

**49th**  
**ANNUAL REPORT ON RATIFIED PARTS OF THE**  
**EUROPEAN CODE OF SOCIAL SECURITY**  
**MADE BY THE**  
**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND**  
**TO THE COUNCIL OF EUROPE AT STRASBOURG**  
**FOR THE PERIOD 1 JULY 2016 TO 30 JUNE 2017**

**THE UNITED KINGDOM HAS RATIFIED PARTS II, III, IV, V AND VII**

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## **I. GENERAL**

### **A. ADMINISTRATION/ORGANISATION**

#### **a) Changes made during the reference period**

The administrative and organisational set up remains broadly as previously described in the 47<sup>th</sup> Report.

The Department for Work and Pensions' corporate website is at:

[www.gov.uk/government/organisations/department-for-work-pensions](http://www.gov.uk/government/organisations/department-for-work-pensions)

The day-to-day operations of job centres, benefit centres, the Child Maintenance Service and the Pension Service remain under the leadership of one Director General for Operations. The department continues to transition towards Universal Credit as, in time, 6 legacy benefits will be phased out. A Director General for Universal Credit Operations has been newly appointed, reporting directly to the Director General for Operations to provide continuity and a smooth transition to Universal Credit.

The Secretary of State for Work and Pensions and the Permanent Secretary, supported by a strong team of non-executive members and directors general, continue to operate through two senior decision making forums: the departmental board and the executive team.

The departmental board forms the strategic and operational leadership of the department. The executive team manages the department's business in line with ministerial priorities.

#### **b) Changes decided, planned or proposed for the following year**

There are no changes planned for the next reference period.

#### **c) Research (including evaluation), completed or initiated**

DWP research reports published from 2010 onwards can be viewed via the following link: <https://www.gov.uk/government/collections/research-reports>

This includes in-house research reports from 2011 to 2013 previously published separately.

## **B. BENEFITS**

### **a) Changes made during the reference period**

#### **Benefit rates – Great Britain**

##### **Benefit Up-rating 2017**

From 1 April 2017, the following factors have been used to increase benefits:

- Benefits linked to the additional costs of disability, benefits for carers and pensioners (not including the Basic and new State Pension) are increased in line with the annual rise in prices, as reflected in the Consumer Price Index (CPI) (resulting in a 1.0% increase from 10 April 2017).
- Pension Credit Standard Minimum Guarantee increased in line with the annual rise in earnings, as reflected in Average Weekly Earnings (AWE) (resulting in a 2.4% increase from 10 April 2017).

From 2012-13 onwards the basic State Pension has been uprated in line with the 'triple guarantee' (or 'triple lock') which ensures that it increases by the highest of: the increase in earnings; price inflation (as measured by the CPI); or 2.5%. Under the terms of the triple lock, both the basic and new State Pension have increased by the Government's "triple lock" manifesto commitment - resulting in a 2.5% increase as the highest of these three benchmarks.

The uprating of social security benefit rates in each financial year is normally based on inflation in the preceding September. Since 2011 the inflation measure used by default is the CPI. For those benefit rates based on earnings, the AWE May to July figure of 2.4% was used.

The majority of working-age benefits, (main rates of Jobseeker's Allowance (JSA), Employment and Support Allowance (ESA), Income Support, Housing Benefit, and Universal Credit) have been frozen by the Welfare Reform and Work Act<sup>1</sup> for four tax years from April 2016. These benefit rates therefore remain at 2015-16 levels until 2020.

##### **Frozen benefits until 2019-20:**

These are the benefit rates that are frozen by the Welfare Reform and Work Act:

- Employment and Support Allowance (personal allowances) (work-related activity component)
- Income Support (personal allowances)
- Jobseeker's Allowance (personal allowances)

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2016/7/contents>

- Housing Benefit (personal allowances) (work-related activity component)
- Universal Credit (personal allowances) (limited capability for work) (lower disabled child addition)

## **Great Britain**

The Social Security Benefits Up-Rating Order 2017<sup>2</sup> increased the weekly benefit rates (£GB) applicable in respect of the accepted Parts of the Code from April 2017<sup>3</sup>.

## **Northern Ireland**

The rates that apply in Northern Ireland are set out in the Social Security Benefits Up-rating Order (Northern Ireland) 2017 S.R. 2015 No56<sup>4</sup>.

### **b) Changes decided, planned or proposed for the following year**

There are currently no changes decided for the next reference period.

### **c) Research (including evaluation), completed or initiated**

There has been no research in this area during the reference period.

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<sup>2</sup> <http://www.legislation.gov.uk/id/uksi/2017/349>.

<sup>3</sup> <https://www.gov.uk/government/publications/proposed-benefit-and-pension-rates-2017-to-2018>

<sup>4</sup> <http://www.legislation.gov.uk/nisr/2017/56/contents/made>

## **BENEFITS RATES (2017-18)**

### **SICKNESS BENEFIT (PART III)**

<b>Statutory Sick Pay</b>	<b>(£GB)</b>
Earnings threshold	113.00
Standard rate	89.35

<b>Incapacity Benefit</b>	
Long-term Incapacity Benefit	106.40

### **Employment and Support Allowance**

Personal allowances	
Under 25	57.90
25 or over	73.10
Lone parent	
Under 18	57.90
18 or over	73.10
Work-related activity component (WRAC)	29.05
Support component	36.55

### **Premiums**

Enhanced disability	
Single	15.90
Couple	22.85
Severe disability	
Single	62.45
Couple (lower rate)	62.45
Couple (higher rate)	124.90
Carer	34.95
Pensioner	
Single with WRAC	57.20
Single with support component	49.70
Single with no component	86.25
Couple with WRAC	99.35
Couple with support component	91.85
Couple with no component	128.40

## **UNEMPLOYMENT BENEFIT (PART IV)**

### **Contribution based JSA – personal rates**

18 to 24	57.90
25 or over	73.10

## **OLD AGE BENEFIT (PART V)**

New State Pension (full rate) (increased by 2.5%)	159.55
Basic State Pension (full rate) (increased by 2.5%)	122.30
Spouse or civil partner's pension (increased by 2.5%)	73.30

The following were increased by 1% -

Additional pension:

Increments to:-

- i. Basic pension
- ii. Additional pension
- iii. Graduated Retirement Benefit (GRB)
- iv. Inheritable lump sum

Age addition (over 80) – no change	0.25
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## **FAMILY BENEFIT (PART VII)**

Child Tax Credit (£GB yearly rates)

Family element	545
Child element	2,780
Disabled child element	3,175
Severely disabled child element	1,290

Child Benefit (£GB weekly rates)

Eldest child	20.70
Each subsequent child	13.70

## **II. MEDICAL CARE**

### **a) Changes made during the reference period**

There have been no changes in this area during the reference period.

### **b) Changes decided, planned or proposed for the following year**

There are currently no changes planned for the next reference period.

Department of Health policies are available via the following links:

#### **Department of Health policies**

- [Cancer research and treatment](#)
- [Carers' health](#)
- [Children's health](#)
- [Choice in health and social care](#)
- [Compassionate care in the NHS](#)
- [Dementia](#)
- [Drug misuse and dependency](#)
- [End of life care](#)
- [Harmful drinking](#)
- [Health and social care integration](#)
- [Health emergency planning](#)
- [Long term health conditions](#)
- [Mental health service reform](#)
- [NHS efficiency](#)
- [Obesity and healthy eating](#)
- [Patient safety](#)
- [Research and innovation in health and social care](#)
- [Smoking](#)

### **c) Research (including evaluation), completed or initiated**

The Department of Health in England continues to fund research (including evaluation) through the National Institute for Health Research - <http://www.nihr.ac.uk>

Published information on what the Government is doing about research and innovation in health and social care is available also via the following link:

<https://www.gov.uk/government/policies/research-and-innovation-in-health-and-social-care>

In addition, information on the priorities and direction of NHS England can be found via the following link <https://www.england.nhs.uk/>. Further to this, The General Practice forward view can be found via the following link <https://www.england.nhs.uk/gp/gpfv/>. Information on Sustainability and Transformation Plans (STPs) can be found here <https://www.england.nhs.uk/stps/>.



### **III. SICKNESS BENEFIT**

#### **a) Changes made during the reference period**

The position remains as previously described, with the following update. The rates of the relevant benefits were increased as indicated in the table above (see I.B (a)).

#### **Employment and Support Allowance**

##### **Legislation**

The Welfare Reform and Work Act 2016<sup>5</sup> removed the Employment and Support Allowance (ESA) work-related activity component and equivalent Universal Credit limited capability for work (LCW) element for new claims from the 3 April 2017. No-one claiming ESA prior to 3 April will see a cash loss.

Protections for people who claim/have claimed ESA, including those who temporarily leave the benefit to try out work and then return to ESA, are set out in the Employment and Support Allowance and Universal Credit (Miscellaneous Amendments and Transitional and Savings Provisions) Regulations 2017

The change will not affect anyone whose ability to work is significantly limited by their health condition or disability (the people in the Support Group).

This change was introduced in conjunction with new funding of £60 million in 2017/18 rising to £100 million a year (in 2020/21) for additional support for new claimants with limited capability for work.

The Enhanced Support Offer, part of the Personal Support Package, offers ESA claimants affected by the change a range of support. This is a range of new measures and interventions designed to offer a package of support which can be tailored to people's individual needs. The offer includes:

- Personal support from disability trained, accredited work coaches. A particular focus of their training will be mental health. Work coaches will also be better supported by an extra 300 Disability Employment Advisers and around 200 new Community Partners, with disability expertise and local knowledge;
- Earlier and better engagement from work coaches, who will have access to an enhanced menu of support, including:
  - a Health and Work Conversation for everyone claiming Employment and Support Allowance, as appropriate;
  - an offer of a place on either the new Work and Health Programme or Work Choice, for all new Employment and Support Allowance claimants in the

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<sup>5</sup> [http://www.legislation.gov.uk/ukpga/2016/7/pdfs/ukpga\\_20160007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2016/7/pdfs/ukpga_20160007_en.pdf)

Work-Related Activity Group (WRAG) claimants identified as having the potential to move into work within 12 months, and who wish to volunteer;

- additional places on the Specialist Employability Support programme for new Employment and Support Allowance WRAG claimants;
  - Job Clubs for new Employment and Support Allowance WRAG claimants delivered via peer support networks;
  - work experience places, with wrap-around support, for young people who are new Employment and Support Allowance WRAG claimants;
  - increased funding for the Access to Work Mental Health Support Service; and
  - better signposting to other local voluntary and public sector services.
- Support for employers, particularly small employers, to identify opportunities and help match people to jobs in a new Small Employer Offer;
  - Further development of the offer by:
    - trialling the use of specialist medical advice to further support work coaches;
    - working with local authorities to pilot an approach to invest in Local Supported Employment for disabled people known to social care, notably those with learning disabilities and autism, and secondary mental health service users;
    - testing a Jobcentre-led alternative to Specialist Employability Support; and
    - trialling additional work coach interventions.

In addition £15 million was committed to the Flexible Support Fund in 2017/18 and 2018/19.

We also removed the 52 week permitted work limit that exists in ESA to allow WRAG claimants to continue to undertake less than 16 hours part-time paid work and earn up to £120.00 per week and therefore gain skills, experience and build their confidence whilst still receiving the benefit, over a longer period.

## **Incapacity Benefit Reassessment**

The Department for Work and Pensions (DWP) is continuing the reassessment of existing Incapacity Benefit claimants to identify eligibility for ESA or fitness for work.

The DWP originally expected to re-assess around 1.5 million cases by April 2014. Latest figures show around 1.53m<sup>6</sup> IB claimants referred for reassessment from October 2010 to June 2016 (this represents approximately 95% of final expected reassessments), of which 1.46m have had an outcome. No new completion date has been agreed, although forecasts suggest all cases should commence the process during 2017.

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<sup>6</sup> <https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-march-2017>

## **b) Changes decided, planned or proposed for the following year**

### **Work Capability Assessment**

The joint Department for Work and Pensions and Department for Health consultation – Improving Lives, the Work, Health and Disability Green Paper, which ran between October 2016 and February 2017 - set out proposals and sought views across a range of health, employer, welfare and societal issues, including the Work Capability Assessment (WCA). We are now analysing the consultation responses as we explore further options for reforming the WCA.

The Green Paper consulted specifically on whether we should separate the financial support an individual receives from the decision on the employment support they receive. This is one way by which we could move away from the current one-size-fits-all approach on accessing employment support and instead provide a more tailored support service.

### **Stopping re-assessments for those with severe health conditions and disabilities**

On the 1 October 2016 the Secretary of State announced we will stop requiring people with the most severe, lifelong conditions to be repeatedly assessed for ESA and Universal Credit. Claimants with severe health conditions and disabilities are currently required to take part in re-assessments, even if we already know that their condition is unlikely to improve.

We are working with professionals and other stakeholders to develop a set of criteria to switch off reassessments for people with the most severe health conditions or disabilities (unless there is a change of circumstances). Those criteria may include consideration of whether a condition is lifelong, has minimal fluctuation, without a realistic prospect of recovery, and which causes severe / substantial functional impairment.

This change will require changes to operational, and healthcare professional guidance. We expect this change to be introduced by the autumn 2017.

### **Fit for Work**

Fit for Work (FFW) is an independent, expert service for work related health support implemented across Great Britain since 2015, with a unified brand and scope but by different providers.

In England and Wales, it is delivered by Health Management Limited (HML), a MAXIMUS company: [www.fitforwork.org](http://www.fitforwork.org). Fit for Work Scotland ([www.FitforWorkScotland.scot](http://www.FitforWorkScotland.scot)) is delivered by the Scottish Government on behalf of the UK Government, using Section 93 Order, Scotland Act 1998, which enables Scottish Ministers to exercise functions of the Secretary of State for Work and Pensions. Detailed delivery arrangements have been agreed in an agency arrangement that sit alongside the Section 93 Order.

The service offers two elements:

- **Assessment:** Once an employee has reached, or is expected to reach, four weeks of sickness absence they will normally be referred by their GP or employer for a holistic or 'bio-psychosocial' assessment by an occupational health professional, who will look at all the issues preventing the employee from returning to work, including non-health and non-work issues as well as those directly related to health or work.
- **Advice:** Free, expert and impartial work related health advice via a phone line and website which is accessible to the public, including GPs, employers and employees

Guidance on gov.uk sets out when it is appropriate to refer and what issues need to be taken into consideration, including the need for employee consent.

FFW assessments are completely different to Work Capability Assessments and are not linked to benefit payments. The service is primarily for employed individuals, particularly within small/medium enterprises (SMEs)

The service is funded from the abolition of the Statutory Sick Pay Percentage Threshold Scheme (PTS) that took effect from 6 April 2014 and the resulting savings from this of £52M(2014/15). An independent review found that PTS provided little incentive to tackle the causes of absence or support the active management of sickness absences.

A tax exemption of up to £500 per year per employee is offered to employers for medical treatments recommended by Fit for Work or an employer arranged occupational health service to support positive steps towards a return to work.

To date, FFW nationally has had significantly lower referrals to that envisaged. Employers, GPs and employees do however, generally support the FFW concept but believe it needs to work better in practice.

## **b) Changes decided, planned or proposed for the following year**

### **Research and trials to develop better occupational health (OH) support**

Good OH advice can improve the health of the UK's working population by helping prevent work related illness and unnecessary sick absence, thereby increasing UK business productivity and enabling our public services to become more efficient and cost effective. However, the quality, availability and access to OH is currently patchy, it is too often used to 'manage individuals out', there is a particular lack of access to SMEs and the OH workforce is shrinking in capacity and capability to deliver work focussed health interventions and promote work as a health outcome.

The Green paper: 'Improving Lives'- work, health and disability, published in October 2016, restated the Government's aim to transform delivery of OH, related interventions and support, which is currently not as effective as it should be and committed to explore development of better OH support right across the health and work journey. As part of this, it consulted on people's experience of Fit for Work and how the service can be enhanced in order to inform integrated provision for the future.

We are using the consultation responses to build our evidence base of OH and develop models to trial better access to OH (including future FFW services as part of this). This will help ensure investment in future integrated and accessible OH support to all who need it.

We will work with our stakeholders to explore ways of promoting cultural changes for employers, GPs and healthcare professional to recognise the benefits of return to work support and routinely refer eligible patients to OH when appropriate. Many larger businesses already see the benefits OH provides their employees with disabilities and health issues, in remaining in work or returning to work sooner from sickness absence and we want to promote and offer OH support to the countless SMEs who have little or no access to this.

**c) Research (including evaluation), completed or initiated**

**Drug and Alcohol Dependency Proof of Concept Employment Support Evaluation and Wider Approaches to Supporting Clients with a Dependency (April 2017)**

By Lorna Adams, Angus Tindle, Anna Ponomarenko and Sarah Coburn of IFF Research

Visit: <https://www.gov.uk/government/publications/drug-and-alcohol-dependency-employment-support>

**Summary:** This report is a qualitative evaluation of two Work Programme (WP) proof of concepts (PoC) intended to better support individuals with a drug and/or alcohol dependency into employment.

This report describes research covering the following two areas:

- 'Recovery Works' (RW) ran from April 2013 to March 2015 and sought to test the impact of awarding Work Programme Providers (WPPs) an additional job outcome payment of £2,5001 per participant achieving sustained employment; and
- 'Recovery and Employment' (R&E) ran from April 2013 to March 2016 and sought to test the impact of the DWP encouraging closer working relationships between WPPs and Support Providers (both Treatment Providers and Specialist Treatment Providers).

In addition, in summer 2014 the DWP commissioned further research in *non-proof of concept* areas to obtain a broader, national picture of relationships between employment support and treatment providers; and of approaches to supporting clients with a dependency.

Method: Qualitative interviews with a range of stakeholders – WPPs, Treatment Providers, Local Authorities and Public Health England (PHE) representatives.

Findings:

- Close collaboration between providers in the employment support and dependency support sectors can bring positive outcomes for clients.
- Personal motivation and quality of relationships were more effective in driving joint-working between the employment support and specialist support sectors activity than financial incentives.
- Encouraging clients to disclose their dependency is a challenge. Clearer guidance over the data protection issues around disclosing that clients have dependencies could prevent the need for clients to repeatedly disclose their situation.

## **Employment and Support Allowance Testing and Research**

The DWP is undertaking a number of trials and proofs of concepts, to help the Department understand 'what works' at each stage of the ESA process.

Testing and research completed but as yet unpublished includes:

- ESA 18-24 Month Prognosis Pilots – testing approaches to providing increased support to WRAG ESA claimants who have an 18-24 month prognosis (See attached memo detailing trial aims: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/269256/work-programme-memo-141.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269256/work-programme-memo-141.pdf))
- Personalised Pathfinder Evaluation
- The Personalisation Pathfinder is a pilot scheme, launched in March 2015, offering personalised, voluntary, tailored support to those with a disability or health condition who are unemployed. IFF Research was commissioned to evaluate the success of the Pathfinder both at an overall level and of its component parts. It will establish whether/how the Pathfinder works in moving individuals with disabilities and health conditions closer to employment.
- Increased Access to Psychological Therapies (IAPT) – a number of trials (in partnership with Department for Health) testing approaches to increasing access to psychological therapies (for findings from one of the completed trials, see above: An Evaluation of the 'IPS in IAPT' Psychological Wellbeing and Work Feasibility pilot).

The Department is also looking to develop further tests, and research, focussing on the following key areas for evidence, some of which is via the evaluation of the Employment Support Offer:

- Early intervention – to help people manage health conditions and stay in work
- Benefit design - to maximise employment outcomes and support those unable to work
- Research on the 'Support Group' claimants within ESA
- Assessment – i.e. the ESA WCA
- Tailored or integrated support - to tailor support to individual needs
- Conditionality - to incentivise job-seeking activity

- Employer incentives

## **Industrial Injuries Benefit (IIDB)**

### **a) Changes made during the reference period**

#### **Modernised and broadened the prescriptions for three prescribed diseases**

The diseases rules in the Social Security (Industrial Injuries) (Prescribed Diseases) Regulations 1985 were amended by the Social Security (Industrial Injuries) (Prescribed Diseases) Amendment Regulations 2017<sup>7</sup> to include changes as recommended by the Industrial Injuries Advisory Council (IIAC). The diseases are; Cancers Due to Ionising Radiation, Extrinsic Allergic Alveolitis and Diffuse Pleural Thickening.

## **Statutory Sick Pay (SSP)**

### **a) Changes made during the reference period**

#### **Statutory Sick Pay update**

The position remains as previously described, with the following update. The rates of the relevant benefits were increased as indicated in the table to be found in section I.B.

The Government published a Green Paper (Improving Lives - The Work, Health and Disability Green Paper) in October 2016. Amongst other things, the Government sought views on whether Statutory Sick Pay (SSP) should be reformed to support phased returns to work and if so, how.

The Government is currently considering the responses to the consultation and will reach decisions on next steps in due course.

### **b) Changes decided, planned or proposed for the following year**

There are no planned Statutory Sick Pay changes in the next reference period.

### **c) Research (including evaluation), completed or initiated**

There has been no research in this area during the reference period.

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<sup>7</sup> [http://www.legislation.gov.uk/ukxi/2017/232/pdfs/ukxi\\_20170232\\_en.pdf](http://www.legislation.gov.uk/ukxi/2017/232/pdfs/ukxi_20170232_en.pdf)

#### **IV. UNEMPLOYMENT BENEFIT**

**a) Changes made during the reference period**

There have been no changes in this area during the reference period.

**b) Changes decided, planned or proposed for the following year**

There are currently no changes planned for the next reference period.

**c) Research (including evaluation), completed or initiated**

There has been no research undertaken in this area during the reference period.



## **V. OLD-AGE BENEFIT**

### **a) Changes made during the reference period**

#### **Pension uprating**

The Annual 2017 Uprating of Benefit saw an increase of 2.5% to the full amounts of new State Pension and the basic State Pension (including the basic State Pension for a dependent spouse or civil partner). Other state pension components were increased by 1% (listed on page 6).

Please see also the response in regard to annual uprating in benefits generally in I.B (a) above.

### **b) Changes decided, planned or proposed for the following year**

There are currently no changes planned for the next reference period.

### **c) Research (including evaluation), completed or initiated**

The Government published a report, the State Pension age review, on its review of State Pension age in accordance with s27 of the Pensions Act 2014, which requires periodic, structured reviews of State Pension age to take into account changes in life expectancy:

<https://www.gov.uk/government/publications/state-pension-age-review-final-report>

The Government commissioned the Government Actuary and John Cridland CBE to produce independent reports to inform the review.

The Government report sets out a coherent strategy targeted at strengthening and sustaining the UK's pensions system for many decades to come, by proposing changes to the State Pension age timetable in response to growing demographic and fiscal pressures. The proposal is to accept the key recommendation of John Cridland's independent report and increase the State Pension age from 67 to 68 between 2037 and 2039. This will bring the increase forward by seven years from its legislated date of 2044-46.

A further review will be carried out before legislating to bring forward the rise in State Pension age to 68, to enable consideration of the latest life expectancy projections (which are published every two years), and to allow evaluation of the effects of rises in State Pension age already underway.

The longer term proposal is to aim for the proportion of adult life spent in receipt of State Pension to be 'up to 32%', which is consistent with the average proportion of adult life spent above State Pension age experienced by people reaching State Pension age over the last 25 years. It will also provide a firm foundation for planning

and saving, by maintaining the value of the State Pension at a level that provides people with security in retirement but ensures it remains affordable for future taxpayers.

The report also recognised that rises in State Pension age must be part of a wider package that encourages people to plan for their retirement, enables people to work for longer where they can, and supports people who cannot work. John Cridland's wider recommendations, alongside other evidence, will form the basis of future consideration on how we manage the effects of rises in State Pension age.

As stated above the review was informed by two reports:

- A report from the Government Actuary of future possible State Pension age timetables, calculated from the latest life expectancy projections and based on specified proportions of adult life that individuals in the future could expect to spend in receipt of State Pension. The specified proportions were 32% and 33.3%.

<https://www.gov.uk/government/publications/state-pension-age-periodic-review-report-by-the-government-actuary>

- An independent report on wider factors relevant to State Pension age, with a focus on affordability, fairness and fuller working lives. The independent reviewer also made a number of recommendations relating specifically to State Pension age, including that - State Pension age should continue to be universal across the UK, increasing over time to reflect improvements in life expectancy; and that the State Pension age should increase to age 68 between 2037 and 2039, at which point the proportion of adult life in receipt of State Pension would have reached roughly the average over the last decade.

<https://www.gov.uk/government/publications/state-pension-age-independent-review-final-report>

## **VII. FAMILY BENEFITS**

### **a) Changes made during the reference period**

The position remains essentially the same as previously described. Current Child Benefit and Child Tax Credit rates are as set out in the Table (see Part I.B (a) above).

Information on how Child Tax Credits are calculated can be viewed via the following link

<http://www.hmrc.gov.uk/taxcredits/payments-entitlement/entitlement/question-how-much.html>

However, since 6 April 2017, a two child limit has been introduced in Child Tax Credit and families can no longer claim support through the individual (per child) element of the Child Tax Credit for third or subsequent children born on or after that date.

Persons claiming Child Tax Credit for more than two children born before 6 April 2017 will not see a reduction in those payments. Claimants are still entitled to a disability element in respect of any disabled children, and the childcare element of Working Tax Credit, regardless of the total number of children in the household.

As not all parents or carers have the same choices about the number of children in their family, exceptions to the general rule have been provided in respect of a third or subsequent child who is: part of a multiple birth; adopted from Local Authority care; living with family or friends in a formal or informal caring arrangement; or likely to have been born as a result of non-consensual conception (this includes rape, or coercion and control).

Furthermore, the family element in Child Tax Credit has been abolished for families who are responsible only for a child born on or after 6 April 2017. The family element is the basic amount anyone with one or more children receives, in addition to the individual element.

### **b) Changes decided, planned or proposed for the following year**

There are currently no changes planned for the next reference period.

### **c) Research (including evaluation), completed or initiated**

Research conducted in this area during the reference period includes an evidence review relating to working in later life as well as a series of associated research reports covering qualitative analysis of employer data, qualitative research with employers, an evaluation of labour market interventions for older people, analysis of the British Social Attitudes Survey and official statistics covering the labour market status of older people. All available via this link:

<https://www.gov.uk/government/publications/fuller-working-lives-evidence-base-2017>

## **XI. FINANCING**

### **a) Changes made during the reference period.**

From **April 2016**, employer National Insurance contributions (NICs) are abolished for apprentices under the age of 25 on earnings up to the apprentice upper secondary threshold (£866 a week in 2017-18). The abolition of employer NICs for apprentices under the age of 25 lowers the cost of their employment considerably. For example, it is over £500 cheaper to employ an apprentice under 25 years old earning £12,000 a year, and over £1,000 cheaper to employ one earning £16,000 a year. There are estimated to be around 180,000 employers offering apprenticeships in the UK.

From **April 2016** the government also increase the maximum amount of the Employment Allowance from £2,000 to £3,000. The Employment Allowance supports eligible businesses and charities by reducing their employer NICs bill by up to £3,000 per year. Approximately 90,000 businesses were taken out of employer NICs liability altogether as a result of this increase.

From **April 2017** the employee and employer's rates of National Insurance contributions (NICs) were unchanged. For employees the rate remained at 12% on earnings above the primary threshold up to the upper earnings limit (UEL). It also remained at 13.8% for employers above the secondary threshold. In addition, NICs remains payable at 2% on earnings above the upper earnings limit by employees.

For employees, all limits and thresholds increased in line with inflation with the exception of UEL which was increased by £39 to £866 per week to align with the point at which the higher rate of income tax becomes payable. For employers the secondary threshold was aligned with the primary threshold which means that employers no longer have to be mindful of two separate thresholds when understanding at what level of earnings Class 1 NICs begins to be paid.

With regard to the self-employed, from April 2017 the rate of Class 4 NICs remains at 9% on profits between the Lower and Upper Profits Limit (UPL). In addition, Class 4 NICs is payable above UPL at a rate of 2%. The Lower Profits Limit was increased in line with inflation by £104 to £8164 per year. Flat rate Class 2 contributions, which secure access to benefits, were increased by £0.05 to £2.85 per week. For the non-employed, the flat rate of Class 3 contributions was increased by £0.15 per week to £14.25 per week.

## Table on earnings-related contribution rates

**Table- 2017/2018**

WEEKLY EARNINGS	EMPLOYEE		EMPLOYER
	STANDARD	REDUCED	
Nil - £113	Nil	Nil	Nil
£113.01 - £157	0%	0%	0%
£157.01 – £866	12% of that part of earnings which exceeds £157 but does not exceed £866	5.85% of earnings between £157 and £866	13.8% of all earnings which exceed £157
Above £866	2% of that part of earnings which exceed £866	2% of that part of earnings which exceed £866	

### Government Actuary's Report 2017

The Report of the Government Actuary on the potential impact on the National Insurance Fund of the draft Social Security Benefits Up-rating Order 2017 and the draft Social Security (Contributions) (Rates, Limits and Thresholds Amendments and National Insurance Funds Payments) Regulations 2017 that were to introduce the 2017 annual rates of Contributions and Benefits as set out in the Table above and can be viewed via the following link:

<https://www.gov.uk/government/publications/report-to-parliament-on-the-2017-re-rating-and-up-rating-orders>

The response in respect of the table of benefits set out in Part I B of this report above can be viewed via the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/583764/58198\\_GAD\\_Up-rating\\_Report\\_Web\\_Accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583764/58198_GAD_Up-rating_Report_Web_Accessible.pdf)

### **b) Changes decided, planned or proposed for the following year**

The Government has announced that Class 2 NICs will be abolished from April 2018, and the self-employed will start to access contributory benefits through payment of Class 4 NICs. This will better align with the way in which employees and the self-employed gain access to benefits based on their earnings or profits.

### **c) Research (including evaluation), completed or initiated**

Research and statistics commissioned by, or relevant to, Her Majesty's Revenue and Customs may be found here:

<http://www.hmrc.gov.uk/thelibrary/research.htm>

## Appendix

### **Response to the issues raised in the Conclusions of the Committee of Experts on the Application of Conventions and Recommendations of the International Labour Organization concerning the application of the European Code of Social Security by the United Kingdom**

#### **A) Concerning Part II (Medical care) of the Code, to explain in its next report, with reference to concrete provisions of the national laws and regulations, how effect is given to the following provisions of the Code:**

- i. with regard to Article 8, to confirm that medical care is provided for “any morbid condition, whatever its cause,” and that the national legislation contains no limitations in this respect (for example, in case of attempted suicide, intoxication by alcohol or drugs, participation in a fight, etc.).**

In the 2012 Health and Care Act, the National Health Service (NHS) provides health care including the prevention, diagnosis and treatment of physical and mental illness (Section 1) and puts into legislation the importance of the NHS Constitution (See Chapter A1, Clause 13D of the Health and Social Care Act 2012). The NHS Constitution establishes the principles and values of the NHS, setting out rights which patients, public and staff are entitled to ensure that the NHS operates fairly and effectively. This means that any patient in need of medical care and attention receives this from the NHS regardless of the morbid condition such as self-inflicted incidents that led to the person seeking medical assistance in the first instance.

- ii. with regard to Article 10, to confirm that general practitioner care includes domiciliary visiting and explain how the list of “the essential pharmaceutical supplies” is established in the United Kingdom;**

Medical care can include visits by a general practitioner or other healthcare professional under certain circumstances and when deemed necessary. Regarding the list of ‘essential pharmaceutical supplies’, organisations such as the National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA) form an advisory role on the safety and appropriate use of medicine provided by the NHS.

Hyperlinks to both organisations below:

NICE: <https://www.nice.org.uk/>

MHRA: <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

- iii. with regard to Article 11, to indicate what qualifying period of residence or stay in the country is established for entitlement to medical care;**

Eligibility for the free National Health Service is based on the concept named ‘ordinary residence’. This means that the person’s residence must be lawful, adopted voluntarily, and for settled purposes as part of the regular order of their life for the

time being, whether of short or long duration. Nationals of countries outside the European Economic Area must additionally have indefinite leave to remain in the UK to qualify as ordinarily resident. Nationals of EEA countries who are visiting the UK on a temporary basis or to pursue a course of study, and who are insured by their resident state, should present a valid European Health Insurance Card (EHIC) or a Provisional Replacement Certificate (PRC) from that country to access the free medically necessary treatment.

**iv. with regard to Article 68 (Suspension of benefit) and Article 69 (Right of complaint and appeal), to indicate how these provisions are applied in national law and practice;**

Entitlement to NHS services is centred on the UK's residency-based healthcare system. Both Ordinarily Resident and Non-Ordinarily Resident persons are able in law to access the NHS. Non-Ordinarily Resident visitors however can be subject to a charge for using the NHS, unless an exemption applies. If an individual is entitled to NHS care, access to treatments will be subject to the treatments and services are available locally as well as the eligibility criteria set for these services. In specific circumstances, NHS treatment can be suspended if the treating clinician believes it is medically inappropriate to continue treatment for a patient, this occurs on a case by case basis with decisions made on the basis of medical appropriateness.

Should a person wish to complain about any aspect of NHS care, treatment or services, they have the right to do this under the NHS constitution and can do so by following the complaints procedure at their local NHS (i.e. hospital, GP surgery, etc.).

**B) Concerning Part III (Sickness benefit) of the Code:**

**i. with regard to Article 15(a) (Persons protected), to indicate in its next report how the Lower Earning Level (LEL) is determined for the employees and the self-employed, and the number of low-paid employees and self-employed persons excluded from coverage because of earning less than the LEL or not being able to pay, respectively, the Class 1 or Class 2 rate of National Insurance Contributions (NICs).**

National Insurance Contributions are social security payments which fund contributory benefits and provide toward the cost of the National Health Service. Contribution rates are set by the government in legislation.

The Lower Earnings Limit (LEL) only applies for contribution purposes to Class 1 National Insurance Contributions (NICs), which is the class of NICs paid by the employed. The individual makes a payment of a set percentage of earnings over this level. The LEL for the employed is set in regulations each year by the government as part of the annual re-rating of National Insurance rates, limits and thresholds. Since 2012 the default basis for indexation of the LEL has been the Consumer Price Index. In 2017/18 the LEL has been set at the weekly figure of £113 with equivalent figures for different pay periods. If an individual earns more than the LEL then they are

treated as making National Insurance contributions for that earnings period even though they only begin to actually pay contributions if they earn above the primary threshold in that earnings period (£157 per week in 2017/18). Data is not available for the number of people excluded from coverage: for example, people may have more than one employment, and therefore earn more than the LEL in one employment but not the other. Please see the following question for further information on protection outside of contribution-based welfare.

For the self-employed, the LEL does not apply. Instead Class 2 NICs applies, which is an annual charge calculated by reference to the number of weeks of self-employment in a contribution year (£2.85 per week in 2017/18). All the self-employed, whatever their profits, are able to pay Class 2 NICs in order to gain access to contributory benefits.

**The government is also requested to explain what other forms of protection in case of sickness are available for these classes of the economically active population;**

These classes of the economically active population may also be entitled to income-related Employment and Support Allowance (ESA) regardless of how much they have paid by way of National Insurance Contributions, if they satisfy the conditions relating to their financial position. They must have savings of less than £16,000 and, if they have a partner or civil partner, the partner must work for less than 24 hours per week on average.

- ii. with regard to Article 16 (Calculation of the level of benefit), to provide in its next report a follow-up with regard to the observation that the above-mentioned rates fall much below the minimum rate of 45 per cent guaranteed by the Code and the conclusion that social security benefits in case of sickness, as they are understood and conceived by the Government, do not permit the United Kingdom to fulfil its obligations under Part III of the Code as regards the level of benefit;**

The UK maintains a welfare safety net that is adequate and balances the requirements of a sustainable and affordable welfare system that supports the most vulnerable in society. Contribution-based benefits for unemployment and sickness represent one part of the overall welfare system that includes a mixture of income-related and social assistance benefits, such as housing benefit and Disability Living Allowance (DLA).

The main rates of contributory Jobseekers Allowance and contributory Employment Support Allowance provide an income supplement to those who are not in work. Additional support is available for those on low incomes and with limited capital.

Additionally, the welfare system is based on the circumstances of those in receipt of benefits and targeted at those most in need. It is important when assessing the adequacy of the UK welfare system to consider the whole support system which is



available. Therefore the overall income of households should be taken into account when assessing the adequacy of benefits. Analysis of the Family Resources Survey suggests the vast majority of adults in families/benefit units in receipt of contribution-based ESA in the UK are in households with equivalised incomes above 40% of the median income in 2015/2016.

The UK notes the Committee of Experts' comments on the inclusion of Child Tax Credits. However, Child Tax Credits are not actually a form of social assistance, but are a form of social security. They are in scope of the European Code of Social Security and we would therefore request the Committee of Experts to include them in the relevant calculations when next considering compliance with the Code, as the UK's social security benefits are adequate under the terms of the Code. It is worth noting that many of those claiming contribution-based Jobseekers Allowance and Employment Support Allowance are also claiming other benefits such as Housing Benefit or Personal Independence Payment (PIP).

Further analytical evidence will be provided within the Consolidated Report to be submitted.

- iii. with regard to Article 17 (Qualifying period), recalling that agricultural workers are covered by the Code on the basis of equality of treatment with industrial workers, to explain in its next report the difference between Agricultural Sick Pay (ASP) and Statutory Sick Pay (SSP) as regards the level of benefit and the conditions of entitlement, particularly as regards the 52 weeks qualifying period of employment required for ASP.**

As the agricultural wages regime is a devolved matter, the approach is different across England, Wales, and Scotland.

It is worth noting that those who are yet to qualify for Agricultural Sick Pay under the 52 week qualifying period may still be entitled to Statutory Sick Pay.

Following consultation with industry, the UK Government repealed the Agricultural Wages Act 1948 in the Enterprise and Regulatory Reform Act 2013. Agricultural workers employed in **England** on or after 01 October 2013 may be entitled to Statutory Sick Pay, if they meet the Statutory Sick Pay entitlement conditions. Agricultural workers employed in England before 01 October 2013 may still be entitled to Agricultural Sick Pay under extant employment terms and conditions.

Regarding **Wales**, The Welsh Government's position is that the current ASP system is designed to fit the demands and expectations of the agricultural sector. Minimum sick pay entitlement varies according to a worker's length of service and ASP is higher than Statutory Sick Pay (SSP).

The Agricultural Wages (Wales) Order 2016 sets out the circumstances in which an agricultural worker in Wales is entitled to agricultural sick pay, including that the employee must have been continuously employed by their employer for a period of

at least 52 weeks prior to the sickness absence, and makes provision about calculating the amount of sick pay that they are entitled to. The 52 weeks qualifying period for ASP aims to support long term employment and skill retention within the sector, safeguarding the efficient functioning of agricultural businesses.

Regarding **Scotland**, the Agricultural Wages (Scotland) Act 1949 established the Scottish Agricultural Wages Board (SAWB), with responsibility for making Agricultural Wages Orders, which it has done so for many years. The Agricultural Wages (Scotland) Order (No 64) 2017 sets out the circumstances when an agricultural worker in Scotland is entitled to agricultural sick pay, including that the employee must have been continuously employed by their employer for a period of at least 52 weeks prior to the sickness absence, and makes provision about calculating the amount of sick pay that they are entitled to. The SAWB has no remit in relation to Statutory Sick Pay (SSP), which remains purely a matter for the UK Government to consider. The SAWB does, however, have power to make provision for sick pay in the Agricultural Wages (Scotland) Orders and it has done so for many years.

Agricultural workers are in principle entitled to both ASP and SSP, provided that they meet the entitlement conditions for each, however if an employer pays ASP this will also satisfy any obligation to pay SSP. ASP is essentially an enhanced sick pay scheme for the first 13 weeks of a qualifying agricultural worker's sickness absence. The Scottish Agricultural Wages Board's position is that the enhanced sick pay for agricultural workers reflects the ever present dangers for workers who often work in isolation in remote rural areas. The 52 weeks qualifying period for ASP aims to support long term employment and skill retention within the sector.

- iv. Concerning Article 68 (Suspension of benefit) and Article 69 (Right of complaint and appeal), recalling that benefits provided under the Code shall be guaranteed by law irrespective of the will of the employer, to indicate in its next report, with reference to concrete legislative provisions, in what circumstances the employer may at his own will suspend or refuse Statutory Sick Pay (SSP) to the sick worker and what other sanctions may be imposed on the worker concerned. The government is requested to specify what procedures of complaint and appeal are available to the worker to contest such decisions or sanctions of the employer.**

An employer cannot suspend or refuse SSP to a worker that is entitled to it in accordance with Part XI of the Social Security Contributions and Benefits Act 1992. The employer is however entitled to withhold payment of SSP if they have not been properly notified of the employee's incapacity for work in accordance with the legislation (section 156, Social Security Contributions and Benefits Act 1992; Statutory Sick Pay (General) Regulations 1982, SI 1982/894, reg 7). The employer can require "reasonable information" as evidence of the worker's incapacity and so has some discretion to determine what is reasonable in the circumstances (Social Security Administration Act 1992, s 14; Statutory Sick Pay (Medical Evidence) Regulations 1985, reg 2). This usually takes the form of a Fit Note (issued by a General Practitioner (GP)) for SSP purposes, as prescribed in the Statutory Sick Pay (Medical Evidence) Regulations 1985.

There are no sanctions available to the employer, but there are some limitations on entitlement. In general terms only, these can arise:

- Where the employee's maximum entitlement is reached. Employees are entitled to a maximum 28 weeks' SSP during each period of entitlement that arises (Social Security Contributions and Benefits Act 1992 s 155(4) (amended by the Social Security (Incapacity for Work) Act 1994 s 8(4))). A period of entitlement generally lasts until the end of the employee's period of incapacity for work, subject to a maximum of three years (Statutory Sick Pay (General) Regulations 1982, SI 1982/894, reg 3(3)).
- Where an employee is detained in legal custody or sentenced to a term of imprisonment (except where the sentence is suspended) (Statutory Sick Pay (General) Regulations 1982, SI 1982/894, regs 3(1) and (2)).
- Where the worker becomes incapable of work through pregnancy on or after the beginning of the 4th week before the expected week of confinement (the week the baby is due) (Statutory Sick Pay (General) Regulations 1982, SI 1982/894, regs 3(4) and (5)).
- In certain circumstances, where the worker is entitled to maternity allowance, severe disablement allowance or employment and support allowance (Statutory Sick Pay (General) Regulations 1982, SI 1982/894, regs 3(2A) and 3(2C)).

Where there is a disagreement between the employee and employer as to whether SSP is payable, or as to the amount of SSP payable, the employee may ask Her Majesty's Revenue and Customs (HMRC) to make a formal decision on their entitlement (Statutory Sick Pay and Statutory Maternity Pay (Decisions) Regulations 1999, SI 1999/776, reg 2(1)). Decisions by HMRC can be reviewed by appeal to a First-tier Tribunal.

- v. Concerning Article 71(1) (Participative management of the benefit scheme), to indicate in its next report whether workers' representatives are associated in any capacity with the administration of Statutory Sick Pay (SSP) at the level of individual undertakings or industry, or through collective agreements, or otherwise, and what statutory conditions may have been prescribed for such participation;**

Workers' representatives are regularly consulted in relation to any proposed changes to SSP, but are not otherwise associated with its administration. SSP is a statutory right that cannot be negotiated or contracted out of (Social Security Contributions and Benefits Act 1992 s 151(2)). However, an employee may ask a representative to support them through the process. Workers representatives can be involved in raising SSP disputes with HMRC and appeals to a First-tier Tribunal. Representatives such as full-time union officers or advice centre workers can also represent employees at an employment tribunal.

### **C) Concerning Part IV (Unemployment benefit) of the Code:**

- i. With regard to Article 22 (Calculation of the level of benefit), to take appropriate steps given that the United Kingdom, as indicated above,**

**does not fulfil its obligations under Part IV of the Code as regards the level of unemployment benefit;**

Please refer to the response in Part B) ii; and as stated above more analytical evidence shall be provided in the Consolidated Report to be submitted.

- ii. With regard to Article 23 (Length of the qualifying period), to explain in its next report the reasons for: (a) establishing a comparatively lengthier qualifying period for Jobseeker's Allowance (JSA); and (b) establishing the additional National Insurance Contributions (NICs) conditions mentioned in subsections 2 and 3 of section 2 of the Jobseekers Act;**

The NIC conditions in subsections 2 and 3 of section 2 of the Jobseekers Act reflect the Government's concern to strengthen the link between employment and benefits, by ensuring both that contributors need to have worked for a reasonable amount of time before becoming entitled to Contributory JSA (and ESAC), and that entitlement to benefit should be linked to recent contact with the world of employment.

The National Insurance Contributions (NIC) conditions allow for changing employment practices and life events. For instance, when a person changes from one type of employment to another in the middle of the year or has a temporary absence from the labour market for a variety of reasons, including illness, unemployment, or caring for a disabled person or pregnancy.

More information shall be included in the Consolidated Report to be submitted.

- iii. With regard to Article 24 (Minimum duration of benefit), to explain in its next report how the above-mentioned provision ensures that contribution-based Jobseeker's Allowance (JSA) shall not be granted for less than 91 days (13 weeks) within a period of 12 months, in accordance with Article 24 of the Code;**

It is entirely possible and conceivable for a contributor to be entitled to recurring awards of JSAC for periods of up to 182 days i.e. twice the minimum required, on the basis of separate claims made in successive benefit years, providing the conditions are met and subject to rules regarding the linking of two or more jobseeking periods together.

- D) Concerning Part V (Old-age benefit) of the Code, Article 26(2), Increased pensionable age, to explain, in its next report, the findings of the first review of the increase of the State Pension age beyond 65 years, particularly with regard to the working ability, labour market participation and worklessness of persons aged 65–67 engaged in manual labour, including in onerous and hazardous occupations entailing premature physical ageing. The government is asked to confirm that, following the abolishment of the default retirement age, in the United Kingdom there are no occupations that are deemed by**

**national legislation to be arduous or unhealthy for the purpose of lowering the pensionable age;**

The Government will provide any research of evidence on the impact of the changing State Pension age as findings emerge. Two independent reports were published on 23 March 2017 to help inform the Government's review of the State Pension age, which was published on 19 July 2017.

The Government report and the two independent reports can be accessed at the following links:

**Final Government report:**

<https://www.gov.uk/government/publications/state-pension-age-review-final-report>

**Independent reports:**

<https://www.gov.uk/government/publications/state-pension-age-independent-review-final-report>

<https://www.gov.uk/government/publications/state-pension-age-periodic-review-report-by-the-government-actuary>

These reports do not specifically cover the areas requested in the conclusions, however the Government is willing to provide further information on any future reports to be published.

Regarding varying pensionable ages for different employments – following the abolition of the default retirement age, it is now up to each employer to decide (in accordance with the provisions of the Equality Act 2010) whether to have a fixed occupational retirement age, or whether to make decisions on a case by case basis.

- E) Concerning Part XI (Standards to be complied with by periodical payments), Articles 65 and 66, Reference wage, to explain in its next report the substantial differences in the calculated amounts of the skilled and unskilled workers' wages, particularly in cases where the replacement rate of benefits recalculated on the basis of the Eurostat Structure of Earnings Survey (SES) reference wage would not attain the percentage prescribed by the Code;**

Information on this will be provided in the Consolidated Report to be submitted.

- F) Concerning the level of contribution-based and income-related benefits below the poverty line, to undertake an actuarial study on the cost, in terms of a share of GDP, of bringing the level of contributory benefits to the minimum level guaranteed by the Code and to assess the capacity of the national economy to maintain them above the poverty line;**

The Government regularly undertakes assessments of the benefits it provides including of the various income-related and social assistance benefits available for

those on low incomes and with limited capital. These studies indicate that working age contributory benefits along with income-related and social assistance benefits for those of working age accounted for almost 3% of the UK's GDP in 2016.

**G) Concerning Part XIII (Miscellaneous provisions), Article 74(1), to provide in its next report the above-mentioned missing information, technical clarifications, provisions of the national legislation and statistics;**

The technical clarifications, provisions of the national legislation, and statistics will be addressed and updated in the UK's Consolidated Report.

**H) Concerning sources and consistency of statistical data, according to Article 74(1)(b), to check the above-mentioned data for consistency, to fill in the lacking information, to align the data for the same timeframe in its next report to enable comparison, and to specify the official sources of statistics which shall henceforth be continuously used by the Government for this purpose.**

The Government thanks the Committee for compiling the Consolidated Report, and will update the relevant sections with the aim of submitting the final version by December 2017.