



Department
for Work &
Pensions

The Rt Hon ESTHER MCVEY MP
Secretary of State for Work & Pensions

28 August 2018

Mr Henry Downey
Democratic Services Section
Belfast City Council, Chief Executive's Department
City Hall
Belfast BT1 5GS

Dear Mr Downey,

Personal Independence Payment

Thank you for your letter of 16 July in which you set out Belfast City Council's motion in relation to Personal Independence Payment (PIP).

As you will be aware, the Department for Communities is responsible for delivering PIP in Northern Ireland. Therefore, you may wish to raise the issues set out in the Council's motion with them. However, given the principle of parity on social security legislation between Northern Ireland and Great Britain, I thought it would be helpful to set out the position in Great Britain as it may help address some of the issues raised in the motion.

Her Majesty's Government is absolutely committed to supporting disabled people. We want to ensure that disabled people should have the same opportunities and choices as non-disabled people and that support is focused on those with the greatest need. We are therefore spending a record £54 billion this year in Great Britain on benefits to support disabled people and people with health conditions. Spending on the disability benefits – PIP, Disability Living Allowance and Attendance Allowance – will also be at a record high this year with expenditure having increased by £5.4 billion in real terms since 2010.

PIP maintains the key principles of Disability Living Allowance (DLA) as a non-means-tested cash benefit available to people in and out of work but which is delivered in a fairer and more consistent manner and designed to reflect a modern understanding of disability, treating all conditions fairly. It is only right that support is targeted at those disabled people who require the most assistance to lead independent lives and PIP achieves that.

Key to the benefit is a more objective assessment, which allows us to accurately and consistently assess individuals' needs. People can have very differing circumstances so we developed an assessment which measures the impact of a person's health condition or impairment on their ability rather than focusing solely on the health condition or impairment itself.

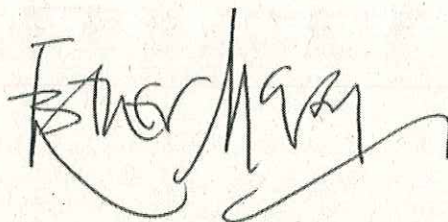
Throughout the process of developing PIP we listened to feedback and made significant changes to the assessment. The criteria were developed in collaboration with a group of independent experts in health, disability and social care including representatives from Radar (who subsequently merged to become Disability Rights UK) and Equality 2025. We also had extensive engagement with disabled people and their organisations, including two lengthy

consultations on the first two drafts of the assessment criteria, in 2011 and 2012. Through these consultations and stakeholder engagement we made a series of significant changes to the assessment criteria, including embedding in regulations the principle that all activity descriptors must be measured against whether they can be carried out safely, repeatedly, to an acceptable standard and within a reasonable time period.

The assessment looks at an individual's ability to carry out a series of key everyday activities which are fundamental to living an independent life, such as their ability to prepare, cook and eat food, dress and undress, make budgeting decisions, manage and monitor their health condition, engage with other people, and plan and follow journeys. These activities have been chosen to consider the impact of a more comprehensive range of impairment types than the DLA criteria and ensure that the greatest level of support goes to those least able to carry out the activities in order to contribute towards the increased costs they are likely to incur.

This means that through our reforms there are over 234,000 more working age people in receipt of DLA and PIP in Great Britain than before PIP was introduced and under PIP 30 per cent of the caseload overall receive the highest level of support compared to 15 per cent under DLA. For those claimants with Multiple Sclerosis, which you specifically mention, 52 per cent of recipients in Great Britain are getting the highest level of support under PIP compared to 39 per cent under DLA.

In terms of the mobility component of PIP, entitlement is based on an assessment of the two activities that we consider essential to an individual's ability to get around: their ability to plan and follow a journey; and their physical ability to move around. As for the assessment criteria generally, the mobility criteria were also subject to extensive consultation and stakeholder engagement, including a specific consultation on the "Moving around" activity. As a result, the overall effect of the two mobility activities is that, unlike DLA, the PIP mobility component provides parity of treatment between those with a physical and non-physical condition in order to accurately determine the level of support a person needs. For example, 31 per cent of PIP recipients with a mental health condition in Great Britain get the enhanced rate mobility component, compared to 10 per cent receiving the higher rate DLA mobility component. Whilst I acknowledge that some people may have seen a reduction in their mobility support moving from DLA to PIP it is also the case that 104,000 people in Great Britain not previously receiving the higher rate mobility component of DLA are now receiving the enhanced mobility component under PIP.

A handwritten signature in black ink, appearing to read 'Esther McVey', with a large, sweeping flourish at the end.

The Rt Hon Esther McVey MP

SECRETARY OF STATE FOR WORK AND PENSIONS