

Personal Independence Payment (PIP) and Universal Credit (UC) Discussion with Advice Sector and Mental Health Providers

Thursday 21st of June 2018



PIP and UC Discussion: who and why

- Advice Sector (third sector and Council), Mental Health Workers (third sector and NHS), Head of Research and Policy from Money & Mental Health Policy Institute
- Focused on PIP application, medical, appeals and renewals
- Shared statistics and case studies
- Aim - to collate evidence and ideas for solutions to feed into local and national research and campaigns



PIP discussion - Application

Part 1 – By Telephone

- Anxiety about making telephone calls
- Inability or lack of confidence to express themselves over the telephone
- Advice workers can't make the claim on their behalf unless the client is with them



PIP – Process/Application

Part 2 - PIP2 Form filling

- High demand (waiting list) for form-filling support
- Understanding of descriptors is critical and understanding how certain answers lead to points being awarded
- Too much emphasis on physical difficulties
- Should medical evidence be provided? e.g. GP's evidence does not specify descriptors
- Huge variation in quality of, and charges for, medical evidence
- No allowances made for poor literacy and LD e.g. dyslexia



PIP Medical Assessment (1)

- Quality of assessment can vary
- Colleagues agreed that when someone is under the care of a psychiatrist, their condition is serious therefore they should be consulted
- Clinicians suggest their evidence is seldom taken into consideration, leaving them frustrated with lack of input
- Clinicians need training on descriptors and type of evidence required **but equally** Assessors need training on mental health conditions



PIP Medical Assessment (2)

- It was suggested that some clients over-medicate to cope with the stress of the assessment which then gives an inaccurate picture of their condition
- Home assessments opinions differed - example of 'short notice' home visit which ended badly.
- Assessments arranged out of area are major barrier
- Assessment is guided by computer programme with lots of standardised statements used
- Computer programme only contains **one** small box re: mental state examination



PIP Medical Assessment (3)

- Too much reliance on imaginary scenarios
“imagine if you could do x y z...”
- People with the same mental health condition will be affected in different ways – limited tailoring to the individual
- Assessment of mental state/condition comes from years of training, experience and regular interactions with patients/service users



PIP – Appeals and Renewals (1)

- Assessors have been known to stop Carers/ Representatives from talking
- Questionable scores e.g. 0 for daily living which at appeal went up to 12
- Advice services are inundated, not enough resource to deal with the volumes
- Inter-relation between ESA and PIP?



PIP – Appeals and Renewals (2)

- ESA report shared to inform PIP decision? Not only as evidence to say no!
- Tribunal Judges give claimant more opportunity to describe their condition and how it affects them
- Nationally 64% of PIP decisions overturned at tribunal; Welfare Rights Unit has 74% success rate
- Renewal forms issued too frequently



Universal Credit (1)

- Assumption that everyone has a phone, Email and photo ID
- Access to the Journal is an issue, it's all online. If claim stops, you can't access after 2-3 days?
- Onus on client to update the Journal online e.g. change in circumstances, new phone number – PC access / ability
- Lip service paid to mental health, no concessions for chaos that often dominates people's lives
- Payment in arrears could mean people are without money for 6-8 weeks e.g. Foodbanks only offer 3 vouchers in a month which is not sufficient



Universal Credit (2)

- Support services' appointments (including Leeds Mind, Touchstone) are taken up sorting benefits issues rather than progressing their own agenda
- Advice services may not have capacity to meet demand for budgeting and debt advice
- Local evidence must be gathered, ready to submit to DWP on regular basis
- Join forces nationally to enhance and magnify evidence collated e.g. CitA
- Need specific focus on mental health or it will get lost among the many other priorities



Conclusions

- Distinguish between general issues and those specific to mental health
- Distinguish between ideological issues and technical issues - Government will probably move on latter e.g. PIP Form
- Show Government where they are opening themselves up to risk e.g. is the UC Journal disappearing a GDPR violation?
- Bring national organisations together e.g. Mind, CitA, Shelter so local orgs have clear pathway to feed in – there is a lack of rallying point
- Resurrect local social policy form



Contact details:

Myrte Elbers

Office of the Director of Public Health – Adults & Health
Directorate

Leeds City Council

Myrte.Elbers@leeds.gov.uk

0113 3786032

