

A note on ill-health re-assessments

Background

You will be aware that the rectification to the findings of age discrimination in the public sector schemes is to provide members who have already retired during the period 1 April 2015 to 30 September 2023 with a choice of the alternative benefit to the one they have in payment in respect of service during 1 April 2015 – 31 March 2022, or the date of leaving, if earlier.

For members who have retired under ill-health conditions, this includes confirming whether they are eligible to benefits in the alternative scheme.

For most members this is straightforward, because anyone who was assessed under the reformed scheme rules are automatically entitled to benefits in the legacy scheme, however for those members who were originally assessed in the 1987 scheme, they need a re-assessment to confirm whether the alternative benefits that can be offered to them should be lower or higher tier of the 2015 scheme.

For most, the legacy benefits they are already in receipt of are likely to be higher, however there are a small group of people based on age and service who may benefit from the enhancement of benefits paid under the 2015 scheme.

Therefore, members must be assessed to see what benefits can be offered.

The re-assessment and alternative approaches

The re-assessment is to confirm whether they would meet the higher tier criteria of not being able to perform any regular employment, so they may have evidence that shows they automatically meet those criteria, anyone else would have to be re-assessed.

By consenting to the re-assessment the member is not being asked to make a choice, so the member is not bound by the results of the assessment, neither can the assessment be used for the purposes of anything else, such as an ill-health review.

Nevertheless, it is recognised that members may be concerned about the prospect of a further assessment having undergone an assessment already when they originally retired which they may have had a difficult experience with.

We have been asked whether members should only undergo a re-assessment if the higher tier benefit was better for them. This method is not only administratively unwieldy, but it would also be just as distressing to be given a quote for potentially better benefits to be told the member can't qualify for them. This approach also ignores the member's right to make a choice,

Timelines and Choices

The regulations require everyone to have received this choice by 31 March 2025 and recognising that ill-health members may be more vulnerable and concerned about their future, wish to provide statements earlier, and targeted 2024 to have completed the statements.

There is no statutory deadline for an ill-health re-assessment. If the member does not consent to an assessment, then the choice is offered on the lower tier 2015 scheme benefits only. It is important the member understands that once they have made their choice, they cannot revisit it, so if members do not consent forces should consider sending reminders to the members about an assessment explaining the position.

We have asked the pension ombudsman on advice for how they would expect cases to be handled they have said: –

"It may be there is no maladministration where the members are refusing to consent to an assessment to allow proper consideration of their benefit claim – provided the process is handled fairly, although communication will be the key. It should have been explained to the member that if they do not have an assessment, they might lose the opportunity of proving entitlement to, and receiving, the higher benefits. At the end of the day, though, it is the Pensions Ombudsman that will determine whether or not there has been maladministration and this will be based on the facts of each individual case (so may vary between what on the face of it may look like similar complaints) and the particular Rules in relation to ill health benefits within each of the Police Pension Schemes. So, we would need to wait to review each complaint as it comes to us and cannot give any hard

and fast general guidance, such as on the effect of members refusing to cooperate.”

Communication approaches

As drawn out by the ombudsman, the communication to members and their understanding of the information shared with them will be key.

As the nature of ill-health is an individual process, it cannot be a one size fits all approach and we expect forces to deal with their members appropriately, which in some cases means that the member will need additional help to absorb the information.

We have previously asked forces to consider their cohort data, so they can identify the number of ill-health cases and any particular sensitive cases they are aware of. This is so they can consider a tailored package of support to the member when communicating their choices.

While NPCC can provide some template letters and statements, they cannot accurately predict all scenarios within the letters and certificates, and we expect forces to adapt as appropriate. It will be for forces to consider individual cases, where they may have to get further information from members, including additional explicit medical consent.