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.	Closed

YEAR 3 RECOMMENDATIONS UPDATE

No	Recommendation	Current Position	Status
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 customers to provide supporting medical evidence. Judicial review ongoing.	Closed
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 NI.	Closed
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.	Closed
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.	Closed
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.	Closed
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 UKDPC incorporated to the Atos Training Needs Analysis.	Closed

Note: Definition of terms

Closed: Immediate action completed and recommendation deemed implemented in Northern Ireland. However monitoring of SSA and DWP 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.

