

Chapter Four

Supporting people with health conditions and disabilities

Large numbers of people with health conditions and disabilities who are without work would like to be in a job. Too often they are excluded because of a lack of support, outdated assumptions and a welfare system that until recently ignored the particular barriers to work that they face. But the world is changing and we need a system fit for the 21st century. Our agenda is one of rights and responsibilities: we can expect more of people as long as we safeguard their right to financial security and expand opportunities to engage with the labour market.

Reforms to provide much greater support are being developed in the *Pathways to Work* pilot areas. These are showing very encouraging early results, with many more people on incapacity benefits recorded as entering work. The pilots will now be extended to cover one third of the country on the road to making this a nationwide offer. Wider changes are also required. We will only increase the employment opportunities available to people with health conditions and disabilities if we take action in these areas:

- healthier workplaces;
- a more active role for employers;
- more back-to-work support provided by GPs and the wider NHS to help sustain and improve their patients' health by supporting a return to work;
- extended employment advice and support;
- a reformed benefit, which rewards work and gives more help than now to those with severe impairments; and
- the ongoing development of stronger disability rights.

Our approach is not about time-limiting or cutting rates of benefit, nor is it about cracking down on those on benefits. It is all about investing in people to help them meet their own desires to move back to work. This approach will need to be developed through close co-operation with disabled people themselves and other stakeholders.

The challenge

71. As employment reaches record levels and unemployment drops to the lowest level for 30 years, we need to make sure that we make the most of everyone's talents and potential in the UK so that the chance to work is there for everyone.

72. There will always be a need for incapacity benefits²⁵ – and also for other benefits which help people with health conditions or disabilities, such as Disability Living Allowance. Many people will have times in their life when a health condition or disability makes it much more difficult to work. Society has a responsibility to support those unable

25 Incapacity benefits (IB) is used here to mean contributory IB, Income Support with the disability premium and Severe Disablement Allowance.

to provide for themselves. But for most of those starting a claim, incapacity benefits should be a short intermission between periods of work.

73. Before 1997, little was done to help and support those with health conditions or disabilities return to work. Many who became ill and claimed incapacity benefits or their predecessors were told that it was the end of their working life – and that they should not expect to work again. Millions of people had their lives written off unnecessarily and had to depend on benefits. Yet surveys suggest that perhaps a million people claiming incapacity benefits say they would like to work if they were given sufficient help and support.

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74. Since 1997, we have moved a long way. Jobcentre Plus has been developed to ensure that access to labour market advice and support is available not just to those on Jobseeker's Allowance, but also to those on incapacity benefits and other benefits. By legislating for disability rights, we are tackling the discrimination that has stopped many disabled people fulfilling their ambitions to work in the past. Through the various New Deal programmes – including the New Deal for Disabled People – we have now supported nearly 200,000 disabled people into work. And in the *Pathways to Work* pilots, we are developing a new approach with more financial, advisory and rehabilitation support for claimants.

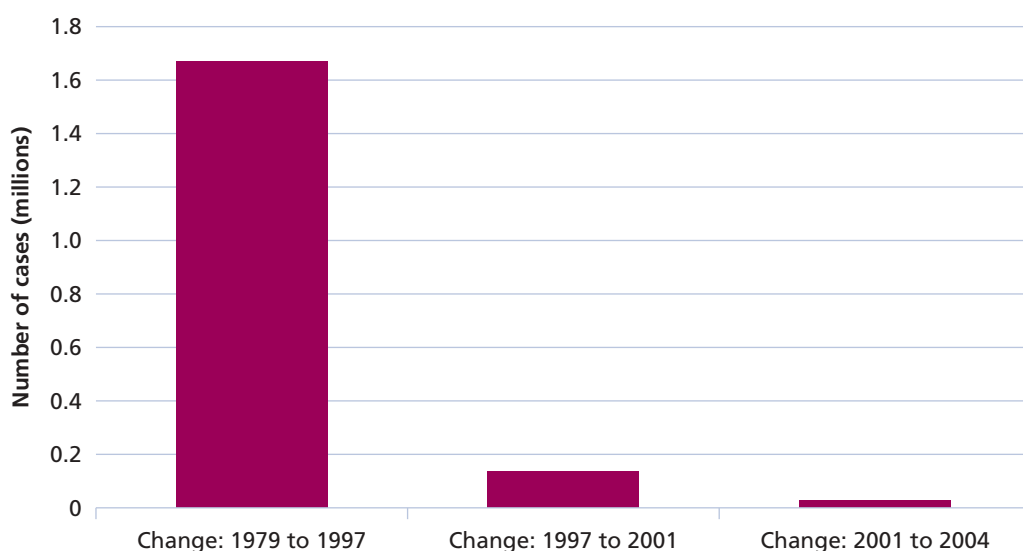
75. The changed approach is now starting to deliver results. Outdated stereotypes are being challenged because for the first time more than 50 per cent of disabled people of working age are in employment. Emerging results from *Pathways* are extremely positive. And the overall incapacity benefits caseload has been brought under control.

76. In 1979, around 700,000 people were claiming incapacity benefits. By the end of 1997 this number had trebled to 2.6 million. That is nearly 2 million more people consigned to long-term benefit receipt. Since 1997, the numbers have peaked at around 2.7 million²⁶ with new claims reduced by around a third, and the latest data showing a small fall.

77. But we know we need to do more. There are still 2.7 million people on incapacity benefits, and once a person has been on the benefit for 12 months, the average duration of their claim will be eight years. But long-term benefit receipt and deterioration into chronic incapacity are not the inevitable consequences of the main health conditions reported by people on the benefit. Only a small proportion of new claimants have very severe conditions such as chronic degenerative illness, tetraplegia or acute mental illness.

78. The majority have more manageable conditions and many want to work, but they face significant obstacles to doing so. Some of these barriers are health-related, but are of a different nature: of the 2.7 million half are over 50, 40 per cent have no qualifications and many have very poor financial incentives to return to work. So the support we offer must combine employment, skills and health support.

²⁶ Chart is based on the Department's administrative data.

Figure 12: Change in working-age incapacity benefits caseloads

79. For people with many conditions, effective support and proper management at an early point would help stop health problems from becoming significant:

- The best clinical management for back pain is to continue an active life, rather than waiting until pain disappears completely. This will mean a faster recovery and fewer long-term problems.
- An early return to work is now considered a major objective of cardiac rehabilitation for most people of working age and is seen as supportive of long-term recovery.
- With appropriate support, people with mental health conditions can get back to work – working will aid confidence, motivation and future health and is likely to be a key aim for most individuals.

80. And given the positive work aspirations of those making a claim to incapacity benefits (at the start of their claim 90 per cent fully expect and want to work again), the employment rate for disabled people is still too low. Leaving so many people stuck on incapacity benefits, wanting to work but without the help to do so, means we all miss out.

- The **economy** as a whole is damaged by this failure to harness the huge potential of these people.

- Individual **employers** miss out on particular talents.
- **Taxpayers** face higher bills because when people are not given the chance to realise their ambition to work, they cannot contribute to Income Tax and National Insurance.
- **Doctors** and other health workers end up having to spend more time on patients, whose health condition may deteriorate further as a result of unnecessary inactivity.
- Most importantly, individuals with health problems and their families miss out by being at greater risk of poverty, and having a lower chance of recovery if their ambitions to work are frustrated.

81. So there must no longer be an automatic assumption that just because someone has a health condition or is disabled that they are incapable of doing any sort of work. This is not just an issue about benefits and welfare-to-work programmes. We need to change the expectations and attitudes of Government, health professionals, employers and claimants. We also need to break down the disabling barriers of discrimination and the physical environment. This means action is needed on a whole range of fronts if we are to support people to overcome the multiple barriers that they face to working:

1. *healthier workplaces* – so that fewer people get sick and injured;

2. *enhanced role of the employer* – so that employers play a bigger role in rehabilitation and retention of their employees;
3. *more active GPs and NHS* – with greater recognition that work is a route back to health and plays a major part in providing rehabilitation;
4. *extending help and support* – so that people who are on incapacity benefits are for the first time offered comprehensive return-to-work help;
5. *reforming the benefit* – so that it encourages claimants to focus on getting back to work, whilst supporting those unable to work; and
6. *disability rights* – so that the opportunities to get into work and advance within it are fully open to disabled people and independent living is promoted.

Healthier workplaces

82. The first crucial step is to ensure that workplaces are as healthy as possible, so fewer people develop the health problems that can lead to a claim for incapacity benefits. The Health and Safety Commission and Executive have already done much to improve health and safety standards in workplaces. Workplace injuries are down over 10 per cent since 1997 and the number of deaths has reduced to 235 in 2003/04 (one of the lowest rates of any major industrial country).

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83. We need to build on this and keep up the drive to make all workplaces healthy and safe. In the modern economy risks at the workplace are changing. The Health and Safety Commission's strategy proposes to meet these by forging partnerships across local authorities, the private and voluntary sectors. These partnerships will focus very closely on the specific work-related health issues that can most often lead to inactivity, such as stress and musculo-skeletal problems.

84. The Health and Safety Commission's work will increasingly involve educating employers about why their workers become ill. Information already

being given to employers on work-related stress – the management standards, toolkits and guidance – shows the way ahead. They offer practical advice on how companies and workers can together manage the risks.

85. Working closely with employers and workforces ensures that an approach is adopted which is practical and which minimises red tape. In this way, we have tackled the issue of stress by taking ideas from a range of businesses, professional bodies and unions, to develop a benchmarking system to help managers gauge stress levels, compare themselves with other organisations, and identify solutions. We will continue to apply this approach to other workplace health issues in the future.

Enhanced role of the employer

86. It is also essential that we do all we can to help ensure that people experiencing health problems who have jobs can keep them. Employers have a crucial part to play in reducing the number of people who become ill and don't return to work. In too many cases, sickness absence is not managed actively and employees are not rehabilitated by employers, leading to unnecessary loss of trained staff and an avoidable cost to the employer. Some employers can also have negative attitudes towards people with health conditions or impairments (particularly those with mental health conditions).

87. Employers make a difference by keeping in close touch with employees who are off work with sickness or injury, and by being actively engaged with helping people to get back to work. Flexibility and imagination in making (often small) reasonable adjustments to work patterns or practices can make all the difference. The transformation of disability rights that will be completed by the Disability Discrimination Bill now going through Parliament (see Chapter Seven) ensures that the necessary culture change is supported by statutory requirements. The Health and Safety Executive has already produced standards for employers advising them on how best to manage absences, and we will complete further work aimed at guiding employers better on addressing the root causes of absence.

88. We will also work closely with the Department of Health, employers and, where appropriate, insurers, to encourage better provision and use of rehabilitation to get people back to work quickly. We have a good example of how this can work in the Condition Management Programmes in the *Pathways* pilots and will build our evidence base of good practice over the next few years as we follow up the Framework for Vocational Rehabilitation, published in October 2004.

89. The Health and Safety Commission will now trial and develop an innovative new approach to improve health at the workplace. *Workplace Health Direct* will concentrate in particular on providing support for occupational health in small and medium sized firms, and will involve:

- a free problem-solving service, which can signpost employers to specialist help; and
- a national free advice line.

90. Statutory Sick Pay is an element of the system which ensures that a link between employers and workers who have gone off sick is maintained. We need to ensure that it provides the right incentives to employers to rehabilitate people and get them back to work quickly, and we will review it to this end.

More active support from GPs and the wider NHS

91. As the Government made clear in its recent White Paper on Public Health,²⁷ healthcare is about returning patients to good health, and that includes getting them back to work. Health professionals, wherever they work, need to start from the point of view that getting people back to work is likely to benefit their long-term health. This is particularly true for GPs, who play a crucial role in the early stages of sickness absence in certifying ill-health, in helping patients manage their health condition, giving fitness for work advice and encouraging an early return to work where possible.

92. Up until now many GPs have lacked the tools and the training to support their patients in returning to work, despite its importance in promoting well-being. As a result, their role has too often been restricted to certifying that someone has a valid medical reason for not attending their job – something that patients often misunderstand as an order from the doctor not to work. Evidence that work can support health has been building rapidly in recent years, and some doctors may not yet be fully aware of it.

93. In this context it's hardly surprising that surveys show that most people on incapacity benefits – including many with potentially manageable conditions – believe that their GPs think that they should not work. And it is this belief that can sometimes condemn people to unnecessarily prolonged periods of sickness absence, which in turn can make them less employable and less healthy in the long term.

94. So, we need to support medical practitioners (primarily GPs but also occupational health specialists and other healthcare professionals) to do more to help patients to remain in work, or return to work. We need to work with the medical profession to improve the training available, and provide them with better information. We will work with medical organisations and the Department of Health and the teaching hospitals to collate and disseminate the comprehensive evidence now available about the detrimental impact of worklessness on patient health. We need to provide best practice on related issues, including occupational medicine and fitness for work advice.

95. GPs do really important work in providing advice about fitness for work, both for their patients and for employers when people first fall ill. Currently, though, the system does not record the issuing of sick notes, something that contrasts starkly with the situation in respect of prescriptions, which are thoroughly audited. Working closely with the health departments and GPs themselves, we now need to explore and develop ways to improve the information held. This will pave the way for us to develop a system to feed back to individual GPs, information about their certification practice, which can be used for professional development and revalidation purposes.

27 *Choosing Health: making healthier choices easier* (2004) Department of Health Cm 6374.

96. In part of the new *Pathways to Work* areas to be rolled out from October 2005 onwards we will build on our enhanced relationships with local GPs, Primary Care Trusts and other parts of the NHS. We will also develop better training materials to ensure that GPs with a special interest are able to provide earlier support on fitness for work. We will also pilot the placement of **employment advisers in GPs' surgeries**. These advisers will provide help and information to patients on the steps they can take to remain in their current job or return to work where appropriate. The advisers will be able to signpost people to the wider range of provisions that *Pathways* pilots offer – for example, where appropriate, NHS Condition Management Programmes.

Offering employment support through GPs' surgeries

In the last few years, a large number of initiatives have sprung up across the country that seek to offer return to work advice and support through GPs' surgeries. For example, the Compass project offers services to 15 GPs' in the Pollok area of Glasgow, and Tomorrow's People provides return to work advice in surgeries in Camden and Bristol.

Many GP practices in each of these areas have welcomed the presence of this support as it enables doctors to easily refer their patients to good quality employment advice to enable them to start thinking about getting back to work. There is some evidence that such support can be effective in helping people back into employment and in reducing the number of consultations with patients.

Extending help and support

97. In the past, employment policies did little to engage with those on incapacity benefits. And the Employment Service had little expertise in overcoming the specific barriers to work that people with health conditions and disabilities face,

so even if they engaged with the client group, they would have had little to offer. The development of Jobcentre Plus and the New Deal for Disabled People started to change that, but it was clear that more investment was needed to develop the tailored advice and support that people with health conditions and impairments need to get back to work.

98. That's why we developed *Pathways to Work*, currently operating in ten per cent of the country. Most new claimants are now required to attend six Work-Focused Interviews over the early months of their claim and are offered:

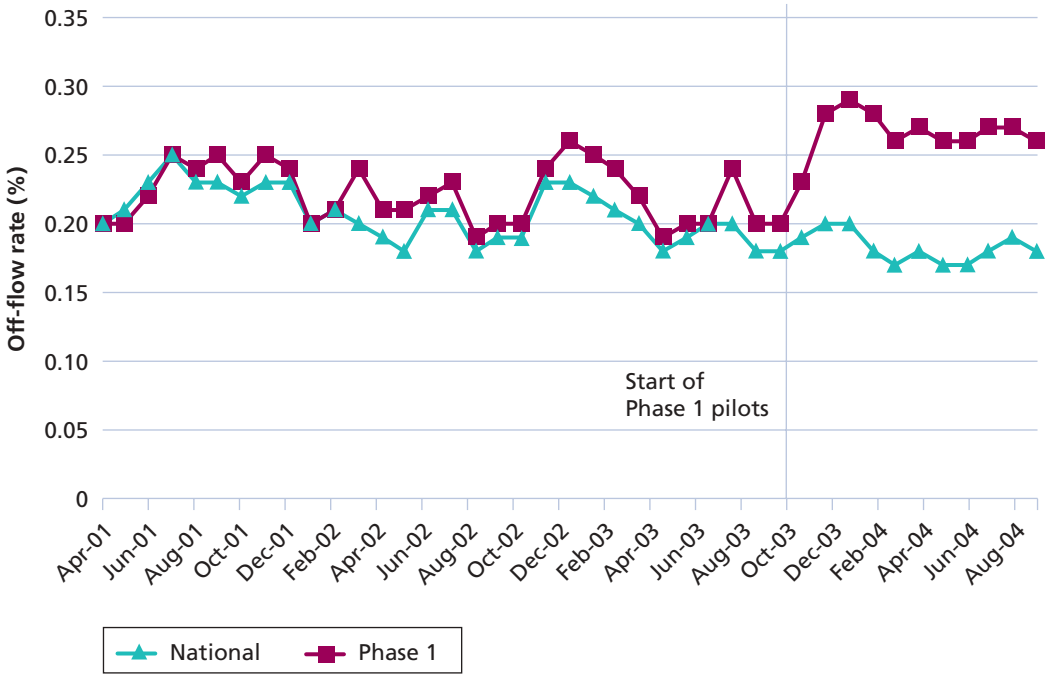
- specialist employment advice;
- NHS rehabilitation to help manage conditions; and
- a £40 a week Return to Work Credit to make work pay.

The number of incapacity benefits claimants helped into work in the pilot *Pathways* districts has doubled compared with the same period last year.

99. The early results from *Pathways* are extremely promising. The number of incapacity benefits claimants helped into work in the pilot districts has doubled, compared with the same period last year and, as the chart overleaf shows,²⁸ a significantly higher proportion of people in pilot areas are being helped to leave the benefit. We're also finding that in these areas we are encouraging five times more incapacity benefits claimants to take up New Deal for Disabled People and other help. And whilst attendance at Work-Focused Interviews is mandatory for new claimants, over 10 per cent of those taking part are existing incapacity benefits cases, doing so on an entirely voluntary basis. This is well over initial expectations, demonstrating how keen many of those on incapacity benefits are to get all the help they can to get back to work. The box on Yvonne Haughan's story (overleaf) shows what these impressive figures mean at an individual level.

²⁸ The off-flow rates presented are produced from the Working Age Statistical Database (WASD) and look at the proportion leaving IB by the four-month stage of their claim. WASD does not include a proportion of very short-term IB claims, therefore the off-flows presented on both lines will be lower than actual rates. However, the comparisons and trends over time will be consistent.

Figure 13: Incapacity Benefit off-flow rates
Increasing numbers leaving benefit in the initial *Pathways to Work* areas



Yvonne Haughan’s story

Twelve months ago, Yvonne Haughan “felt nothing but hopelessness”. The 57-year-old ex-teacher had been diagnosed with severe depression after a three-year illness. Now she is busy running her new floral display company, Aquilegia.

Her situation changed when she was called by Chris Penny, of Bacup Jobcentre Plus. Chris invited her to attend a pilot *Help for Health* therapeutic package offered by the NHS trust, an option with the Department’s *Pathways to Work* pilot. Yvonne’s condition improved with each group therapy session, “gradually guiding me back to my life as I knew it by focusing negative thoughts on to a more positive wavelength”.

On completion of the Condition Management Programme, Yvonne showed interest in setting up her own business. Chris referred her to the *Help Yourself* project in Burnley, run by East Lancs into Employment, offering business start-up advice and support geared to people with work or health limitations.

Aquilegia was launched in October. A cameo role on Trevor Macdonald’s national TV show, plus air time on BBC Radio Lancashire quickly followed. Yvonne says, “My life has changed 100 per cent. There is life after severe depression and I’m so excited for my business to do well. I’d never have believed I could achieve what I have.”



100. Recognising the success of *Pathways*, the Chancellor announced in the Pre-Budget Report an extension starting in October 2005 to cover one-third of the country, on the road to making this a nationwide offer. Together with the existing *Pathways* pilots, this now means we will be able to offer intensive support across all of the 30 local authority districts with the highest concentrations of incapacity benefits recipients.

101. In addition, in current pilot locations we will extend mandatory personal adviser contact to those who have been on incapacity benefits for up to three years from February 2005 and introduce a new job preparation payment of £20 per week to encourage those who have been on incapacity benefits for some time to try and get back to work. Eventually, we will want to ensure everyone on the benefit has the opportunity to engage in the help and support offered through *Pathways*.

102. We will also want to make continuous improvements to the whole range of what we offer. Closer linkages between Jobcentre Plus and individual GP surgeries are just one area where we would hope to go beyond what is on offer in *Pathways* (see box on page 45). The voluntary and private sector have a crucial role in the delivery of *Pathways*. As the programme rolls out we will want to keep this role under review, ensuring that where different kinds of provision offer clients advantages it is fully utilised. We will also closely monitor and seek to link into other regional and local initiatives, such as the Northern Way, with a view to improving the support we can make to incapacity benefits claimants.

103. Building on the extension of *Pathways*, we will reform the benefit.

Reforming the benefit

104. The priority for people with health conditions and disabilities over the last seven years has been to improve the help and support available. We now need to go beyond this. Society is changing and we need to reflect this, both by building up further support and by reforming incapacity benefits itself.

105. The main job of incapacity benefits is to support those who, through no fault of their own, are restricted in their ability to work because of a health condition, injury or disability. This job will always be essential. But the design of incapacity benefits needs to change. At the moment, rather than reflecting people's own desires to get back to work, it sends out a strong signal that people on the benefit are incapable. This signal is wrong.

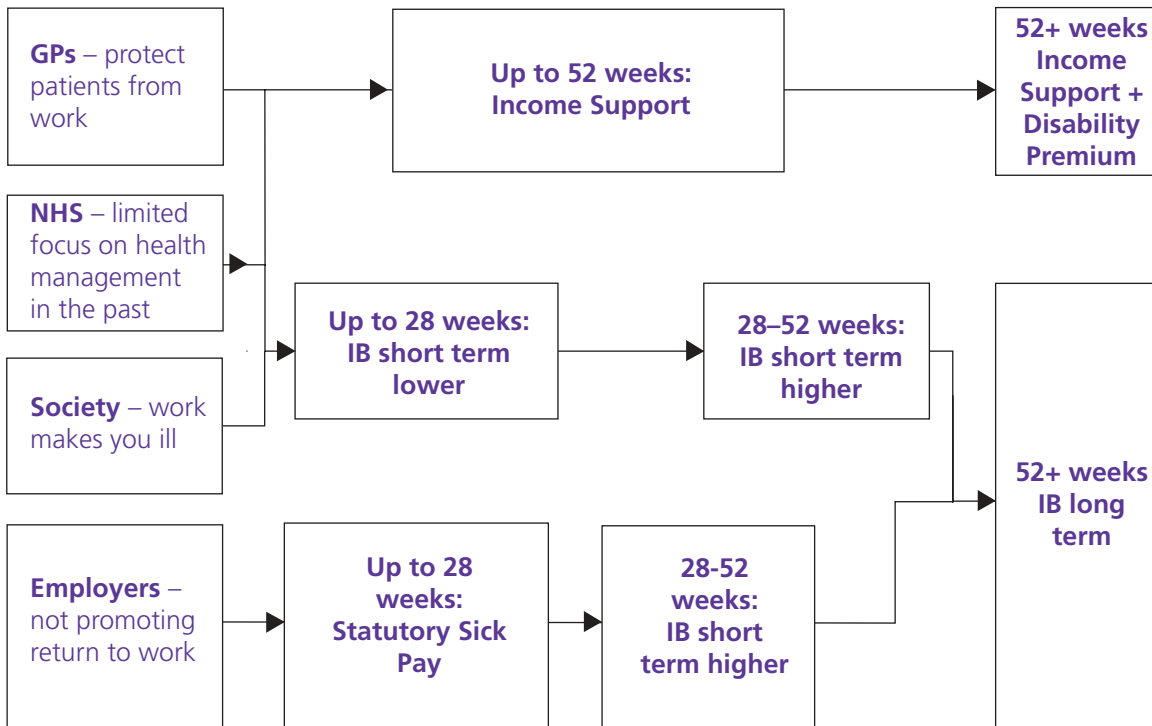
106. Whilst health conditions vary hugely, incapacity benefits currently treat all those who receive it in the same way. Of course, there are people with a health condition or disability so severe that a return to work would be very difficult indeed. For them, the benefit rate needs to be set at a sufficient level to provide real financial security over the long term. But with the right help and support, many others on incapacity benefits could be in work. Rather than simply having to prove what they are incapable of, claimants should be supported and rewarded for managing their condition and planning their return to work.

107. The benefit needs to be reformed to achieve both these objectives. We reject calls to abolish the benefit, cut its rate or limit the time for which it is available: this would undermine basic financial security that people with health problems and disabilities have a right to expect. Society has a responsibility to support those at a time when they cannot be expected to work. What is important is that the benefit is built on the principle of rights and responsibilities: we can expect more of people as long as we safeguard their right to financial security and expand opportunities to engage with the labour market.

108. The success of *Pathways* demonstrates that with the right help and support, very many people on incapacity benefits can move back into work. So in tandem with the successful build-up of this help and support, and with disabled people being increasingly protected in law against discrimination by employers and in society, we can look to further reform. We aim to change incapacity benefits so that they reflect the more accurate view of the world that people with health conditions and impairments want to work. We should provide financial security whilst also offering the right rewards for taking steps to return to or enter work.

109. The current incapacity benefits process and the main inputs into it from outside social security are captured in the diagram below.

Figure 14: The current Incapacity Benefit process²⁹



110. At the moment, incapacity benefits are complicated and reinforce the obstacles to work that other parts of the system create – in particular:

- The name embodies the underlying approach that focuses on what people are incapable of doing, not what they are capable of.
- People receive incapacity benefits before they have gone through the medical examination. This means the link with the labour market is broken and people can get labelled as incapable even if they still have a contract of employment.
- The Personal Capability Assessment (PCA) process simply divides people into those entitled to incapacity benefits (effectively assumed to be incapable of any work) and those who are not (effectively assumed to have no health barriers to work and to be able to claim Jobseeker’s Allowance). For those ‘satisfying’ the PCA there has historically been nothing in the system to encourage them to consider their potential to work, and no support to manage their condition and get back to work.
- The financial and non-financial incentives to encourage people to get back to work are often too weak – many people fear that trying to get back to work will lead to them losing out.
- The complexity of the system, with staged increases in benefit levels the longer the duration of a claim, does nothing to help people focus on a return to work.

²⁹ The Personal Capability Assessment is usually completed within three to six months of a claim.

- There are different systems for different people with varying rates, rules and requirements.
- Those with the most severe impairments get no extra help, despite the severity of their condition and their greater risk of persistent poverty.

111. Building on the extension of *Pathways*, the next step in offering a better deal for incapacity benefits claimants will be to reform the benefit and the support on offer to further:

- recognise that whilst for some claimants a return to work will always be unlikely, the majority have a good prospect of a return to work;
- give more support than we do currently to those with the most severe health problems and impairments;
- change expectations so that those who are able to, engage in rehabilitation, training or work preparation;
- ensure there are clear rewards for moving into work, and that we address the anxieties many claimants have about trying out a job by minimising the risks;
- establish a single aligned system for all claimants which is not time limited, regardless of whether they receive targeted support or non-targeted support today; and
- address the wider barriers to work, such as attitudes, the built environment and policy design through the strategy set out in the Strategy Unit report³⁰ *Improving the life chances of disabled people* and wider legislation including the Disability Discrimination Bill.

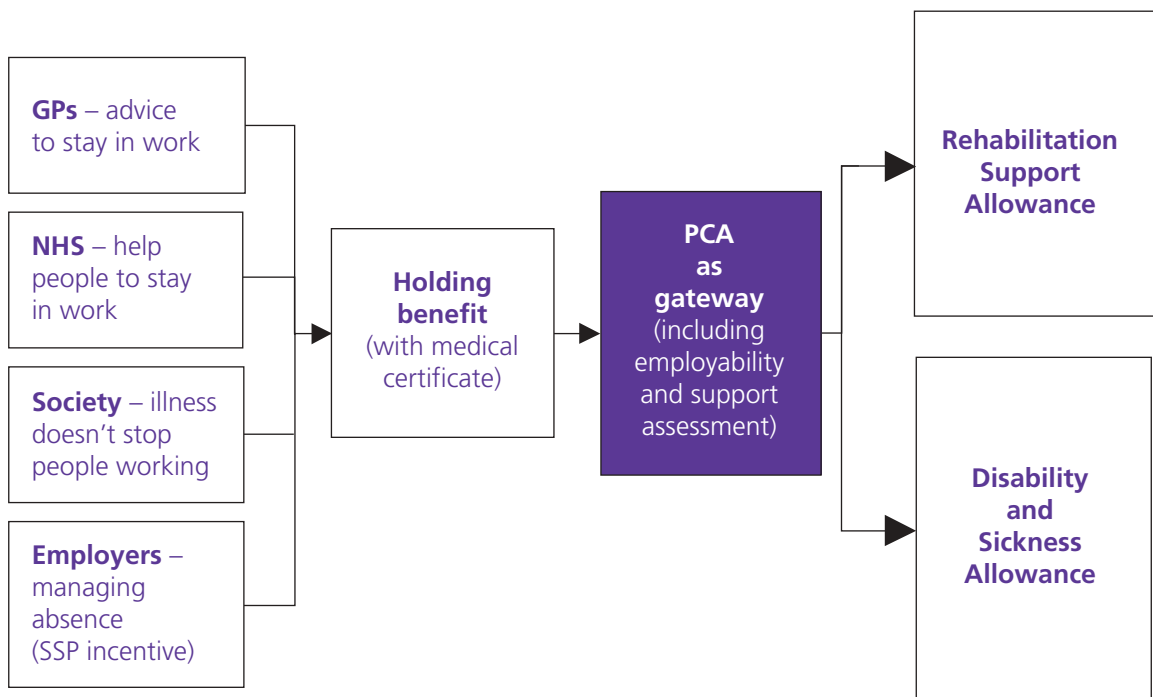
112. For new claimants, a future model designed on these lines would involve a number of elements:

- An initial '**holding benefit**', payable at the same rate as Jobseeker's Allowance – before people have satisfied the PCA which would normally occur within 12 weeks.
- The PCA process could then become the gateway to the new main benefits, but coupled to that would be a fuller assessment of potential future work capacity – an **employment and support assessment** – so that we can help clients and advisers focus more fully on how they can best plan a return to work.
- Following this process, the majority of people with potentially more manageable conditions would receive a payment that might be called a '**Rehabilitation Support Allowance**', with a much stronger focus on supporting people back to work. Claimants would be required to engage both in Work-Focused Interviews and in activity that helped them prepare for a return to work (this could include work preparation, training or basic skills support). They would receive more than the current long-term rate but those who completely refuse to engage will return to the holding benefit rate. The rules relating to sanctions will be decided in due course.
- Those with the most severe health conditions or impairments would receive a payment that might be called a '**Disability and Sickness Allowance**'. They should get more money than now because they are most at risk of prolonged poverty and are most likely to face significant obstacles to getting work. They will, as now, be required to engage in some Work-Focused Interviews. They will also be encouraged to engage in return-to-work activity wherever possible (and be able to access all programmes and incentives as now) but there will be no requirement on them to do so.

30 *Improving the life chances of disabled people*, Strategy Unit, 2005.

113. The reformed system would take place in a context where society, doctors and other health professionals and employers were all doing more to get people into work. It would work in the following way:

Figure 15: The reformed Incapacity Benefit process³¹



114. The reforms will be developed for new claimants. Existing claimants would be free to access the help and support on offer to help them return to work, and we will explore how best to incentivise them to do so. We are reviewing the operation of the existing linking rules to ensure that existing claimants' positions are protected if they take a job and then need to return to incapacity benefits. This will allow us to address the anxieties that existing claimants might have about trying out a job.

115. As with *Pathways* these proposals will only work if they are developed with the close involvement and co-operation of stakeholders (including people on the benefit itself). They will need to be shaped on the basis of evidence about what works, with piloting likely to play an important role. Our goal is for the main elements of the new system to be in place for new claimants by 2008.

³¹ We will ensure that the statistical data on these benefits that the Government produces will allow for straightforward comparison between the total stock of cases under the old and new systems.

Disability rights

116. Our proposals for helping more people get back to work and stay in work are part of the Government's wider strategies for empowering disabled people and tackling the disadvantages that they face.

117. The comprehensive strategy for disabled people (outlined further in Chapter Seven) includes:

- extending the scope of disability rights and promoting awareness of them. Important steps were taken in October 2004 to bring within existing legislation millions of extra jobs;
- further strengthening disability legislation to provide comprehensive and enforceable civil rights through the new Disability Discrimination Bill; and
- taking forward the recommendations in the Prime Minister's Strategy Unit report *Improving the life chances of disabled people*, including a commitment to introduce measures to support independent living.

118. Taken together, these measures will ensure that the wider framework necessary to support disabled people to be fully valued as members of the community will increase the opportunities for them in the workplace.

119. The Strategy Unit report recommends the introduction of individualised budgets to promote independent living. This personalised system will be a vital foundation for improving links between disabled people and the labour market. With increased control and choice over how they live their lives, disabled people will be better able to take up support for a range of employment options.

120. The strategies for tackling age discrimination in employment and training (set out further in Chapter Five) are also key to our approach on IB, since some 1.2 million of those receiving IB are over age 50. Legislation outlawing age discrimination will be in place by October 2006. Our successful *Age Positive* campaign to win the hearts and minds of employers will also continue.

Conclusion

121. The growth in incapacity benefits claimants reflects problems that have been created over the course of a generation. Putting in place the comprehensive range of support outlined above, alongside a new benefit regime, will tackle these entrenched problems by helping far more people avoid benefit and move from benefit into work. What we want to do is to create a framework of support, agreed amongst all key stakeholders, that will be fit for purpose for the next few decades. We believe that this will help us achieve our long-term aspiration of reducing the number of incapacity benefits claimants by as many as 1 million.

