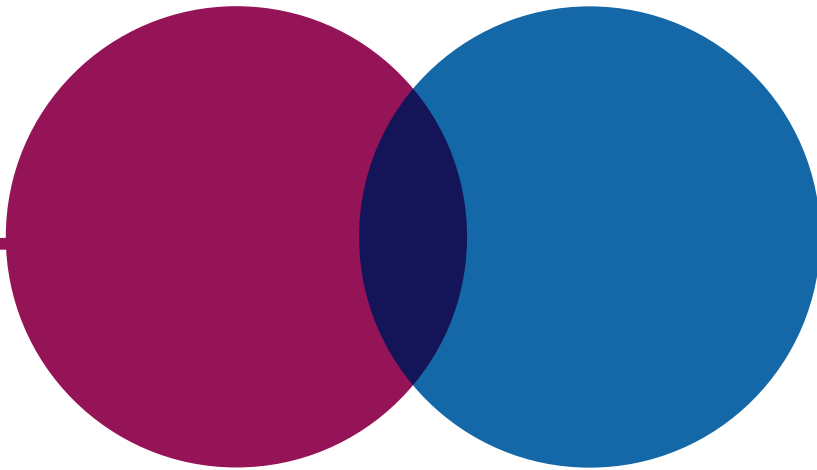




National Audit Office




REPORT

# Transforming health assessments for disability benefits

Department for Work & Pensions

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SESSION 2022-23  
23 JUNE 2023  
HC 1512



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National Audit Office

# Transforming health assessments for disability benefits

Department for Work & Pensions

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## Report by the Comptroller and Auditor General

Ordered by the House of Commons  
to be printed on 21 June 2023

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National Audit Act 1983 for presentation to the House  
of Commons in accordance with Section 9 of the Act

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**Gareth Davies**  
**Comptroller and Auditor General**  
**National Audit Office**

**20 June 2023**

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## Key facts

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**3.9mn**

working-age people in the UK receiving at least one of the principal disability benefits

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**£1.0bn**

estimated cost of the transformation element of the Health Transformation Programme (including an interim IT system) until 2035-36

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**£2.6bn**

Department for Work & Pensions' (DWP's) estimate in its 2021 business case of the savings through the Health Transformation Programme by 2035-36, a net present value of some £1 billion

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**April 2029** planned date for completion of the Health Transformation Programme, which DWP launched in 2018

**5.8 million** DWP's estimate in its 2021 business case of the number of claims for disability benefits that will be in payment in 2025-26, up from about 4.8 million in 2020-21

**2 million** maximum number of health assessments DWP estimates that contractors can currently carry out annually

**Over 70%** DWP's estimate of the proportion of the Health Transformation Programme workforce moved to work on other priorities during the COVID-19 pandemic

**£168 million** amount DWP has spent on the Health Transformation Programme since 2018

### Examples of service performance DWP wants the Health Transformation Programme to improve:

**14 weeks** median time taken between a claimant making a claim for PIP and receiving an initial decision from DWP in January 2023

**12%** proportion of decisions about claims for PIP between 2018 and 2022 that were then overturned by a mandatory reconsideration or on appeal. This compares to 15% where the claimant was not initially awarded the maximum daily living and mobility components of the benefit in the same period

# Summary

**1** There are around 3.9 million working-age people currently receiving at least one of the principal disability benefits, including Employment and Support Allowance (ESA), Universal Credit (UC) and Personal Independence Payments (PIP). The Department for Work & Pensions (DWP) uses functional health assessments to help it assess whether people are eligible for these and a number of other benefits, and for a number of other purposes.<sup>1,2</sup> DWP estimated in its 2021 Health Transformation Programme (the Programme) business case that the number of claims for these benefits in payment would increase from about 4.8 million in 2020-21 to about 5.8 million in 2025-26.

**2** DWP currently contracts with three providers to undertake functional health assessments to make sure funding goes to those that need it. In its May 2021 programme business case, DWP estimated that in 2019-20 (before the COVID-19 pandemic) the cost of supporting 1.9 million disability benefit claims requiring assessments and entitlement decisions was £1.1 billion (in 2022-23 prices). Of this, £410 million was the cost of the assessments the providers carried out. The providers employ healthcare professionals who examine claimants' functional impairment. A PIP assessment considers how difficult the claimant finds daily living and mobility tasks. For ESA and UC, a Work Capability Assessment considers how much an illness or disability affects the claimant's ability to work. Claimants who apply for both PIP and ESA/UC currently require two separate functional health assessments.

**3** In 2016, we reported on DWP's *Contracted-out health and disability assessments*.<sup>3</sup> We found DWP expected to pay more for ESA assessments as it moved to new contracts and its commercial providers were not meeting DWP's targets for the number of assessments or the quality of their reports on those assessments. In 2018, the House of Commons Work and Pensions Committee concluded assessment processes functioned satisfactorily for most claimants, but were failing a substantial minority. It highlighted that claimants lacked confidence in the process, in part because of problems with the process and concerns about the ability of DWP's contractors to conduct accurate assessments.<sup>4</sup> In March 2023, the Committee found many of the problems remain, despite some improvements.<sup>5</sup>

1 Functional health assessments examine an individual's functional impairment, as a consequence of a disability or health condition, rather than being a medical diagnosis. For example, how difficult a claimant finds daily living tasks and mobility.

2 Other benefits for which DWP uses functional health assessments include: disability living allowance (child); disability living allowance (65+); severe disablement allowance; reduced earnings allowance; and industrial injuries disablement benefit. DWP also uses functional health assessments for vaccine damage payments, occupational health assessments, armed forces pensions and the recovery of social security benefits in certain compensation cases and NHS costs in certain injury cases. DWP's assessment service may also be used by HM Courts & Tribunals Service and HM Revenue & Customs.

3 Comptroller and Auditor General, *Contracted-out health and disability assessments*, Session 2015-16, HC 609, National Audit Office, January 2016.

4 Work and Pensions Committee, *PIP and ESA assessments*, Seventh Report of Session 2017-2019, HC 829, February 2018.

5 Work and Pensions Committee, *Health assessments for benefits*, Fifth Report of Session 2022-23, HC 128, April 2023.

**4** DWP set up the Programme (**Figure 1**) to improve the application and assessment process, which it views as vital to improve efficiency of the process and services for people claiming health and disability benefits. It started work in July 2018 and announced the Programme in March 2019. The Programme is one of the largest transformation and service delivery programmes by value in government's current portfolio. It is expected to run until 2029 and cost more than £1 billion. Through the Programme, DWP aims to make the assessment process “simpler, more user-friendly, easier to navigate, and more joined-up for claimants, whilst delivering better value for money for taxpayers” by:

- creating an integrated service through a single contract for four geographic areas across England, Scotland and Wales, providing health assessments services for all disability-related benefits including PIP and Work Capability Assessments;
- creating a single digital system for it and its providers to use, reducing the need for claimants to provide information multiple times;
- allowing online applications for PIP; and
- using a triage system to reach a decision more quickly where the case is straightforward, including conducting more cases without a healthcare professional where an expert view is unnecessary.

**5** In March 2023, DWP published its health and disability white paper setting out a new policy approach to help more disabled people and people with health conditions “to start, stay and succeed in work”.<sup>6</sup> The Programme will provide the mechanism through which DWP will implement many of the objectives it has set out in the white paper, including plans to remove the Work Capability Assessment.

### **Scope of our report**

**6** This report provides an early assessment of the progress DWP is making with the Programme. Our report covers:

- the baseline performance of functional health assessments (Part One);
- DWP's approach to transforming functional health assessments (Part Two); and
- challenges implementing the Health Transformation Programme (Part Three).

6 Department for Work & Pensions, *Transforming Support: The Health and Disability White Paper*, CP 807, March 2023.



**Figure 1**  
Key information about the Health Transformation Programme (the Programme)

Key dates, costs and savings	
Start date	July 2018.
Original planned completion date	April 2028.
Current planned completion date	April 2029.
Estimated cost	£1.0 billion on transformation activities including £882 million on developing the Health Assessment Service and £144 million on two interim case management IT systems. This is in addition to the £2.1 billion expected cost of the Functional Assessment Service contracts.
Estimated savings	£2.6 billion over the life of the Programme from 2021-22 to 2035-36.
Spend to date (March 2023)	£168 million.
Key components	
Health Transformation Areas	Sites dedicated to test-and-learn activity, initially in London and Birmingham.
Functional Assessment Service (FAS)	An interim assessment service provided under four geographic contracts from 2024 to 2029 covering Great Britain (in addition the Department for Work & Pensions (DWP) will award a separate contract on behalf of the Department for Communities for Northern Ireland). This will be succeeded by the Health Assessment Service (HAS).
Functional Assessment Service IT (FAS IT)	An interim case management IT system for Personal Independence Payment (PIP). There is a separate system for Work Capability Assessments. Both systems provided under contracts from 2024 to 2029.
Health Assessment Service (HAS)	The new service for managing health assessments and claims for PIP from application to decision. Being designed for full roll-out in 2029 with an in-house case management IT system.
Programme phases	
Phase One (2019–2024)	Setting up the health transformation areas and creating the start of the HAS to use for testing and learning, while procuring FAS for the bulk of claims.
Phase Two (2024–2029)	Transformation of PIP customer journey and scaling of assessment services and may scale improvements into current FAS service.
Phase Three (2029 onwards)	New HAS in place processing all new and ongoing claims.

**Note**

- 1 Estimated costs and savings are from DWP's business cases for the Health Transformation Programme (2021), FAS (2023) and FAS IT (2022). DWP needs to update this information in its next business case which it aims to complete by spring 2024.

Source: National Audit Office analysis of Department for Work & Pensions information

## Key findings

The baseline performance of functional health assessments

**7 Functional health assessments are inherently judgement-based, resource-intensive and difficult to administer consistently.** Assessing the impact of health conditions on the claimant's ability to work or to carry out routine tasks requires extensive use of judgement against the criteria set out in the regulations for the relevant benefit. Claimants can find it difficult to explain what they cannot do when they are used to focusing on what they can do. Claimants can also provide a lot of documents, including handwritten evidence, which an assessor must read and sift for pertinent information (paragraphs 1.2 to 1.6 and Figure 2).

**8 Providers have increased their capacity and improved the quality of their reports but recruiting and retaining healthcare professionals remains a key constraint on the service.** Our 2016 report identified issues about the quality of assessments and recruitment and retention of staff. Providers are now close to or exceeding quality targets in their contracts. Providers also increased the number of healthcare professionals they employ from 2,200 in May 2015 to 4,130 in February 2023 but recruiting and retaining healthcare professionals remains a challenge. DWP forecasts that demand for assessments will exceed the contractors' current capacity of two million health assessments a year by 2025-26, although it acknowledged that its forecasts are highly uncertain (paragraphs 1.7, 1.11 and 1.12 and Figure 4).

**9 DWP wants to improve the current service.** It believes it can improve the:

- **cost of assessments.** The cost per assessment paid to contractors fell in real terms before the COVID-19 pandemic. For example, the cost per PIP assessment fell from £360 in 2015-16 to £269 in 2019-20 at 2022-23 prices. A reduction in the number of assessments and DWP's change to a 'cost-plus' contract contributed to an increase in unit costs peaking at £306 per PIP assessment in 2021-22, reducing to £282 per assessment in 2022-23. As DWP has not yet let the contracts, we have not been able to compare unit costs with the new Functional Assessment Service, but DWP hopes that the cost per assessment will be lower (paragraphs 1.8 to 1.10 and Figure 3);
- **speed of initial decisions.** DWP believes it can shorten the time it takes to reach an initial decision. Before the COVID-19 pandemic, the median time taken on a PIP claim rose from 11 weeks in January 2018 to more than 19 weeks in February 2020. The demand for PIP increased further during the COVID-19 pandemic and the median time to carry out an assessment peaked at nearly 26 weeks in August 2021. DWP has since reduced the median time to process new claims to just over 14 weeks in January 2023. However, different claimants are now more likely to experience different waiting times for their assessment. In January 2023, the time taken to decide 90% of claims varied from eight weeks to 31 weeks (paragraphs 1.6, 1.13 to 1.16 and Figure 5);

- **accuracy of initial decisions.** DWP wants to reduce the number of its initial decisions that are later overturned in favour of the claimant. Between April 2018 and March 2022, 12% of initial claim decisions (15% of DWP's initial PIP claim decisions, where the claimant was not initially awarded the maximum daily living and mobility components of the benefit), were subsequently changed through either a mandatory reconsideration (where DWP reviews the claim) or an appeal to the Tribunal (paragraphs 1.19 and 1.20, and Figure 8); and
- **customer service and trust in how DWP makes decisions.** DWP found claimants often do not understand or trust how it makes decisions. For example, while many claimants are happy with the service, of those claimants who had contacted DWP and subsequently responded to DWP's Customer Experience Survey in 2021-22, only 55% of ESA claimants and 53% of PIP claimants agreed with the statement "DWP cares about the people who use its services" (paragraph 1.18 and Figure 7).

DWP's approach to transforming functional health assessments

**10 DWP initially decided to continue to contract out existing health assessment services while simultaneously transforming those services.** DWP considered which elements of the service to outsource. It decided to continue to use contractors to undertake most health assessments. A key factor in this decision was DWP does not believe that it can directly employ sufficient healthcare professionals to deliver the service in-house. It later found it difficult to attract even a limited number of healthcare professionals to work in its transformation areas. DWP's plan was to maintain the current service through outsourced providers while also asking them to help develop a transformed service. This would be difficult; we have reported on other examples where public bodies tried to contract for services that they simultaneously tried to transform, leading to contractual disputes, programme delays and cost overruns (paragraphs 2.7 to 2.9).

**11 DWP changed its approach in 2019 to reduce the risks from tying its transformation too closely to its existing contracts.** DWP planned the Programme around the need to renew the existing contracts which had already been extended to 2021. An Infrastructure and Projects Authority review of the Programme in July 2019 found DWP's delivery plan was unachievable because DWP had insufficient time to transform the service and to replace the existing contracts before they expired in 2021. As a result, DWP reset the Programme and changed its strategy and contracting approach to reduce the risks to the Programme. It introduced a more phased approach, set up in-house transformation areas where it could develop the new service outside of the main outsourced service and deferred more of the transformation to a later stage. This reduced some of the challenges of trying to transform the service while outsourced but created new challenges of coordinating its in-house and outsourced services and the roll out of the transformed services to contractors (see challenges in paragraphs 17 to 24 below) (paragraph 2.4 to 2.7 and 2.10).

**12 DWP has further delayed the start of transformation since the reset in 2019.**

It reallocated staff across the department at the start of the COVID-19 pandemic to process new claims, which meant there were few staff available to lead the Programme. This meant it did not build momentum with the Programme until 2021 and it decided to further extend its existing contracts from 2021 to 2024, citing the pandemic as a justification (paragraphs 2.4 to 2.7 and Figure 11).

**13 DWP is now coming to the end of the first of three distinct phases of the Programme.** DWP now plans three phases as follows:

- **Phase One – Conclusion of existing contracts up to 2024 and set up of transformation areas.** DWP has set up and is running two in-house transformation areas in London and Birmingham to develop its Health Assessment Service using a test-and-learn approach. These use healthcare professionals, employed both directly by DWP and by its contractual provider, to assess claims and test the Health Assessment Service while it is in development. Meanwhile, DWP has also developed a new digital channel so that people can apply for PIP online, which it plans to roll out by 2024. DWP had planned to sign new contracts for an interim Functional Assessment Service in May 2023 but received a challenge to one of its contract ‘lots’. However, it hopes to now have the contracts in place later in 2023 to start in 2024.
- **Phase Two – Interim contracts and test-and-learn in the transformation areas (2024 to 2029).** During this phase most functional health assessments will be provided through the interim outsourced Functional Assessment Service, based on the existing service. It has contracted with Atos to develop the interim IT system for the outsourced providers to use, and aims to contract for an IT system to manage Work Capability Assessments in 2025. In parallel, DWP will continue to develop the new Health Assessment Service and PIP service improvements in its in-house transformation areas. DWP aims to increase the volume of claims processed in the transformation areas, using the new service approaches, to up to 20% of new claims by 2026. It also plans to import good practice developed in the transformation areas into the interim outsourced services where possible.
- **Phase Three – Develop the new Health Assessment Service ready for ‘next generation’ contracts starting in 2029.** DWP aims to have its new transformed service ready to process all new and ongoing claims from 2029. This will include its own in-house case management system and, subject to future decisions, new contracts for functional health assessments (paragraph 2.10).

**14 DWP had expected the Programme to achieve a net present value of £1 billion up to 2035-36.** Based on its 2021 business case for the Programme, made before it published its 2023 white paper, and adjusting its forecast spending for the amount it has spent up to March 2023, DWP currently expects:

- that DWP would spend some £882 million on developing the Health Assessment Service and £97 million on the Functional Assessment Service IT. This is in addition to the £2,095 million expected cost of the 2024-29 Functional Assessment Service. It has already spent £168 million, mainly in setting up the Programme, the interim contracts, and the new test areas; and
- the Programme to achieve savings of some £2.6 billion over the life of the Programme from 2021-22 to 2035-36, a net present value of £1 billion (net present value takes account of costs and adjusts for the fact that having money today is worth more than the promise of money in future). DWP intends to achieve these savings through efficiencies in how the functional assessment process works, improved labour market outcomes for people with disabilities and wider societal benefits (paragraphs 2.11 to 2.16 and Figure 12).

**15 DWP does not yet fully know how the reforms in the white paper it recently published will affect the Programme's detailed costs, benefits and timetable.**

DWP published *Transforming Support: The Health and Disability White Paper* in March 2023. This outlines a range of reforms to the support provided to disabled people and other health conditions. This includes phasing out Work Capability Assessments for new UC claims from 2026-27. The white paper reforms have been developed over several years and DWP designed the Programme to anticipate and deliver the reforms. However, DWP is working on the detailed implementation plans and aims to complete a new business case for approval by spring 2024 with a revised programme timetable, costs and benefits (paragraphs 2.19 to 2.21).

## Challenges to implementing the Health Transformation Programme

**16 DWP faces challenges to successfully delivering its approach to transforming the assessment services without further delay, cost overruns or scaling back its ambition.** DWP has previous experience of delivering agile programmes and has much of the governance in place for the Programme we would expect for such a major programme. However, its approach of transforming services over multiple contracts with in-house transformation areas is innovative and DWP does not have any examples where this approach has previously been successful to use as a guide. In paragraphs 18 to 25 below we set out the challenges that DWP must carefully manage if it is to achieve value for money from the Programme. These are based on both our review of the Programme and insights from auditing other programmes across government (paragraphs 3.1, 3.2 and Figure 14).

**17 DWP does not yet fully know how it will assess whether the Programme is delivering its intended benefits and is ready to proceed at key decision points.**

DWP has delayed the Programme and revised its plans following a programme reset and the impact of the COVID-19 pandemic, although the planned implementation date has only moved by one year to 2029. The results of the test-and-learn activity necessary to develop the service are inherently uncertain at this stage. There is therefore a risk that there is insufficient time in the timetable allocated to this testing and then adapting the Programme with the results. So far, DWP's programme governance and risk management has focused on establishing the new contracts and transformation areas as part of the first phase of the Programme. It has not yet completed work to define how it will track progress with its test-and-learn activity in the second phase or assess when the new service is ready to proceed to each next step. DWP plans to address this by setting out a more detailed delivery plan, criteria to assess when the service is ready to proceed and metrics to track progress, which will inform a revised business case (Challenge 1 – Knowing if the Programme is on track: paragraphs 3.3 to 3.6).

**18 DWP wants to scale the Health Assessment Service, which will require negotiation and the contractors' cooperation.**

The Programme requires three phases of integration: rolling out the interim IT solution for providers to use between 2024 and 2029; testing the new Health Assessment Service with providers in specific geographic areas; and rolling out the full Health Assessment Service to the 2029 contracts (subject to future decisions). It also intends, if possible, to apply any improved practices from the transformation areas to the interim Functional Assessment Service during the lifetime of the 2024 contracts. However, DWP is currently using standard government outsourcing 'model service' contracts, which require the service to be specified up-front and provide for only limited changes to that service. As part of the procurement, DWP told the providers it intends for the service to change over time, but each of these changes will need to be negotiated. These contracts do not provide incentives for transformation beyond the initial implementation period or clarity about what happens and who is responsible when something goes wrong with systems that are not in the providers' control. DWP told us it will manage this challenge by acting as the 'integration office' to manage these roll-outs, through its phased approach to change, and good engagement with contractors. In response to our work, DWP is also exploring options for incentives for providers. Ultimately it could also terminate or reduce the current contracts, to either bring it in-house or recontract, but this would take a significant amount of time, planning and cost (Challenge 2 – Achieving integration of services: paragraphs 3.7 to 3.9 and Figure 15).

**19 The Programme is dependent on several other departmental programmes and initiatives for its success and managing the interrelated risks will be complex, although DWP has made a good start.** The Programme has a lot of interdependent projects, needs to fit with other departmental digital initiatives, and is dependent on other changes being made to UC. Individually, the Programme comprises projects with risks that DWP is used to managing, such as implementing new contracts and designing discrete digital systems. However, the risks of each of these projects and their interdependencies aggregate to a greater overall risk to the Programme. DWP has identified its key programme dependencies and monitors these regularly at the Programme board. It has used reference class forecasting to benchmark its plans for its projects. It also told us it will develop better scenario-planning, which will inform a revised business case (Challenge 3 – Managing dependencies and aggregate risk: paragraphs 3.10 to 3.13).

**20 DWP has set out in broad terms what the Programme will look like in 2029, but will need to define the interim stages it needs to get there.** Under the Programme, DWP intends to test both the Health Assessment Service and transformed PIP service (with both a new digital system and an operational service to process claims) in the transformation areas. DWP has a target operating model setting out how the service should broadly operate in 2029, and an interim operating model to reflect how the service should have changed between 2022 and 2023 but it still needs to develop interim operating models for later phases. It will need to refine these interim models in order to progress. DWP is updating its target operating model, along with interim operating models, and continues to develop its test-and-learn strategy (Challenge 4 – Developing a test-and-learn approach: paragraphs 3.14 to 3.16).

**21 DWP has not yet defined all the data and performance metrics it needs to manage the Health Assessment Service or to judge if the Programme is successful.** DWP identified a number of non-financial benefits in its 2021 business case. It published its evaluation strategy in May 2023, which sets out a high-level approach for evaluating and tracking the performance of the Programme, including nine top-level key performance indicators. Of these nine key performance indicators, DWP told us that it has data and has developed metrics with baselines for six. DWP's key performance indicators do not give a complete picture of its ambition for the Programme: it has also identified at least 45 other metrics which better capture the fuller ambitions of the Programme. Of the 54 key performance indicators and other metrics, DWP told us that it intends to baseline 47 and has already developed and baselined metrics for 27 (57%). DWP now needs to build its new services to produce the data it needs to both monitor these metrics and to conduct test-and-learn experiments. It needs to establish a proper baseline for performance against these metrics so it can determine whether the new service is achieving the improvements hoped for without any unintended consequences for people using the service (Challenge 5 – Having the evidence needed to enable transformation: paragraphs 2.17 to 2.18, 3.17 to 3.19 and Figure 13).

**22 DWP now has two assessment services, which must produce consistent outcomes. It plans to check this by testing a sample of decisions.** Under the Programme, cases will be processed through either the Functional Assessment Service or the Health Assessment Service transformation services, using different processes but the same legal criteria. DWP told us it has a very low tolerance for allowing different outcomes and tests a sample of decisions from its transformation areas in the same way as it does for its main service (Challenge 6 – Making consistent decisions across cases: paragraphs 3.20 to 3.22).

**23 DWP has held events to inform stakeholders, but recognises that it could improve their engagement with the Programme.** Stakeholders' support can provide greater insight, while their opposition could delay or derail the Programme, for example through lack of trust. One of DWP's strategic objectives is to build greater trust in and improve transparency of its disability benefit decisions. DWP has not widely promoted the Programme, but it has held a series of events with national and local stakeholder groups to inform them about the Programme's scope and aims. It has so far held 17 workshops with national representative bodies, some of which involved stakeholders in the design of aspects of the Programme, and it has received positive feedback about these events. DWP expects awareness of the Programme and its objectives to increase following the publication of its white paper in March 2023 and evaluation strategy in May 2023 (Challenge 7 – Achieving stakeholder buy-in: paragraphs 3.23 to 3.26).

**24 There are likely to be a number of changes to requirements over the life of the Programme which may affect the current timetable.** As with any long-term transformation programme, it is inevitable there will be policy changes between now and its finish in 2029. The Programme has some flexibility for change. However, there remain significant decisions to be made by DWP and Parliament on how to implement the white paper, including legislation to remove the Work Capability Assessment. Changes are also likely to be needed to both legacy and new IT systems (Challenge 8 – Policy uncertainty: paragraphs 3.27 to 3.30).

### **Conclusion on value for money**

**25** The Programme is ambitious, and represents an opportunity to substantially improve the cost, timeliness and accuracy of functional health assessments while improving the experience for claimants and increasing the trust they have in the system. It is also the primary means by which DWP hopes to implement further reform of disability benefits, including removing the Work Capability Assessment, as set out in its recent white paper. While DWP draws on its experience in successfully delivering agile programmes and has put most of the required governance in place, transformation of this scale and complexity is inherently at high risk of time and cost overruns and not achieving all the intended benefits.



**26** To date the Programme timetable has been driven by the length of contracts and the need to procure new contracts. There have already been delays both from the COVID-19 pandemic and its evolving commercial approach. There are gaps in DWP's approach that it still needs to fill, particularly in terms of how it will integrate the service between providers, build an interim model that enables sufficient testing, and evaluate whether the Programme is on track to deliver the planned benefits. DWP does not yet know how the reforms in the white paper it recently published will affect the Programme's detailed costs, benefits and timetable, and it is likely the Programme will have to respond to further changes. Overall, there remain risks to value for money and these will need to be carefully managed for the Programme to realise the full benefits intended.

## **Recommendations**

**27** We recommend that DWP should:

**a review the Programme plan and produce an updated business case, incorporating the white paper reforms, including:**

- allowing for optimism bias and contingencies for test-and-learn activity, new legislation and development of the Health Assessment Service;
- plans for different scenarios including risks from both interdependencies and external changes such policy and legislative change. This should inform the longer-term risks to Programme objectives individually and in aggregate;
- completing work to establish the criteria by which DWP will track the agile test-and-learn aspects of the Programme and assess whether the Health Assessment Service is ready to proceed to each new stage; and
- demonstrating it has effective assurance and control over development of the Programme's digital architecture, including how the Programme will fit with DWP's other departmental digital initiatives, using oversight independent of the Programme;

- b produce interim target operating models for the Programme at appropriate stages and continue to develop its test-and-learn approach including:**
  - testing and learning what works best for the new services between now and 2029 so DWP and contractors are clear about what they need to implement;
  - setting out the data and evidence that the new services will need to produce to enable the test-and-learn activity, the tracking of benefits and the Programme's evaluation;
  - setting out how the Health Assessment Service will be benchmarked and use comparative data from the interim Functional Assessment Service; and
  - putting in place the mechanisms to provide feedback to healthcare professionals and decision-makers and helping assure the consistency of decisions, for example by using data from mandatory reconsiderations and tribunals;
  
- c be transparent about the Programme** so that stakeholders including Parliament understand what it is trying to achieve, how it is performing and its flexibility to adapt to new initiatives by publishing:
  - its new business case;
  - the metrics it will use to monitor the delivery of the Programme and the realisation of its benefits;
  - regular data on the performance of the services, including data on claimant outcomes for the interim Functional Assessment Service and the new Health Assessment Service by claimant characteristics; and
  - data about and evaluations of the realisation of programme benefits.