To: UC Programme Board

From: Richard d'Souza

Sponsor: Will Moss and Denise Horsfall

Author: Richard d'Souza

The Health Journey in Universal Credit Full Service - Update

Summary – There are a number of issues that have adversely affected the delivery of the health journey in UC Full Service. This paper updates the Programme Board on progress in resolving these issues.

Reason for coming to the Board –

Programme Board are asked to note progress in reviewing and improving the health journey.

Timing – for discussion at the UC Programme Board meeting on 22nd March.

Background and discussion

1. Towards the end of summer 2017, it became clear that there were a number of issues that were affecting the successful delivery of the health journey in Universal Credit Full Service. Consequently, Programme Delivery Executive agreed a Programme level risk jointly owned by Will Moss (UC Programme) and Denise Horsfall (UC Operations): *"The end to end health journey for claimants with health conditions may not meet the needs of the claimant, deliver business outcomes and achieve policy intent, resulting in delays to the award of the health component as part of the UC award, impacting operational capacity and causing reputational damage."*

2. To help get a deeper understanding of the fundamental issues affecting the health journey, we decided to undertake a Strategic Review of the health journey. There were already a number of activities under way to secure tactical improvements. This was a collaborative exercise involving colleagues from across the UC Programme

and wider DWP, particularly Operational Excellence who provided key expertise on the claimant journey and existing improvement activity.

3. The Strategic Review asked the question "How can we get the current approach to work more effectively?" with a focus on identifying the most valuable short term improvements as well as longer term changes. The Review did not look at fundamental questions of strategy like "Is the Work Capability Assessment (WCA) the best way of measuring capability for work?" It is not the role of the Programme to ask or answer these questions.

4. The starting point for the Review was to decide what an effective journey would look like. We agreed that an effective journey would meet the following three objectives:

    i   To ensure that UC claimants who have declared a health condition affecting their ability to work receive the correct amount of benefit, reflecting their health and work status, as accurately and timeously as possible.
    ii For those claimants for whom it is appropriate, to provide tailored support along their journey to work/more work and from the start of the claim not just after the WCA outcome as in Employment Support Allowance. This is the transformational objective aimed at improving work outcomes for this group.
    iii To deliver objectives (1) and (2) in the most efficient way possible.

5. We adapted the approach we used in the strategic review of housing based on "critical event mapping":-

    i   Identify the key steps in the end to end claimant journey.
    ii Then identify what each actor has to do at that point and what information flows have to happen.
    iii Assess what the weak spots are at each point and any relevant MI.
    iv Identify what is already in hand – reflecting the excellent work already being done that was informed by earlier deep dives.
    v   Make recommendations as to next steps.

    A summary of this analysis is at Annex A.

6. As a result of the Review the following recommendations were endorsed by the Health and Disability Steering Group chaired by Denise Horsfall.

    i   To carry out claimant commitment conversation research to answer the following key questions: Do work coaches have the capability to set tailored requirements pre-WCA? Do we need to augment the Health and Work Conversation?
    ii To carry out analysis to see whether we can use length of fit note as proxy for likely WCA outcome/not likely to drop off before WCA.
    iii To assess the value to the business of physically seeing and verifying the Fit Note – is that just nugatory work given the details are on the system? We

recommend looking at whether fit notes need to be seen in every case and/or whether some transactional risking could allow a smarter journey while solving some of the outstanding issues.

iv   To explore whether there is a better way of identifying Day 1 referrals than asking CMs to screen all of them with such a low prevalence rate.

v   To explore whether Day 29 is the appropriate WCA referral point or should this be more flexibly set e.g. depending on length of Fit Note? Will it always be challenging to tie a finite date into the case management approach? Proposal is that we look at alternatives such as allowing work coach to refer following Health and Work Conversation.

vi   To look for better ways to identify Change of Circumstances from the point of referral and up to the time of the WCA. Can we use the end date of the fit note more effectively? For example could a To Do be generated for the CM or WC alerting change? Claimants are not being taken off the Health Journey when Fit Notes have stopped. Policy and Strategy have agreed guidance and possible build changes required to support, being worked through. Also need a way to determine who is on/off the Health Journey and a mechanism for withdrawing the referral on MSRS.

vii   To use helpful legal advice to simplify decision-making where the assessment is unambiguous e.g. severe conditions.

viii   To see whether we can evaluate the effectiveness of the Decision Assurance Call by comparing Live and Full Service outcomes.

7.   The recommendations have been combined with existing planned activities into a list of actions which is monitored on a monthly basis through the Health and Disability Steering Group. This is attached at Annex B. Work is under way to develop this into a detailed work stream plan.

8.   Taken as a whole, we expect these activities to deliver significant but incremental improvement to the current performance of the health journey in 2018/19. To go beyond this to deliver transformational change would require greater integration of the relevant IT systems as, for example, envisaged in the Single Health Operating Platform (SHOP).

Conclusion

9.   In the light of the above discussion, Programme Board are asked to note progress.