How should the new welfare powers proposed by the Smith Agreement be used to improve or change:

a.) Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer’s Allowance

Response from Welfare Benefits Team

The Council provides a welfare rights service which assists clients to appeal adverse PIP, DLA etc. decisions. An analysis of recent cases gave the following results:

<table>
<thead>
<tr>
<th>Appeal Outcome</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Partial Success</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Success</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td></td>
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</tbody>
</table>

These figures show that over 70% of appeals were successful or partially successful. This provides evidence that the initial decisions are unreliable. Welfare rights advisers are aware of many instances where the appeal process produces markedly different outcomes to the initial decision made by the DWP decision maker. Our advisers are critical of the quality of health care reports with frequent comments from Tribunal Judges noting the discrepancy between the health care reports and the medical evidence presented to Tribunals. It is unfortunate that local authorities and third sector bodies (often funded by local authorities) employ staff to assist a large number of clients to challenge decisions. A more reliable decision making process would be better for claimants and would reduce public resources committed to remedying poor decisions. We would recommend that contract arrangements for provision of health care assessments should include quality assessment of health care reports and that this quality assessment could include an analysis of appeal outcomes.
The claims process is relatively complex. This can make completion difficult, particularly for claimants with certain disabilities or special needs. Some clients will put on a ‘brave face’ to the detriment of their claim. These errors create difficulties later on as mistakes are rectified. It is therefore vital that the initial claims process should be easy to access and as straightforward as possible with appropriate support for clients who need it.

Access to services is a continuing problem for claimants. For Moray, the nearest assessment centres are Inverness and Aberdeen. Current policy is that clients should be no more than 90 minutes travel time from assessment centres. The assessment centres are more than 90 minutes away from many parts of Moray if using public transport. Travel costs can be considerable and while they can be claimed back, the client has to pay up front. More assessment centres should be provided to ensure claimants do not have to travel excessive distances in rural areas. Telephone call charges can be considerable, particularly when clients are left holding the line for a response. Calls should be on Freephone numbers. Consideration should be given to provide an option to conduct suitable assessments via Skype, or similar.

Process delays can cause serious problems for claimants who do not receive their awards until the decision is made. While the current process has maximum process times, these can be extended by the DWP on a case by case basis. Appeals by the DWP to the Tribunal service can be protracted. Clearer limits on timescales would prevent deserving clients suffering hardship due to delays in processing and finalising their claims.

Response from Community Care

The question that arises from the proposal for devolved powers over PIP, DLA, AA, CA all of which are connected to Health and Social Care, is can they or will they be aligned with the process of integration that is currently being undertaken. The whole assessment process for eligibility for these benefits runs in parallel with the processes already in place locally for eligibility for Health and Social Care. If a person is eligible for some form of community care be it homecare, community support, days services etc. then logically one would assume they would be eligible for disability benefits so why do we need two types of assessment. Of course one would not want to open the flood gates for community care as many people function perfectly well in the community without the support of Community care but the extra money from Disability benefits makes this possible. This is where Self-directed support could have a moderating influence. There has always been the question related to the local authority providing transport when people are already in receipt of a benefit to support their mobility.
If devolved powers over PIP, DLA, AA and CA could be aligned with the integration of health and Social care or be linked with the local authority in some way this could reduce the amount of work currently being undertaken by the welfare benefits team as they support people to make claims for benefits and then support people through the process of appeals when benefits are not awarded. This could also put a human face on the disability benefits system rather than the considerations made from long assessment forms and one off meetings with assessors, assessment could be made on knowledge of the person gathered through the Health and social care processes.

So in short if the Scottish Government were to devolve some of the powers over Disability benefits down to a local level this could have a positive impact on people with disabilities and their carers as well as supporting the further integration of Health and Social care.

b.) Universal Credit (housing element and administrative arrangements) and Discretionary Housing Payments

The Smith Agreement provides for discretion in relation to direct payments from UC to landlords, which if used extensively, would be cumbersome as there are no interfaces developed for automatic credit to rent accounts. These have all been developed by local authorities between Housing Benefit and Rent systems. Therefore, there is a risk of creating a complex two tier national system that has real potential to become a mess in Scotland, be inefficient for the customer and the local authority and costly for the Scottish Government in terms of adjusting the national system.

Local authorities already have knowledge and expertise in assessing the complex area of housing costs. What is also critical is having local knowledge of the housing market, landlords and individuals support needs. It would make more sense that this element of UC was devolved, either for local authorities to make an assessment by verifying housing costs on behalf of the DWP as part of the UC process, or by removing housing costs completely from UC and negotiating with the UK Government a new welfare benefit structure.

- Income benefits – all income related benefits, not just those within UC – reserved
- Housing related benefits – DHP, HB equivalent, CTR – devolved in order to cater for local requirements/arrangements
- Crisis – remain devolved in order to cater for local requirements/arrangements
- Disability benefits – multiple benefits earmarked to be devolved, can they not be rationalised?

Payment of UC on a monthly basis will make life very difficult to manage for many individuals who already to manage their personal finances. All the money going to one person in a household is very risky for many of our clients due to the financial impact of dependency issues such as drugs, alcohol and
gambling. This could impact on basic needs of food, shelter and heat for the household.

Having the option to pay landlord direct would be positive for many rather than having to wait to get into debt.

c.) the Work Programme and Work Choice
No comments provided at this time.

d.) the Regulated Social Fund, new benefits, top-ups and delivery of benefits overall.
Outwith UC, there will still be the Scottish Welfare Fund and Council tax reductions to assess and having a means tested system in place for all housing types provides a foundation for means testing and payment of the full range of allowances etc. including care, some of the new regulated social fund areas.