

## **Ill Health and Disability Stakeholder Reference Group**

### **Meeting 15**

**Monday 17 June 2019 – Victoria Quay , Edinburgh**

#### **Present:**

Claire McDermott, Chair, Scottish Government  
Ed Pybus, Child Poverty Action Group  
Kate Burton, NHS Lothian  
Bill Scott, Inclusion Scotland (BS)  
Caroline Keir, Castle Rock Edinvar  
Donna Burnett, NHS Public Health Practitioner  
Yvette Burgess, Coalition of Care and support Providers Scotland  
Rob Gowans, Citizens Advice Scotland  
Dr Mini Mishra, Scottish Government  
Richard Gass, Rights Advice Scotland  
Patricia Moultrie, British Medical Association  
Cate Vallis, RNIB  
Heather Mole, Scottish Government (Secretariat)

#### **In attendance:**

James Wilson, Scottish Government  
David George, Scottish Government  
Nathan Gayle, Scottish Government  
Frances Haggarty, Scottish Government  
Brian Hodgson, Scottish Government  
Laura Graham, Scottish Government

#### **Apologies:**

Emilia Crichton, NHS Greater Glasgow and Clyde (EC)  
Jim Hume, National Rural Mental Health Forum  
Ronnie Hill, Disabled Children and Young People Advisory Group  
Graham Watt, University of Glasgow (GW)  
Jim Carle, Disabled Children and Young People Advisory Group  
Clare Thomas, COSLA

#### **Agenda item 1: Welcome and Introductions**

1. The Chair welcomed the group to the meeting. She introduced Dr Patricia Moultrie who is replacing Neil MacRitchie as the BMA representative. She also welcomed Heather Mole who is providing the secretariat role for the group.

#### **Agenda item 2: Minute and SG Update – Previously Circulated**

2. The minute was approved.

### **Agenda item 3: Disability Assistance for Children and Young People**

3. JW presented user research and responses to the 2016 consultation which suggested that clients and stakeholders view the transition between what is currently Child DLA and Personal Independence Payments as a 'cliff edge' that creates anxiety for families and people in receipt of disability benefits. The Scottish Government are considering ways that this 'cliff edge' could be reduced for clients transitioning from DACYP to DAWAP. Members were asked:

- a. To identify any unintended consequences for clients if the process of moving from DACYP to DAWAP was designed to function with reduced input from clients, fewer face to face assessments and, as far as possible, the entitlement decision being made using existing supporting information.
- b. The entitlement criteria will continue to be different for DACYP and DAWAP, in what ways and with what information could the information gap be filled to enable, as far as possible, more desk-based decisions to be made for clients transferring between DACYP and DAWAP at age 18?

#### **Summary from group one**

- Supporting information for a child may be old and therefore updated information may need to be acquired.
- Where the parent or guardian applied initially, consideration will be required as to how the child or an appointee applies at age 16, if required.
- If there is a lifelong condition (i.e. blind) and therefore no change in the condition – the transition should be smooth.
- Descriptors need to be clarified so that they include sensory loss to elicit the relevant information from the client.
- There needs to be an automated process that is applied to every child when transitioning to DAWAP, and if the child is unable to apply in a timely manner the benefit should not stop immediately.
- There was a suggestion that there could be a list of conditions in which there is a guaranteed minimum support level (i.e. blindness) from which awards could only increase.
- If there was a decrease in the amount of award from DACYP to DAWAP, could the amount be tapered gradually?
- There would need to be consent for pre-populating the application from DACYP to DAWAP, because previously the child may not have had access to the information that was provided about them.
- Support needed for the child/young person to fill out the form (potentially with supporting adults as well).
- These questions should be put to experience panels, to find out the risks involved in this transition

#### **Feedback from group two**

- For children on the highest rate for both components of DACYP they will automatically be awarded the highest rates of DAWAP.
- Advance collection of data will need to meet GDPR requirements.
- It may be necessary to speak to an individual to get the full account of the impact of their condition (but this need not be an assessment).
- A claim should not be stopped if there is no application, a back-up would be to use existing information to make a decision.
- What is an adequate amount of time to wait before closing an award (6 months)?
- Clients should be notified at 16 that they have to apply for DAWAP in the next 2 years.
- It will be important to provide an adequate amount of time to get extra information/reports.
- Independent advice or Social Security Scotland staff should be available to support these applications.
- Identify those clients who have complex needs and could be awarded on the basis of current information.
- Young adults with a guardianship order could provide an indication that an award at the highest rate is required.
- It is important to do this on a case by case basis and where there is a lack of information the client should be supported.
- Telephone engagement may be useful in filling any gaps in supporting information.
- Reflect information back to people and ask what has changed.
- It cannot be a condition-led process and needs to remain person-centred.

#### **Agenda item 4: Disability Assistance Consultation early insights**

4. Official DG presented a summary of the consultation responses so far caveated that this was not an official analysis. The official analysis and Scottish Government response will be published by Autumn 2019.

#### **Agenda item 5: Assessments service design and user research**

5. Officials LG (from service design) and BH (from user research) requested the group's engagement with user research to support the development of the assessment service.

6. LG provided an update on the development of assessment service to date, which includes feedback from users about their experiences to inform priorities for the new design. Deloitte will be working to design the service with Scottish Government, they are currently doing an 8 week rapid service design. The focus is on estates and researching locations that meet the needs of clients. BH asked for the group's support to secure engagement from clients and relevant stakeholders to take part in further user research.

7. A concern was raised about the idea of using GP surgeries as these are often running at full capacity. It was emphasised that Health and Care Social Partnerships

who are responsible for community treatment and care centres would not be implemented in full by 2021.

8. Members sought clarification on the role of assessments, some members felt that functional assessments would be more effective if done by physiotherapists, occupational therapists or mental health practitioners. The chair explained that the SG was conscious that in some cases individuals might be more confident articulating their condition in a face to face setting.

9. Members indicated that a variety of locations would be important for different needs. When considering mental health conditions individuals might feel safe in different settings. Venues need to be accessible and confidential. Members confirmed that they were happy to support the user research.

**Action: LG will contact the Group with further details on user research.**

### **Agenda item 6: Home visits**

10. FH provided an overview of the existing commitments around assessments and home visits to inform a discussion. These commitments included:

- preferences around where and when the assessment takes place;
- the distance to travel;
- distress to the client and impact on conditions; and
- Home assessments will be provided when required.

Home visits/assessments potential options:

1. Anyone can request a home visit – this would be granted
2. The decision would be subject to case manager's discretion (within guidelines) - based on the person's self-reported need.

### **Feedback from group one**

- Is it cost-effective to do home visits widely, knowing that there will be less assessments and less cost to maintain estates?
- Seeing people in their home environment could be a positive information gathering exercise.
- The word 'assessment' is problematic.
- It could be considered unfair if one person is assessed at home and another in a centre or other location. Conversely, this is person-centred and so this could be interpreted as correct even where clients have the same condition.
- Concerns over assessor-safety.
- Options might include a local community centre, Skype or using a mobile service. Care should be taken that mobile services are not stigmatising.
- In remote and rural areas there may be capacity in GP surgeries.
- If, for efficiency reasons, there is a requirement to wait for a few assessments in rural areas, there could be a significant delay for the client.

- People could be given options – ‘you can see someone sooner in this centre or wait longer and have it in your home’.
- If a client misses their first assessment, they should be offered a home assessment.
- A client’s individual reasons for preferring a home assessment may be compelling enough to make the decision.
- Suggested wording - ‘Where would you feel more comfortable being assessed?’.
- Don’t use the location of the assessment as evidence of functional impact – ensure this is clear to people.
- The group felt there could be a high demand for home visits due to the nature of stress and anxiety that travelling to a new place causes many people.

### **Feedback from group two**

- Unintended consequences from home assessments included the impact on the person with a mental health condition , they may not want their safe space invaded.
- Individual cannot remove themselves from their own home if they don’t feel safe.
- Keeping the conversation focused in client’s home might be challenging due to the possibility of distractions e.g. family, friends, pets.
- Do not call them ‘assessments’.
- Transparency about the purpose of the assessment, being clear about what it is and what’s being done, will reduce stress
- Home assessments should simply be offered to everyone.
- Take reasons for a home visit at face value.

### **Agenda item 7: Fraud**

11. Members were invited to comment on what should be taken into consideration when designing policy as to how the offence of ‘failure to notify a change of circumstances’ should be applied. CM invited discussion on what mitigating circumstances might be and what considerations should the Agency give.

12. Members raised the issue of people with learning disabilities and other conditions potentially not understanding the impact of a change of circumstances. It was felt important to consider fluctuating conditions and how the information was communicated to these individuals about informing the Agency of a change.

13. Gradual changes and adapting to a condition over years are changes in circumstances, however they may not be noticeable to an individual and this should be a mitigating factor. Members reported that currently if a disability changes it is not fraud. However, if there is a scheduled reassessment and a decision that the award is reduced there is no retrospective overpayment. Members expressed significant concern that any change in this approach would fail clients providing an inferior system . It was suggested that fraud should only be a misrepresentation of conditions at the time of application, but not subsequently.

15. One member described the current legislation as being framed in a way that could be interpreted and applied differently by a new administration.

16. Members advised that fraud continues to be tiny in relation to disability benefits, they suggested that this continues to be monitored and measures only introduced if there is evidence they are required.

**Agenda item 8: AOB and agenda for next meeting**

17. One member felt that the benefits uptake campaign would have been helpful to discuss in more depth highlighting the need to increase take up prior to the transfer of benefits.

18. It was agreed that in advance of the next meeting officials will communicate with the members and ask for agenda items.

**Action:** CM will inform the cross cutting policy team about the desire to get involved with benefit uptake - Bill, Kate, Rob, and Cate want to be involved.

**Action:** HM to request input from Members on the next meeting agenda.

20. The next meeting will be held on the **16 December 2019 from 10:00-13:00 in Atlantic Quay.**