HEALTH TRANSFORMATION PROGRAMME

Health Transformation Programme Theory of Change

A Welsh translation of this document can be provided on request.

Context - why has the Theory of Change been refreshed?

A Theory of Change (ToC) is a live document; as policy/programme aims and objectives evolve, the ToC must do so too in order to ensure that the work taking place is aligned to the core aims and objectives.

Since the ToC was last refreshed in 2023, several key decisions have been made at a Programme level, and the policy context has evolved. The Health Transformation Programme (HTP) has continued to develop in design and begun limited, small-scale service delivery. We have also strengthened our evidence base on issues relating to the ToC and now need to ensure that it reflects this learning.

We have updated the ToC wherever Programme decisions have enabled us to be more specific about planned transformations and the inputs and mechanisms that will deliver them. These updates are most visible in the addition of defined logic models for the New PIP Service and Health Assessment Service, as well as in the revised challenges and risks where thinking and decision-making has progressed. We have also highlighted where evaluation measurements will be aligned with the Programme's Key Performance Indicators.

Purpose and intended use of HTP Theory of Change

Theory of Change is a tool commonly used to set out **how** and **why** a change is going to be achieved.

The HTP ToC shows us, at a high level, what the Programme is changing (**inputs**), what it's trying to achieve through the change (**outcomes**), and how we will create the change (**mechanisms**).

The HTP ToC sits alongside other strategic products which explain in greater detail **what** HTP is doing**.**

The unique importance of the ToC is:

1. It provides everyone looking at the Programme with a consistent view of where the HTP is going and how it is getting there

2. It is high-level, which means you can test a wide range of interventions against it, giving a consistent framework for logging what works and how

3. It is not activity focussed, which encourages ongoing transformational thinking about how we can achieve change.

How can teams use the ToC to support their work?

A design team planning a tool or test can ensure and demonstrate that their test fits within the wider Programme by considering what outcomes their tool /test will contribute to, what mechanisms will be utilised to help achieve the change, and what inputs will play a part in their tool/test.

A planning team providing a forward look can consider and demonstrate where planned work will support achieving our outcomes, what inputs are being affected, and how mechanisms are being used to create change.

A research team can tailor their questions around outcomes to understand if we're achieving the intended change, use mechanisms to help understand how the change has been achieved, and consider inputs to help decide what played a role in achieving a change.

Definitions

What we change - Inputs are the component parts of the service we deliver

Staff capability - The skills and knowledge possessed by the people we employ to deliver our services

Job design - The way we create roles, ways of working, recruit and train people to ensure we have the right people in the right places doing the right thing

Communication - The method, style and content that we use to contact our customers and communicate change both internally and externally

Data - All the information that feeds into the service which builds insight on customers, performance and system development.

Estates - The physical spaces our customers and staff use to deliver our services

Contracts - The agreement we have with providers about how they deliver our services

IT and digital tools - The online systems and technology that we need to deliver our services, including automation and use of AI where appropriate

Processes - The guidance colleagues follow to deliver the service

Policy - The legal and political boundaries within which we deliver our services, changes to policy could affect all mechanisms and outcomes

Definitions (continued)

Mechanisms

How we create change - Mechanisms are the behaviours and actions in place to deliver inputs and create transformative change

Intelligent use of data - Customer data is shared across benefit lines (or more widely with GPs, NHS and across government), accessible when required and creates a holistic view of customers.

Transparency - Customers have clear access to information on their claim, their claim's status and understand the outcome of their claim.

Information gathering - Relevant information is gathered as early as possible in the claim journey and information requirements are tailored for the individual rather than casting 'a wide net'.

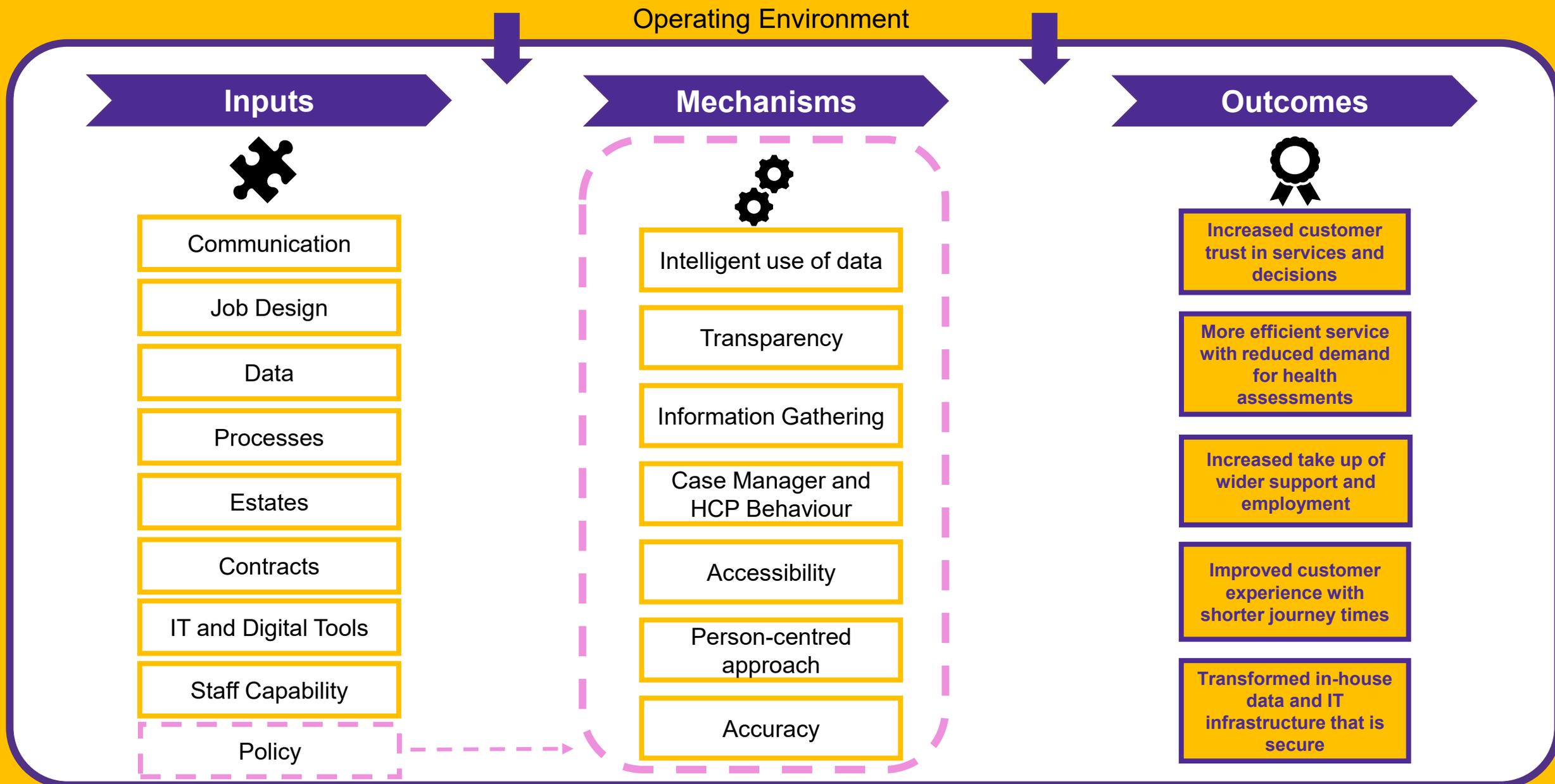**Case Manager (CM) and Health Care Professional (HCP) behaviour:**

- **CM** - Signposting customers to additional support, keeping in touch to understand specific needs and circumstances, utilising soft skills to support customers across different support tiers, explaining the claim journey, gathering information, collaborating with HCPs and explaining the reasoning behind a customer's entitlement decision.

- **HCP** - Delivering assessments across multiple benefits and multiple channels, tailoring assessments to accommodate the customer, asking open questions and then probing around the relevant information, collaborating with CMs, utilising specialisms effectively.

Accessibility - The services we provide are easy to use for all customers from first point of contact, digital or otherwise.

Accuracy - DWP gets things right first time internally and throughout each customer's journey; through better, holistic decision making, use of evidence, early communication and intelligent use of data.

Person-centred approach - The customer's needs are at the centre of everything that happens to them at all stages of their claim and throughout any contact with DWP.

HTP Theory of Change Logic Model

Operating Environment

Inputs

- Communication
- Job Design
- Data
- Processes
- Estates
- Contracts
- IT and Digital Tools
- Staff Capability
- Policy

Mechanisms

- Intelligent use of data
- Transparency
- Information Gathering
- Case Manager and HCP Behaviour
- Accessibility
- Person-centred approach
- Accuracy

Outcomes

- Increased customer trust in services and decisions
- More efficient service with reduced demand for health assessments
- Increased take up of wider support and employment
- Improved customer experience with shorter journey times
- Transformed in-house data and IT infrastructure that is secure

Operating Environment

As well as the inputs, mechanisms and outcomes identified in the logic model the success of HTP could be influenced by wider factors to varying degrees.

The following themes were identified during stakeholder interviews, ToC mapping and workshops, evidence mapping and multi-disciplinary meetings as key enablers in HTP:

Flexibility
- Political appetite for change
- Agile working
- Adaptive systems and processes

Behaviour
- Ability, opportunity and motivation for multidisciplinary collaboration
- Inclusive ways of working
- Open mindedness to change
- Supportive environment for customers and staff
- Digital propensity of customers

Approach
- Continuous learning
- Whole system thinking
- Use of expertise
- Accountability
- Freedom and choice of customers

It is important to consider the operating environment when evaluating the HTP to ensure that we accurately understand what is driving the outcomes that we observe.

New PIP Service: Theory of Change Logic Model

Operating Environment
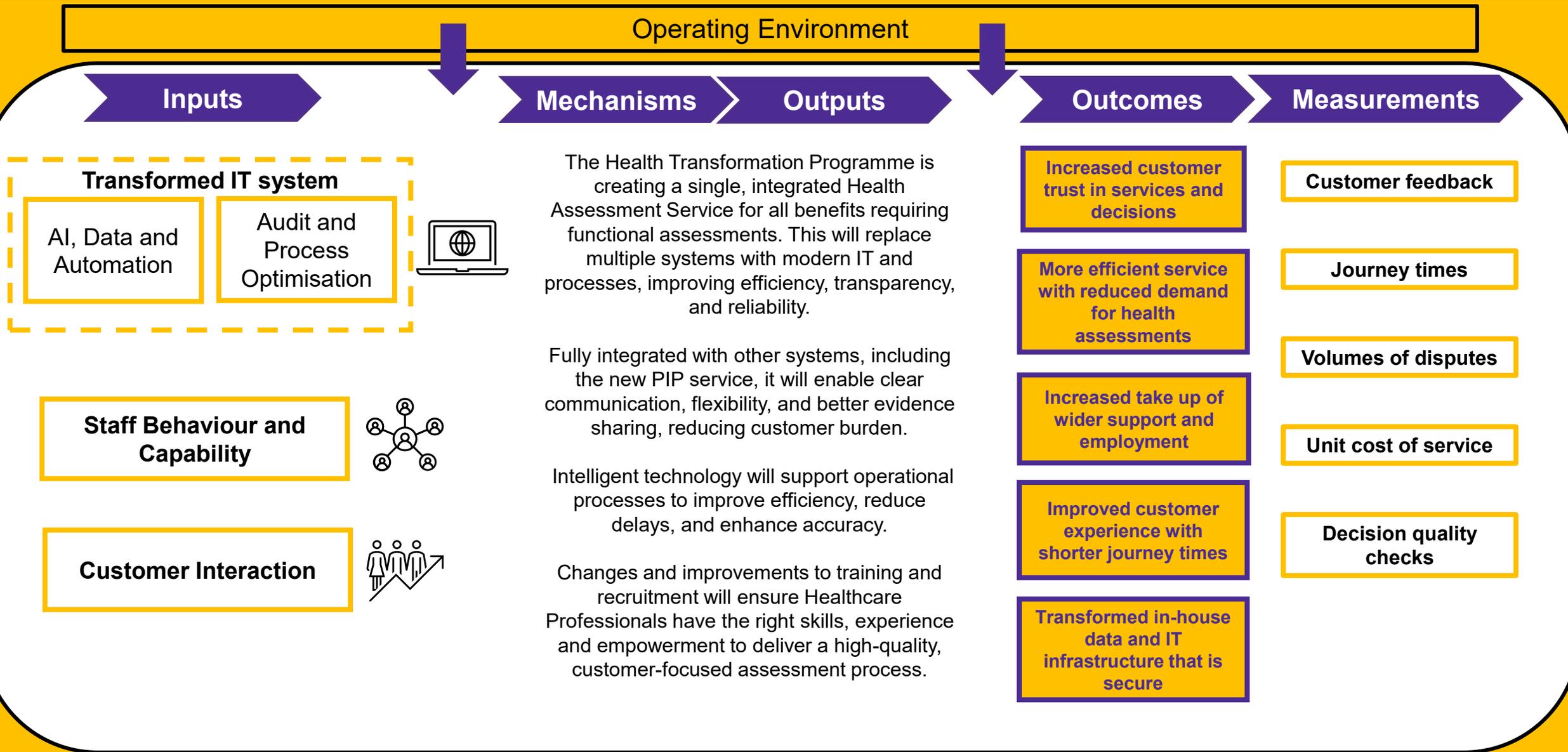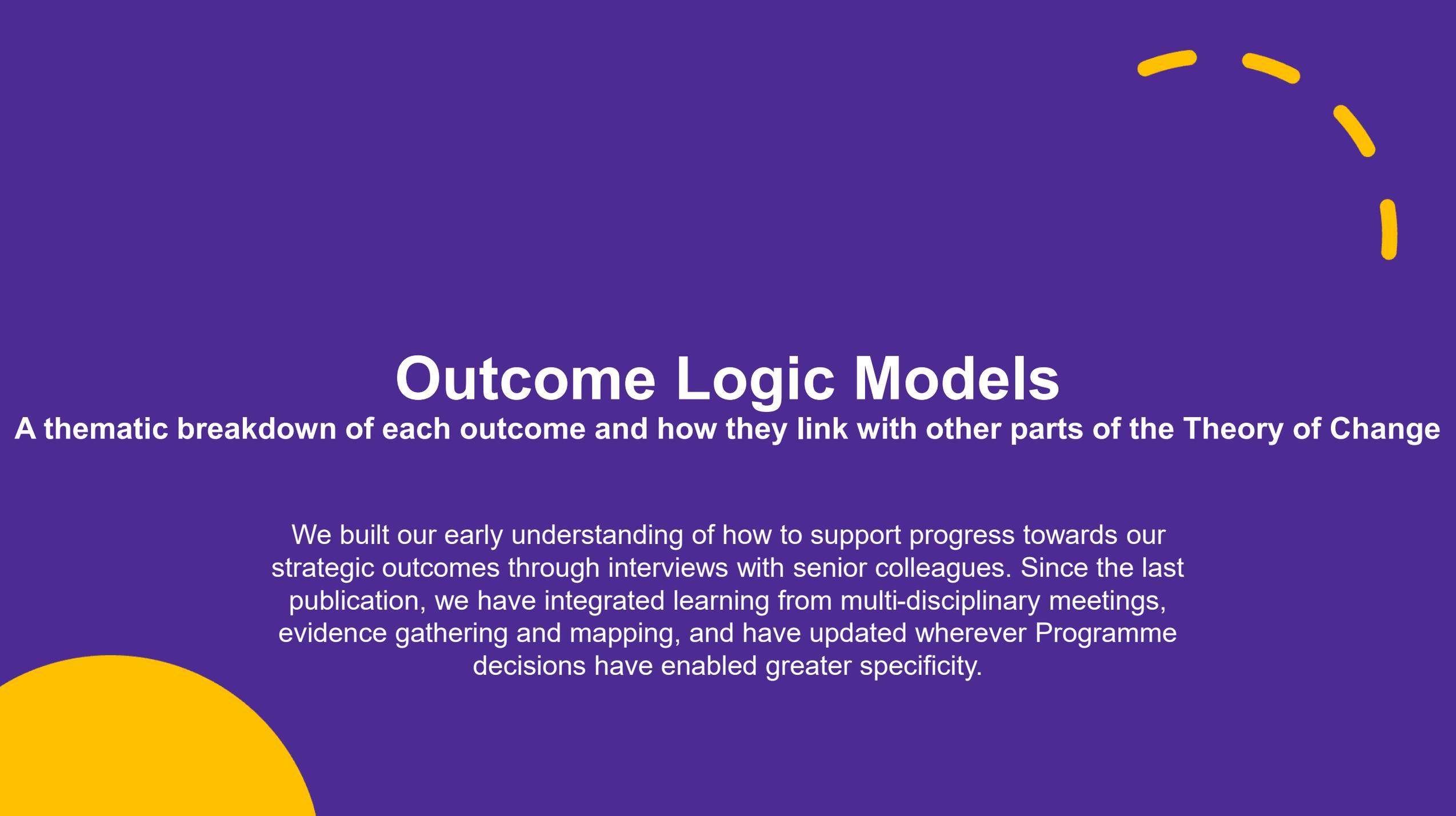
Inputs

End-to-End Digital Self-Serve

Evidence gather and use of data

Tailored Support

Mechanisms > **Outputs**

The Health Transformation Programme is transforming the entire PIP service to make it simpler, faster, and more tailored.

Changes include an optional online service, giving customers greater choice over how they interact with the department, clearer communication, and easier evidence submission. Customers will have access to more information and support, helping them decide if PIP is right for them.

Improved evidence gathering and tailored processes mean fewer unnecessary assessments and quicker decisions.

A new case management approach will provide personalised support from initial contact through to payment, including signposting to other benefits and support.

Automation and digital tools will allow customers to apply, upload evidence, track progress, and view payments online, with clearer notifications to help them understand decisions and how their evidence was used.

Outcomes > **Measurements**

Increased customer trust in services and decisions

More efficient service with reduced demand for health assessments

Increased take up of wider support and employment

Improved customer experience with shorter journey times

Transformed in-house data and IT infrastructure that is secure

Customer feedback

Journey times

Volumes of disputes

Departmental Expenditure Limit (DEL) efficiency

Volumes of health assessments

Health Assessment Service: Theory of Change Logic Model

Operating Environment

Inputs

Transformed IT system

- AI, Data and Automation
- Audit and Process Optimisation

Staff Behaviour and Capability

Customer Interaction

Mechanisms | Outputs

The Health Transformation Programme is creating a single, integrated Health Assessment Service for all benefits requiring functional assessments. This will replace multiple systems with modern IT and processes, improving efficiency, transparency, and reliability.

Fully integrated with other systems, including the new PIP service, it will enable clear communication, flexibility, and better evidence sharing, reducing customer burden.

Intelligent technology will support operational processes to improve efficiency, reduce delays, and enhance accuracy.

Changes and improvements to training and recruitment will ensure Healthcare Professionals have the right skills, experience and empowerment to deliver a high-quality, customer-focused assessment process.

Outcomes

- Increased customer trust in services and decisions
- More efficient service with reduced demand for health assessments
- Increased take up of wider support and employment
- Improved customer experience with shorter journey times
- Transformed in-house data and IT infrastructure that is secure

Measurements

- Customer feedback
- Journey times
- Volumes of disputes
- Unit cost of service
- Decision quality checks

Outcome Logic Models

A thematic breakdown of each outcome and how they link with other parts of the Theory of Change

We built our early understanding of how to support progress towards our strategic outcomes through interviews with senior colleagues. Since the last publication, we have integrated learning from multi-disciplinary meetings, evidence gathering and mapping, and have updated wherever Programme decisions have enabled greater specificity.

1. Increased customer trust in services and decisions

Inputs

Communication	Job Design
Policy	Staff Capability
Data	

Mechanisms

Transparency	Accuracy
Case Manager and HCP Behaviour	
Person-centred approach	
Intelligent use of data	

What can we do to achieve this?

Improved experience
Intelligent use of data reduces duplication of information demands on customers. This combined with a person-centred approach from staff demonstrates capability, reliability and empathy to drive customer confidence in our services and decisions.

Clarity throughout the journey
Trust is driven through clear communication, so customers understand what is happening to them and why. CMs and HCPs can easily access the information required to do this when enabled by the right data and digital tools.

Colleague welfare and performance
Better job design leads to greater fulfilment and improved retention of staff. Greater colleague retention means more people have the right skills, experience and empowerment to support customers and build their confidence in DWP.

Quality and Accuracy
Quality decisions are made based on thorough use of evidence and holistically consider the customer. Auditing procedures are in place to ensure accurate outcomes and areas where the system works less well are reviewed (e.g. for fluctuating conditions).

How will we measure success?

- **Volume of MRs and appeals**
- **Improved DWP colleague retention and colleague feedback**
- **Improved customer perception of system**

We will also align measurement with **Key Performance Indicators** used to monitor the service as it evolves:
- Health Assessment Report Quality

2. More efficient service with reduced demand for health assessments

Inputs

- Processes
- Data
- IT and Digital Tools
- Policy
- Job design
- Staff Capability
- Contracts

Mechanisms

- Transparency
- Intelligent use of data
- Person-centred approach
- Case Manager and HCP Behaviour
- Information gathering

What can we do to achieve this?

Demand
The amount of health assessments to be completed by HCPs decreases, through lessened demand or reduced need.

Intelligent routing/ segmentation
Customers are provided with a decision using segmentation and tailored triaging, so fewer instances occur where customers repeat information to DWP.

Journey time
From application to decision, quicker decisions are made for simpler cases and a balance between speed and thoroughness is achieved for more complex cases.

Efficiency
Backlogs are lessened and bottlenecks prevented in key areas (i.e. assessments), so the system flows more efficiently whilst maintaining quality and accuracy.

Assessment
Assessments accommodate accessibility needs whilst being structured and thorough, with streamlined decisions.

How will we measure success?

- **Improved Departmental Expenditure Limit (DEL) efficiency**
- **Fewer HCP Assessments**
- **Workforce matches demand**
- **Assessment quality**
- **Customer Journey Times**

We will also align measurement with **Key Performance Indicators** used to monitor the service as it evolves:
- Unit Cost of Service
- Assessment provider capacity and demand
- Productivity
- Contracted Staff Attrition

3. Increased take up of wider support and employment

Inputs

Communication

Job design

Staff Capability

Policy

Data

Mechanisms

Transparency

Person-centred approach

Intelligent use of data

Information gathering

Case Manager and HCP Behaviour

What can we do to achieve this?

Safety net (for work related benefits)
Provision is in place for customers to gradually enter employment (or a programme of wider support) that is tailored around their health conditions if suitable for the customer. If this does not work out, benefits can easily be re-accessed, creating a safety net to fall back on and preventing entering employment being seen as a risk.

Engagement
As customers gain confidence in the Department and know they will not lose out if they enter employment and it doesn't work out, willingness to engage with DWP staff and take up of wider support programmes and employment increases.

Employment conversations
Greater emphasis and provision to increase knowledge/ awareness of employment opportunities and support programs exists in the disability space. In turn, more customers can take advantage of these opportunities. Is there a possibility of creating a closer link or knowledge sharing with work coaches?

How will we measure success?

- **Improved customer engagement with employment support**

- **Customers moving off or to lower levels of Employment Support Allowance/Universal Credit**

- There also may be improved independent living outcomes for customers as a result of HTP but these are difficult to measure and claim as benefits.

We will also align measurement with **Key Performance Indicators** used to monitor the service as it evolves:
- Starts to work programmes

4. Improved customer experience with shorter journey times

Inputs

Contracts	Processes
Communication	Estates
Data	IT and Digital Tools
Staff Capability	Policy

Mechanisms

Transparency	Accessibility
Information gathering	Accuracy
Intelligent use of data	Person-centred approach
Case Manager and HCP Behaviour	

What can we do to achieve this?

Intelligent routing and segmentation
Customers are provided with a decision using customer segmentation and tailored triaging, reducing instances where customers must repeat information to DWP.

Inclusiveness and customer advocacy
The service is built to always be accessible and inclusive to all needs, is fair and advocates for customers to have an assessment that best suits them. A range of different channels are available and customer's preferences are recognised..

Joined up service
The service is streamlined, with information held in one place and no need for colleagues or customers to have to contact multiple bodies (i.e. DWP and provider) to seek information.

Tailored journey times
Journeys will be tailored to the needs of the claim, reducing journey time where appropriate through efficient progression of claims. Where complex claims require a longer journey, satisfaction will be maintained through transparency communication.

Staff engagement
Colleagues working on claims understand the reasoning behind policy and procedures. Everyone is well trained and empowered to provide a high-quality service and actively engage with their role.

How will we measure success?

- **Shorter customer journey times**
- **Improved customer experience scores**
- **Improved payment accuracy**
- **Uptake of digital channels**
- **Reduction in avoidable telephony for PIP**
- **Positive DWP Colleague feedback**

We will also align measurement with **Key Performance Indicators** used to monitor the service as it evolves:
- Customer journey time by milestone
- Cases cleared within benchmark

5. Transformed in-house data and IT infrastructure that is secure

Inputs

IT and Digital Tools	Processes
Data	Contracts
Staff Capability	Policy

Mechanisms

Transparency

Intelligent use of data

Accuracy

What can we do to achieve this?

Seamless journey
Customer data can be accessed easily and is displayed concisely to enable colleagues to quickly find what they need.

Contracting providers
DWP owns its IT system and can invite others to deliver the service through contracts via established ways of working.

Becoming knowledge rich
Our systems gather accurate data that builds a holistic view of the customers across benefits lines. Data is accessible to relevant users and can be used flexibly to answer a range of questions.

Automation and staff data capability
Having less reliance on manual processes will save valuable colleague time. DWP colleagues have the right skills to make effective use of the data we hold

Secure
Security and resilience is at the heart of transforming in-house data and IT infrastructure so that systems can adapt around customer and policy needs. Systems are robust and do not fail.

Data sharing
Data is shared across Local Authorities, the NHS, across government and DWP benefit lines. This data mesh reduces the need for claimants to repeat information and joins up our service to support claimants.

How will we measure success?

- **DWP has autonomy over data**

- **Data is used to serve a wide range of needs**

Challenges and Risks

It is important to consider the challenges and risks associated with change and how they will be managed. Customer safety and support remain central to our approach; the disability benefit system must be a safe place where we support vulnerable and complex needs claimants. We are actively addressing the potential impact of changes on staff by ensuring suitable training and working environments are in place. This enables staff to adapt to new processes, maintain best practice and improve wellbeing and retention.

Below are key challenges and risks associated with elements of the programme, and the actions we are taking to monitor, mitigate and address them.

Shorter Journey Times →
We are balancing the ambition to reduce journey times with the need to maintain high-quality decisions. Automation and intelligent use of data are being introduced carefully, ensuring we retain the flexibility needed to manage variations in demand while improving overall efficiency.

Increased use of routing →
We are ensuring safeguards are in place to protect the most vulnerable claimants as intelligent routing is developed. We are aware of and considering the policy limitations which may impact design and delivery.

Decisions →
The Programme recognises that consistent and accurate decisions are both essential and complex. We ensure that decision making is fair and lawful by making sure decision makers are unbiased, that key issues and relevant evidence are identified, that the law is correctly applied, and that the rationale for each decision is clearly recorded and reasonable in the circumstances.

Challenges and Risks

Reduced Demand

The Programme understands the importance of clearly defining 'reduced demand' to ensure we take the appropriate approach to achieving and measuring it. Reduced demand can be understood in multiple ways, including:
- Reduced proportion of customers requiring a full assessment with a healthcare professional
- Fewer ineligible customers entering the system, through improved information and guidance upfront which helps them decide if PIP is right for them before they apply

Measuring Customer Trust and Experience

Improved customer experience and increased customer trust are strategic outcomes of the Programme. Since the publication of the previous Evaluation Strategy and ToC, we have aligned measurement of these outcomes with the Customer Experience and Trust metrics used by DWP's Customer Experience Directorate, which are used and published annually in the Customer Experience Survey Report. This ensures that the Programme remains consistent with wider departmental measurement and uses an approach that is already developed and evidence based.

It focuses on four key drivers:
- Get it Right
- Ease of use
- Communicate Clearly
- Professional and Supportive

Being trusted by is seen by customers as a potential consequence of delivering against the four other drivers. If these four drivers are met, it's more likely that customers will have improved trust in DWP's services and decisions.

Challenges and Risks

Data Sharing → We are ensuring that data sharing across benefit lines and with external bodies (NHS, Local Authorities, other government departments) is feasible and secure. Policy, legal, ethical and security considerations are being addressed, and work is underway to implement solutions that enable effective and compliant data sharing.

Employment Take-up → The Programme overlaps with other DWP employment and health initiatives, and we are determining the extent to which the HTP can contribute to, and evidence, improved employment outcomes for PIP customers. The Programme is exploring which levers it has at its disposal to provide a health employment offer for PIP customers and better join-up with existing employment support offered in DWP. The shape of this offer and level of integration will be informed by testing in Exploration Hubs, which allow for test and learn activities which will be able to report on the delivery and experience of these employment support initiatives and feed into iterations of the design.

Behavioural Assumptions → The planned changes within the HTP rely on a range of behavioural assumptions from both staff and customers, it is important to be aware of these so we can understand how best to enable the realisation of associated benefits and outcomes.

These assumptions include staff confidence in their roles, effective collaboration, using digital and AI tools to work efficiently, and delivering consistent and accurate assessments. For customers, they include digital propensity, feeling supported through their journey, having choice in how they engage with the department, and trusting the service through transparency and a clear understanding of the decision-making process.

Interdependencies and Indirect Outcomes

This flow chart represents the dependencies between outcomes and allows you to interpret their relationships with each other. Positive change in one outcome may drive positive change in another outcome, but it is important to note that a positive change could also cause a negative change in another area. For example, shorter journey times could result in a negative change in customer trust, if claimants are concerned their claims are not thoroughly considered.
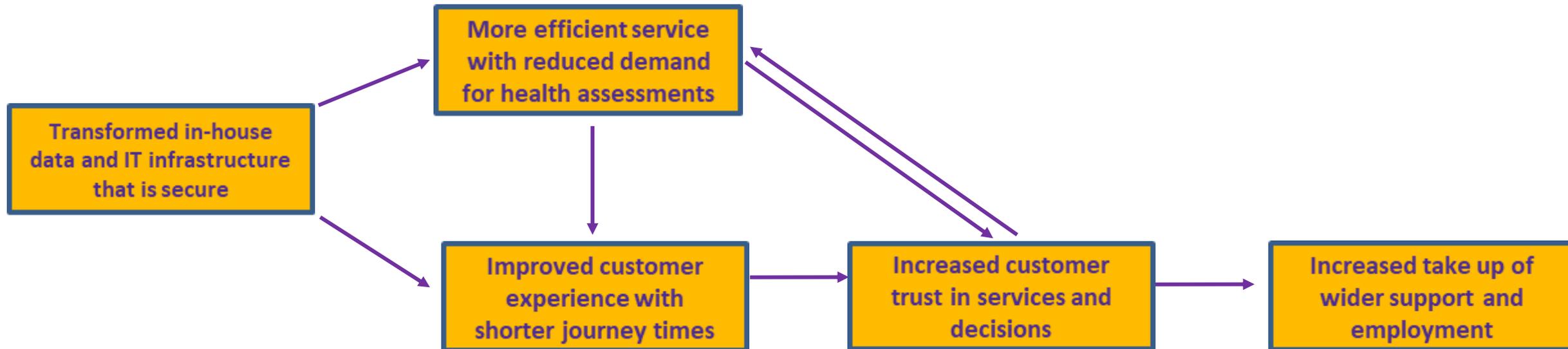
Indirect Outcomes

It is possible that **changes to Annually Managed Expenditure (AME), Fraud and Error (F&E) and employee satisfaction** occur as a consequence of HTP change. These are not targeted outcomes of HTP, but will be monitored and understood.