



The Scottish Parliament
Pàrlamaid na h-Alba

WELFARE REFORM COMMITTEE

AGENDA

2nd Meeting, 2013 (Session 4)

Tuesday 22 January 2013

The Committee will meet at 10.00 am in Committee Room 5.

1. **Advice agencies:** The Committee will take evidence from—

John Dickie, Head, Child Poverty Action Group in Scotland;

Jane Smith, Member of Board of Directors, Rights Advice Scotland;

Muriel Mowat, Scottish Independent Advocacy Alliance;

Margaret Lynch, Citizens Advice Scotland;

Sarah Flavell, Gordon Rural Action.

2. **Work Capability Assessment and Personal Independence Payment Assessment:** The Committee will take evidence from—

Georgina Brown, BMA Scotland;

Mark Kennedy, and Kenny Small, Salus;

Angiolina Foster, Director of Health and Social Care Integration, and John Nugent, Scottish Government.

Simon Watkins
Clerk to the Welfare Reform Committee
Room T1.01
The Scottish Parliament
Edinburgh
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The papers for this meeting are as follows—

Agenda item 1

Written submissions

WR/S4/13/2/1

SPICe briefing

WR/S4/13/2/2

Agenda item 2

Note by the Clerk

WR/S4/13/2/3

Welfare Reform Committee

2nd Meeting, 2013 (Session 4), Tuesday, 22 January 2013

Advice agencies – written submissions

1. Child Poverty Action Group (CPAG) and Scottish Independent Advocacy Alliance (SIAA) have provided written submissions to the Committee in relation to the impact setting out the impacts that welfare reforms are having on the level and nature of requests for advice they receive.
2. In addition, a letter has been sent to the Committee by Macmillan Cancer Support and co-signed by a number of other stakeholder organisations in relation to the impact of welfare reform on advice agencies in Scotland.
3. Finally, Citizens Advice Scotland published a report on 17 January 2013, [*Voices from the Frontline: The impact of welfare reforms on Scotland's CAB*](#). This report details the increase in demand and complexity of issues that are being experienced by Citizens advice bureaux.

Clerk to the Committee
January 2013

SUBMISSION FROM CHILD POVERTY ACTION GROUP IN SCOTLAND

This submission sets out CPAG in Scotland's current second tier welfare rights advice, information and training activity, increasing demand for these services to date, the anticipated demands on our services relating to welfare reform and some of the resource implications of responding to these challenges.

1.0 Current activity and increased demand to date

CPAG in Scotland is the leading provider of second tier training, information and advice on benefits and tax credits to frontline agencies working with households across Scotland. In the year 2012/13 to date;

- we delivered 103 formal training courses with a further 44 organised (already up 40% on whole of 2011/12 and 60% on 2010/11) training at least 2000 people working in frontline voluntary and public services (up at least 39% on 2011/12, 70% on 2010/11), including NHS, early years and housing staff, as well as CAB and local authority advisers. Training is delivered at a range of levels from basic (for frontline workers who are not advisers) through introductory and standard levels up to experienced, and is adapted to the needs of different groups e.g. care-leavers, disabled children, carers.
- our casework support advice service dealt with 1318 cases to date where frontline advisers required expert advice to support their clients (2011/12 full year was up 19% on 2010/11 and nearly 50% up on the year before). The service is now running at near capacity on current resources.
- we published two handbooks dealing with devolved support and the benefits system: *Benefits for Students in Scotland* and *Children's Handbook Scotland A benefits guide for children living away from their parents*.
- we delivered an increasing number of presentations and facilitated discussions on the implications of UK welfare reform to a range of voluntary sector, local government and health planning forums.
- we produced a new handbook *Universal Credit; what you need to know*. (<http://www.cpag.org.uk/bookshop/uc>)

Our services are funded by a contribution from the Scottish Government (£375k in 2012/13), income from training (£126k) additional contracts and consultancy and smaller grants from charitable trusts.

2.0 Additional demands relating to welfare reform

Independent evaluation of our second tier work has identified a clear expectation among over 500 respondents that their need for CPAG support "would increase over the next few years, principally because of the proposed changes to benefits" (<http://www.cpag.org.uk/sites/default/files/CPAG-Scotland-evaluation-report-2008-2011.pdf>). Key challenges for frontline agencies and their clients were identified as "welfare reform and the complexity of benefit rules", "increased demand for support/benefits and an increased number of appeals" and "the division of responsibilities between the UK and Scottish Parliaments". The evaluators concluded that "stakeholders have already experienced an increase in workload since welfare changes have been introduced and they expect this to increase in the short to medium term....and stakeholders expect their need for support from CPAG

to also increase.” However an increasing number of respondents highlight costs as a key barrier to accessing CPAG training support – 43% up from 30% in 2008.

Key users of our services report increasing levels of demand for benefits advice with, for example, CABs reporting a 39% increase in benefits issues over the last five years (with ESA cases a key example of how the direction of UK welfare reform drives up demand) and Pollock Carers Centre reporting an 87% increase in advice cases relating to welfare benefit issues.

Our response to the additional demands of welfare reform include:

- working in partnership with frontline services to share understanding of additional demands stemming from welfare reform and to plan responses
- doubling our pool of expert freelance trainers to help us meet demand
- developing our elearning to ensure we reach more frontline workers
- revising our national training programme for advice providers as well our programme for others working with low-income families.
- new training on welfare reform, universal credit, personal independence payment, Scottish Welfare Fund and devolved council tax reduction scheme
- targeted training on benefits for students, BME communities, disabled children, children living away from their parents and early years support (incl. on passported benefits such as free school meals etc)
- new resources on Scottish Welfare Fund and council tax reduction scheme
- a new Appeals tool kit providing information, standard letter templates and other resources for those supporting claimants with appeals.
- updated handbooks on benefits for students in Scotland and on benefits for children cared for away from their families (with kinship or foster carers, in residential schools or homes), including information on the interaction with local authority financial support and details of universal credit, Scottish Welfare Fund and other reforms.
- regular ebulletins and information sheets on specific aspects of benefit changes, entitlement and take-up.
- continued provision of our telephone and email advice service, giving expert and often complex casework support to frontline advisers and others

3.0 Resource implications

In order to maintain our capacity to respond to the increasing demand from frontline services for our second tier support CPAG in Scotland needs to secure, at the very least, continued grant funding at current levels and at the same time increase income from our training service by maintaining fees charged to frontline agencies.

However, as evidenced above, training fees and the cost of covering staff time whilst undertaking training have been identified by frontline service providers as a key barrier to accessing the support they would like from CPAG. We are therefore working in partnership with frontline providers to secure additional funding to enable them to access basic level training on the implications of welfare reform for relevant staff. As an indication the full costs of training and covering staff time across two national organizations has been identified as £37k to train 450 staff. We would suggest that government, and potentially other funders, provides additional funding

to CPAG to reduce/remove training fees or establishes a fund to support national and local agencies access CPAG welfare reform related training.

Key frontline providers also forecast additional demand from their advisers on our second tier advice service. The estimated, and as yet unfunded, cost of responding to that demand is £60k to provide additional casework support in at least 1700 cases.

SUBMISSION FROM SCOTTISH INDEPENDENT ADVOCACY ALLIANCE

Increases in referrals

Over the past 12-18 months independent advocacy organisations across Scotland in both rural and urban areas including the islands have experienced increased numbers of referrals directly relating to welfare benefits and the actual and anticipated impacts of welfare reform.

Reports of referrals directly related to welfare reform range from 7% of the total number over the past 12 months to as high as 33% of all referrals over the past 6 months. One organisation has seen the proportion of welfare benefit related referrals increase from 6.5% of total referrals in the 2010/11 year to 14% in the 11/12 year up to 16% of all referrals received in the 12/13 year to date.

Organisations report that clients have experienced major difficulties in completing forms and understanding the whole system. Many advocacy clients do not have access to computers or have difficulty using them. The online application system for many is creating high levels of stress and anxiety.

Medical Assessment

All independent advocacy organisations have experienced increases in referrals for people being assessed/reassessed for benefit claims with many requests for support at medical assessments. Advocacy organisations report up to 50% increases in such referrals.

Case Study 1

A client who was 4 months off her 60th birthday was called for a medical assessment. She had a severe and enduring mental health problem and had been unable to work for 35 years. She attended a medical and was told to register for work. The advocacy organisation helped her lodge an appeal explaining the nature of her illness. The appeal did not even go to a hearing and her benefit was re-instated however her condition deteriorated through the stress and anxiety caused by the situation.

Wider impacts – Housing Benefit, debt etc.

Organisations are experiencing increased numbers of referrals in relation to changes to Housing Benefit. Many local authority areas do not have a stock of one bedroom housing so single tenants will not be able to move from their current tenancy to a one bedroom alternative and will therefore incur additional rent charges.

One organisation reported 6 people referred in December 2012 regarding “under occupancy”. These are the first such referrals they have received however in their local authority area letters re Housing Benefit changes were issued by the Housing Department at the beginning of Dec 2012.

Case Study 2

An advocacy client, who has learning disabilities and mental health problems, was told that his Housing Benefit would drop 14% due to his having a two bedroom flat. He went to the Council with a letter from the courts showing that he had access for his 6 year old son to live with him 3 nights per week and could evidence that this was happening. He was told that it made no difference as his ex partner receives the Child Benefit. He was upset to the point of saying he felt suicidal. Ultimately he handed in his tenancy notice and managed to obtain a one bedroom flat. He will sleep in the sitting room to allow his son to have the bedroom. This referral stemmed from a letter sent by his Housing Association in Oct 2012 outlining the Housing Benefit reform which will come into effect in April 2013.

Impact on capacity of advocacy organisations

Organisations report the need to adhere stringently to their access criteria due to the increases in referrals. Many now operate waiting lists and others report major increases in the numbers of clients they have referred on to money advice centres, CABs, welfare rights officers etc. One organisation reports that it is very difficult in their area to find an alternative agency that is able to take clients on.

Organisations covering rural areas reported issues around venues for medical assessments and the travelling time involved. For example, for clients living in East Ayrshire, the nearest venue for medicals is in Ayr, a 30 mile round trip. Staff can be out of the office for a full day if they are supporting someone at a medical assessment. The experience of that organisation was also that ATOS rarely keep to time and that a wait of 1½ hours after the stated appointment time is not unusual.

Independent advocacy organisations report ongoing increases in referrals directly relating to welfare reform already putting major pressure on available resources. They are expecting referral numbers for these issues to continue to rise as more expected changes become reality. Many advocacy organisations are already experiencing standstill or reduced funding along with Service Level Agreements requiring wider access criteria. Organisations are forced to prioritise statutory duties such as providing advocacy for clients facing Mental Health Tribunals creating longer waiting lists for others.

**LETTER TO THE COMMITTEE (SUBMITTED BY MACMILLIAN CANCER
SUPPORT ON BEHALF OF CO-SIGNED CHARITIES)**

The introduction of Universal Credit, and other measures brought in by the UK government's welfare reform agenda see the greatest number of changes in the benefits system ever introduced by any previous single piece of legislation. The scale of change is unparalleled since the introduction of the Beveridge Report. The effect on advice services of these changes, alongside the cuts being made to benefits, is already being felt.

Advice agencies across Scotland are already coping with higher numbers of benefits, debt and budgeting issues than ever before and this impact is set to grow over the next few years as the changes continue. For people living with a long-term health condition, coping with a learning disability or a mental health issue the impact of change is predicted to be significant as the most vulnerable will be affected by some or all of these new measures. Additionally, the effect of the changes will lead to an increase in health inequalities, more family stress and strain on relationships. It is predicted to lead to an increase in homelessness, and the bedroom tax will affect access for non-resident parents. We are also seeing the emergence of food banks as a growing norm.

It is predicted that between now and 2017 the changes to various benefits will result in more than half a million benefits claims being adversely affected over this period in Scotland. To take a few examples, the change from Disability Living Allowance to the Personal Independence Payment is predicted to see up to 70,000 people in Scotland losing all or part of their disability benefit. Those people will turn to advice services to help them through this process and appeal decisions - just as we have seen with the change from disability benefits to Employment and Support Allowance. The under occupancy rules (bedroom tax) will also impact on more than 90,000 tenants in the social rented sector, many of whom will seek advice on their housing options.

Administrative changes such as the increase in the payment period for benefits to monthly arrears, and housing payments direct to the claimant, will also result in claimants needing to cope over longer periods with less money. This will result in a need for increased budgeting skills from the advice sector. Additionally, Universal Credit will be "digital by default", meaning that the majority of claimants will be expected to make claims online, with the corresponding changes to the claims process and the difficulties of on-line access for many of the most vulnerable and excluded in society. Again, this is where advice services will be crucial in ensuring people get the support and help they need

For advice services, the changes will require a huge increase in complex and time intensive casework to support thousands of individuals and families. As most benefits are affected by welfare reform, this is a fundamental change for most claimants and advice organisations. With this comes increased requirement for more generalist advisers as well as specialist staff training and additional resources to meet the changes ahead. Additional support should include resources for advice, training, awareness-raising for those affected, and recognition of the value of peer support.

The impact of these welfare changes will affect clients in several ways, and consequently increased welfare rights, debt, housing, budgeting and financial inclusion advice provision will all be required.

The growing pressure on advice services will have particularly serious consequences on vulnerable and disabled citizens, leading to exclusion and losing the right to live a normal life. As the changes predominantly affect disabled households, this will also impact on disability organisations that will be supporting those claimants, and there will be increased pressure here too.

Most advice services are already working to full capacity, and the changes ahead will bring additional pressures to an already difficult situation. Increasing case numbers, a predicted rise in the number of claimants requiring representation at social security appeal tribunals and other advocacy support will see many vulnerable and disabled people losing out on entitlement. Without an increase in the capacity and resourcing of advice agencies, the citizens of Scotland affected by the changes will not be able to access the crucial advice and support they will need at time of great need.

The signatory organisations below are encouraged that the Welfare Reform Committee is taking the time to examine the impact of these significant changes on advice services and look forward to the committee's findings, recommendations and comments on our concerns.

Elspeth Atkinson

Director for Scotland
Macmillan Cancer Support

On Behalf of the following organisations:

- Citizens Advice Scotland
- Scottish Council for Voluntary Organisations
- Terrence Higgins Trust Scotland
- Age Scotland
- Shelter
- Rights Advice Scotland
- Money Advice Scotland
- RNIB
- Health and Social Care Alliance Scotland
- Parentline
- Child Poverty Action Group
- Quarriers
- AdviceUK
- Chest Heart & Stroke Scotland
- The Scottish Housing Associations Welfare Rights Officers Forum
- Getting Better Together - Shotts
- Cystic Fibrosis Trust
- Maggie's Cancer Caring Centres

- Macmillan Cancer Support
- Barnardo's Scotland
- Scottish Local Government Forum Against Poverty
- ENABLE Scotland



Welfare Reform Committee

Advice Services

Introduction

This paper provides information on the additional funding for advice services made available by the UK Government for the not-for-profit advice sector. It gives details on the amounts given to each devolved administration, as well as highlighting current reviews of the advice service sector being undertaken by each administration.

England

Funding for advice sector

On the 21 November 2011, the Cabinet Office announced¹ that £20m would be released for advice service funding across the UK. England would be allocated £16.8m and the remaining £3.2m would go to the devolved administrations.

In England, the £16.8m would help not-for-profit free advice services and be delivered by the Big Fund². The Cabinet Office said that the fund would provide “immediate support to debt, welfare benefits, employment and housing advice services” and would be open from November 2011.

According to the UK Budget 2012³: “The Government will make £20 million available to the not-for-profit advice sector in 2013–14, and again in 2014–15 to support the sector as it adapts to changes in the way that it is funded.”

On the 26 October 2012, the Cabinet Office announced⁴, in partnership with the Big Lottery Fund, that £65m would be made available for free advice services in England. The funding is being administered through the Advice Services Transition Fund, run by the Big Lottery Fund. Information provided by the Big Lottery Fund indicates⁵:

¹ Cabinet Office news release: <http://www.cabinetoffice.gov.uk/news/168-million-support-free-advice-services> 21 November 2011.

² The Big Fund is part of the Big Lottery Fund, but is able to administer non-lottery funding on behalf of third parties.

³ HM Treasury, Budget 2012: http://cdn.hm-treasury.gov.uk/budget2012_complete.pdf (see para 2.33) March 2012.

⁴ Cabinet Office news release: <http://www.cabinetoffice.gov.uk/news/65-million-free-advice-services-help-vulnerable> 26 October 2012

⁵ Big Lottery Fund, ‘Advice Services Transition Fund: Questions and Answers’ <http://www.biglotteryfund.org.uk/>

“The Government set aside funding to support the advice sector in the March 2012 Budget and has decided that it is more efficient and effective to support BIG’s programme of investment in the sector, rather than deliver a separate fund. The BIG programme will facilitate the changes government expects to see in terms of greater collaborative working, better joining-up of services for end users and more resilient and sustainable advice organisations.

BIG and the Cabinet office will each contribute 50% of the funding for the programme.”

Review of Advice Sector

Also on the 26 October 2012, the UK Government published a review⁶ of the funding of the not-for-profit advice services in England. The report outlines how advice agencies will need to adapt to make use of the funding which has been made available, for example:

- work more collaboratively together to build sustainability and effectiveness
- take early action to prevent the problems which cause people to seek advice
- diversify their funding streams and how they deliver their services so they can be more resilient and sustainable in the long term
- demonstrate their impact more effectively
- use all appropriate channels to reach those in need of support

Scotland

Funding of Advice Sector

Scotland received £1.7m as part of its share of the initial £20m made available by the UK Government in November 2011⁷ for 2012-13.

As a result of the £20m made available by the UK Government for the not-for-profit advice sector for 2013-14, and again in 2014-15, Scotland has been allocated £1.7m in 2013-14 and £1.7m in 2014-15.

In response to a PQ from Michael McMahon about the extra funding and whether it would be allocated to advice services in Scotland (S40-01446⁸), John Swinney, Cabinet Secretary for Finance, Employment and Sustainable Growth, said:

[/media/Files/Programme%20Documents/Advice%20Services%20Transition%20Fund/public_ga_s_for_launch_v4.ashx](#)

⁶ Cabinet Office (26 October 2012) “Not for profit advice services in England”

<http://www.cabinetoffice.gov.uk/resource-library/not-profit-advice-services-england>

⁷ Scottish Government (16 January 2013) Personal communication

⁸ Scottish Parliament Official Report, “Meeting of the Parliament 08 November 2012” (col 13215-13216)

<http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=7501&mode=pdf>

“I can confirm that the Scottish Government has received Barnett consequential from the UK Government, arising from advice services, which amount to £3.4 million over financial years 2013-14 and 2014-15. We are currently considering how we can best support advice services in Scotland and that will be informed by the draft budget 2013-14 consultation process.”

In response to a supplementary question from Michael McMahon about the increased pressures that advice services in Scotland are under as a result of welfare reforms, John Swinney responded:

“Clearly, significant issues for Scotland are arising out of the welfare reform agenda that is being pursued by the UK Government, with which Mr McMahon and his committee are familiar, and I acknowledge what is at stake in that respect. I say to Mr McMahon that the Government is involved in substantive dialogue with the advice sector in Scotland on this question. As I indicated in my original answer, I expect the issues to be considered fully within the consultation process on the draft budget for the next financial year”.

Review of Advice Sector

Nicola Sturgeon has indicated that the Scottish Government’s ‘Access to Justice’ project in the ‘Making Justice Work’⁹ programme:

“is directed at better co-ordination and prioritisation of advice funding, seeking to develop a more efficient and cost effective approach to public sector funding of advice services. The project is currently mapping the range of information and advice services that receive public sector funding and why, covering advice on areas of law such as housing, welfare benefits, debt and consumer issues.”¹⁰

Wales

Funding of Advice Sector

As a result of the £20m made available by the UK Government for the not-for-profit advice sector for 2013-14, and again in 2014-15, Wales was allocated £0.9m for 2013-14 and £0.9m for 2014-15.

It was not possible to confirm whether funding was received for the year 2012-13.

In March 2012, the Welsh Assembly Government announced¹¹ £6.6m funding for Citizens Advice Cymru for three years. This is intended to support the work

⁹ Scottish Government, “Making Justice Work” programme webpage, <http://www.scotland.gov.uk/Topics/Justice/legal/mjw>

¹⁰ Scottish Parliament, (2012) “Daily Written Answers Tuesday 18 December 2012” S4W-11720, http://www.scottish.parliament.uk/S4_ChamberDesk/WA20121218.pdf

¹¹ Welsh Assembly Government, News release, 8 March 2012 “Minister Announces £6.6 Million Funding for Citizens Advice Cymru” <http://wales.gov.uk/newsroom/housingandcommunity/2012/120308cab/?lang=en>

of Citizens Advice in light of the increased workload for the advice sector as a result of welfare reforms.

Review of Advice Sector

The Welsh Assembly is currently undertaking a review of advice services, exploring how a stronger advisory network can be developed so that services can be delivered consistently and universally across Wales. The Minister for Local Government and Communities, Carl Sargeant, said that the magnitude of the challenges facing Wales in light of welfare reform had led to his and the Finance Minister's decision to undertake the review¹².

Northern Ireland

Funding of Advice Sector

As a result of the £20m made available by the UK Government for the not-for-profit advice sector for 2013-14, and again in 2014-15, Northern Ireland was allocated £0.6m for 2013-14 and £0.6m for 2014-15. There has been no indication to date how this money will be allocated.

It was not possible to clarify whether funding was also received for the year 2012-13.

Review of Advice Sector

The 'Opening Doors Strategy'¹³ (2007) sought to create a sustainable advice sector by reforming the voluntary advice sector framework. It held a mapping exercise to assess the size and location of advice sector services across Northern Ireland and sought to create a number of central 'Area Advice Centres'¹⁴. It was suggested that these centres would provide a wide range of services such as advice, advocacy and support on both basic and complex generalist advice with referral to a number of specialist organisations if necessary (eg legal advice services). However, no final decision has yet been made on this strategy.

Nicki Georghiou
SPICe Research
16 January 2013

Note: Committee briefing papers are provided by SPICe for the use of Scottish Parliament committees and clerking staff. They provide focused information or respond to specific questions or areas of interest to committees and are not intended to offer comprehensive coverage of a subject area.

¹² Welsh Assembly Government, News release, 19 June 2012, "Welsh Government Announces Review of Advice Services", <http://wales.gov.uk/newsroom/housingandcommunity/2012/120619adviceervices/?lang=en>

¹³ Department for Social Development, Northern Ireland, (2007) "Opening Doors Strategy" http://www.dsdni.gov.uk/vc-opening_doors_report.pdf

¹⁴ Department for Social Development, Northern Ireland, (2010) "Area Advice Centre Location: Policy Statement" <http://www.dsdni.gov.uk/vcni-area-advice-cente-policy-statement-2010.pdf>

Welfare Reform Committee

2nd Meeting, 2013 (Session 4), Tuesday, 22 January 2013

Work Capability Assessment and Personal Independence Payment Assessment

Work Capability Assessment

1. The Committee has been investigating the operation of the Work Capability Assessment process which is undertaken by people on Incapacity Benefit moving to Employment Support Allowance. In Scotland the assessments are being undertaken by the firm ATOS under contract to the DWP, which makes the final decision on assessments. The Committee's investigation has included (under its 'Your Say' initiative) evidence from people who have been assessed, as well as a visit to the ATOS assessment centre in Edinburgh and requests for information from ATOS about the operation of the assessments.
2. One of the pieces of information that emerged was that in 50% of cases material requested from GPs is not received by the deadline and that therefore a significant number of assessments are undertaken which might not otherwise be necessary. However, it subsequently emerged that deadline for GPs is only 14 calendar days after request. Previous evidence submitted to the Committee from GPs, particularly those from deprived areas has indicated that GPs in these areas have seen a big increase in requests from patients for submissions for Work Capability Assessments and indeed appeals.¹
3. There have also been some claims that some GPs are beginning to charge for providing submissions.
4. The Committee will have before it a representative from the BMA who is a GP from Springburn in Glasgow. She is also on the Steering Group of 'General Practitioners at the Deep End', who have previously made the [attached submission](#) to the Committee.
5. The Committee will also have before it the Director of Health and Social Care Integration from the Scottish Government Health Department, representing NHS Scotland.

Personal Independence Payment Assessments

6. A very similar methodology is being used by the DWP for the assessment of people moving from Disability Living Allowance (DLA) to Personal Independence Payments (PIP). In this instance ATOS has subcontracted some of the assessment work in Scotland to Salus.

¹ See Official Report of Welfare Reform Committee meeting on 1 May 2012: <http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=7165&mode=pdf>.

7. Salus is the occupational health arm of NHS Lanarkshire. It provides occupational health, safety and return to work services to public and private sector clients. It operates in a manner akin to social enterprise, with surpluses reinvested back into the NHS.

8. Salus have been commissioned to undertake PIP assessments for the West Region and Edinburgh City areas from June 2013. It is estimated that around 325,000 assessments will be undertaken between 2013 and 2017.

9. The Work Capability Assessment has been heavily criticised by a wide range of groups and has been subject to a high level of successful appeals. The Committee has also heard evidence directly from those who have had poor experiences of the Assessment.

10. This evidence raises a number of issues:

- How will the PIP assessment operate compared to the Work Capability Assessment?
- What lessons have been learned from the failings of the Work Capability Assessment?
- How, if at all, will the PIP assessment be better than that undertaken for work capability?

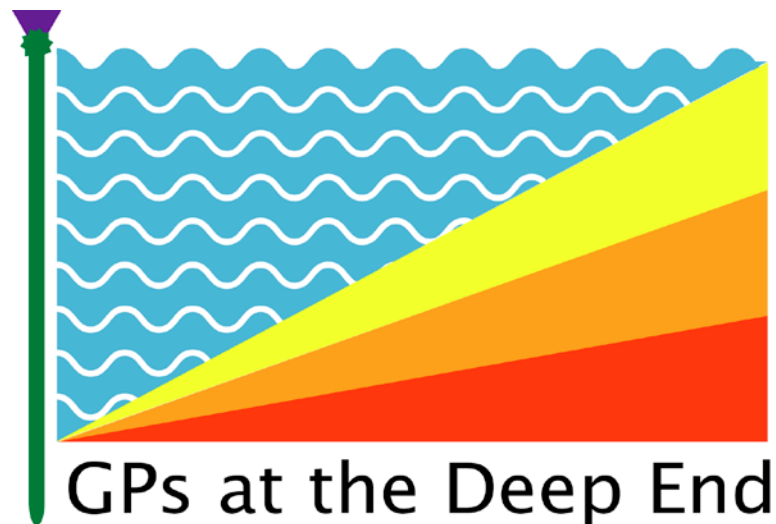
11. In addition, whilst the PIP contracts (like the Work Capability Assessment ones) contain no targets for removing people from eligibility for support, nevertheless the UK Government has indicated in its impact assessment that it intends to save 20% of the costs working age DLA through the move to PIP.

- How will the UK Government's intentions impact upon the assessment process?

12. There have also been some questions raised about the involvement of NHS Scotland – through NHS Lanarkshire – in the controversial assessment process for PIPs.

- How comfortable is NHS Scotland with the arrangement that Salus has come to for the provision of PIP assessments?

Clerk to the Committee
January 2013



GP experience of the impact of austerity on patients and general practices in very deprived areas

Concerns have been raised in several quarters about the consequences of the Government's welfare reforms and other austerity measures, which have been implemented since October 2010. These concerns include the negative impact that cuts in benefits are having on some of society's most vulnerable individuals and families.

GPs and primary healthcare professionals are at the frontline in responding to the needs of these people. "GPs at the Deep End" work in 100 general practices serving the most socio-economically deprived populations in Scotland. This report draws on the recent experiences of Deep End practices, as they were asked to reflect on the effects of austerity measures on patients and on patient care. Responses included general comments and individual case studies.

The report makes for grim reading. It describes the direct and indirect consequences of austerity policies on patient health and on the systems that are in place to support health and wellbeing. The case studies are a graphic illustration of the strain these systems are already under; and more importantly, the strain that the most vulnerable – the elderly living in fuel poverty or the homeless mother and her child – are experiencing right now.

March 2012

Report compiled on behalf of the Deep End Steering Group by David Blane and Graham Watt, with thanks to the general practitioners in the Deep End who contributed to the survey

INTRODUCTION

This report comprises the responses of general practitioners working in the 100 most deprived general practices in Scotland to the question "How have the current austerity measures affected your patients and your practice in the last week (beginning 20 February 2012)?"

The responding practitioners work in general practices and a homeless health centre in Glasgow, Edinburgh, Dundee and Ayrshire, including the 1st, 10th, 12th, 58th, 59th, 66th, 75th, 79th and 89th most deprived general practices in Scotland (out of the total of 1030 practices).

The draft report was circulated to all Deep End practices, seeking further comment and confirmation that the cases described are typical.

BACKGROUND

Austerity measures were introduced following the UK Government's spending review announced by the Chancellor in October 2010. This included £81bn of cuts in public spending over four years.

In April 2011, claims for benefits on the basis of incapacity for work were transferred to claims for employment and support allowance (ESA). Entitlement was re-assessed using the new stricter criteria of the Work Capability Assessment (WCA).

The Welfare Reform Act – representing the biggest change to the welfare system for over 60 years – received Royal Assent on 8th March 2012. The Act introduces a new Universal Credit which will replace most existing benefits and limits the total amount of benefit a person can claim.

As well as these broader plans for welfare reform that will come into effect in 2013, there are changes to working tax credits to be implemented from April 2012. A report on the UK Parliament website provides an estimate of the number of households that are expected to no longer be entitled to tax credits as a result of these changes, including over 25,000 households in the central belt of Scotland.[†]

MAIN FINDINGS FROM DEEP END PRACTICE RESPONSES

Most of the issues raised relate to the direct and indirect sequelae of austerity policies – benefit cuts; service cutbacks; and an increasing number of patients being taken off Employment Support Allowance (ESA) or Disability Living Allowance (DLA). These can be divided into issues affecting patients; practices; secondary care/support services; and social work/housing:

[†] To qualify for working tax credit from April, couples with children will have to work 24 hours a week between them, not 16 as before, and one of them will have to work at least 16 hours a week.

Patient health

A central concern of Deep End practices is the number of patients with **deteriorating mental health**.

At one end of the spectrum, there are those who are in work, and previously well:

- under increasing stress at own jobs due to cutbacks
- taking on extra work/jobs, with resultant impact on family and relationships
- experiencing stress of job insecurity

At the other end of the spectrum, there are those with chronic mental health issues and established physical problems who are “**deemed fit for work**” and have their benefits cut:

- struggling to make ends meet
- increasing contact with GPs and psychiatry
- increasing antidepressant/antipsychotic use
- self-medicating with drugs and alcohol

Aside from the direct detrimental effects of drugs, alcohol, and worsening mental health on **physical health**, it can also be affected indirectly as many patients are reluctant to take time off work due to job insecurity. Additionally, GPs report less time to deal with physical problems, as these are no longer a priority for the patient.

I observe this again and again that I cannot address medical issues as I have to deal with the patient's agenda first, which is getting money to feed and heat.

This **financial hardship** is manifesting in several ways, but perhaps most striking is the growing number of individuals and families experiencing **fuel poverty** – the combination of increased costs and falling benefits resulting in a choice between heating and eating. Practices reported cases of an elderly patient going to a friend's house in order to wash; families relying on relatives to pay for food and cigarettes (unable to stop smoking due to stress); and a mother resorting to prostitution to feed herself and her family.

In my surgery I am hearing from patients who for 2–3 days a week cannot afford to heat their houses (many use metered cards which are more expensive than direct debit payments).

Changes to the benefit system were cited by most respondents as impacting on patients' health and practice workload. Practices described an “**endless cycle**” of **appeals**, during which time the patients' benefits are reduced. One GP calls this “completely unnecessary [and] completely avoidable”; another felt that the WCA (Work Capability Assessments) were ill-matched to the clinical reality.

For obvious reasons the patients in X [deprived area of Glasgow] call Corunna House [where the Work Capability Assessments are done] “Lourdes” because all the sick come out cured!

Practice impacts

- **Changing workload.** Most patients appeal the WCA decisions and ask for letters in support of appeals. This is encouraged by benefit support workers and solicitors. As noted, however, it impacts on practice time that would otherwise have been spent on health concerns.

- **Access affected.** Pressure on appointments and appointment length as a result of the above, including increasing volume of unscheduled appointments in some cases.
- **Staff morale.** Several practices report sadness and frustration among staff members at their inability to alleviate the suffering they see, and increased stress due to extra workload. Again, this has potentially significant detrimental impacts on patient care.

Secondary care and support services

- **Patient transport** for outpatient appointments has been affected by cutbacks, such that there have been reports of many patients complaining about long waits, with some elderly, frail patients arriving home after midnight. Will this result in higher DNA rates?
- **Delay of discharge letters** from secondary care, which can result in potentially serious prescription errors, is often due to typists being off, or unfilled posts.
- Increasing **funding and access barriers** to residential detox.
- **Addiction workers struggling** to do any structured addiction work because they are too busy trying to help patients in crisis.
- Patients are attending Community Addiction Teams for money due to benefits being cut; but addiction and social services have **run out of funds for crisis loans**.
- Other examples that Deep End practices gave included rehab services, occupational therapy, and heart failure nurses being **harder to access**.
- One respondent felt like GP practices were a “dumping ground”, as other services are **affected by cutbacks**.

Social work and housing

- Several descriptions of a service that is **overworked and understaffed** and that is, ultimately, failing some of the most vulnerable members of society.
- Reports of **vulnerable adults and children being unallocated** despite serious concerns for their safety and/or wellbeing.
- Difficulty getting social work colleagues to attend practice meetings.
- Increased **difficulty getting patients into respite care**.
- Increasing **reliance on voluntary sector**.
- Addiction services and social services have been categorically told to turn to charities for basic items such as beds and cookers when children are being returned from care to their parents.

We have a working single mother who became homeless due to community violence, she has been in a cold damp flat sleeping on a mattress on the floor with her 11 month old child for nearly six months, housing has been unable to find her a suitable flat.

ANNEX – CASE STUDIES[†]

- Patient refugee, fleeing violence from another city, staying in a temporary voluntary sector night shelter (winter initiative) every night last week, presented looking for mental health support and medication. Previously on antidepressants, no money, all worldly goods with him in a small bag, winter initiative closing at end of week and no idea where to go now. Signposted to State homeless centre but as no local connection unlikely to be housed for more than 28 days, given basic food and toiletries from health centre stock, very distressed/sobbing.
- T, mid 40s, has been coming to see me for the last few months. She has chronic depression with multiple previous suicide attempts. She suffers from angina and has had an MI in the past. She lives in a flat with her boyfriend. T has recently been deemed fit for work, but is appealing this decision. Money is extremely tight, and she and her boyfriend are currently surviving on his benefits alone. T has suffered from physical, sexual and emotional abuse all her life and her current relationship is no exception. T wants to visit her daughter (whose young child has recently been removed from her care), but can't afford the coach fare – her partner (not the daughter's father) won't pay, as he will not allow T to leave him, even to see her own family. T is waiting for her daughter to pay for the coach ticket. The daughter in turn is waiting for her own benefits to come through. Another daughter is homeless.
- Mother, early 40s, who was sexually abused in her childhood. She has seen me regularly since mid-2010 when she presented with alcohol dependency, talking for the first time in her life about her abuse, contemplating change. She was referred by myself to addiction services team. She received a detox in late-2010 and had a very minor relapse over xmas. She is currently trying to consolidate her life and I am working slowly towards confidence issues and possibly return to work. She was found to be capable of work, a judgement I disagree with at present and I worry that her mental health will deteriorate. Her benefits got stopped. She was diagnosed with Type 2 Diabetes in November and instead of working with her setting goals for her diabetes I wrote a letter for an appeal and referred her to the benefits worker as these were her priorities.
- Single woman in her 30s asked to do work of several staff at self scanning in supermarket where she works due to cutbacks. Can't cope, stressed, makes looking after three teenage school kids with behavioral problems harder. Attends emergency surgery crying +++. Feels unable to address own problems, doesn't know who to turn to so comes to GP. Long, unscheduled consultation.
- Male Eastern European patient with insulin dependent diabetes and likely retinopathy and degree of renal impairment. No access to public funds and getting food from shelters and other charitable donations. Sleeping rough but recent access to bed in a flat though he has to find another £100 in next week to pay rent or will have to sleep rough again. Requesting letter to support him attending locations distributing food explaining his medical problems. In theory not entitled to secondary care services but requires secondary diabetic services.

[†] Please note that patient details such as age, nationality and location have been changed in order to ensure anonymity.

- Eastern European pregnant lady with no money or food. Living in squalor with approximately eight other adults. No money available or access to any public funds. Begging for money.
- Female, mid 50s, with lifelong mental health problems and a history of self-harming and has never worked. She probably has learning difficulties (although has not been diagnosed as such) and limited literacy skills. She has been presenting more frequently in the surgery with increased anxiety and episodes of self-harm. She is having to live on £168 per fortnight because her benefits have been cut. She is relying on handouts from her family (who are all local residents and also struggling financially) but is going without heating over 3 days a week until her money is sent through. She is already linked into the community health team but this will not address the underlying trigger to her increased presentation with mental health problems which are a consequence of her poverty.
- Male, early 50s, out of work because of osteoarthritis but also has a history of depression that has been relatively stable until now. Until a few years ago he worked continuously in the labouring trade and was not often out of work. Since the economic downturn he has essentially become long term unemployed. He was receiving disability allowance but this was then cut and he has now entered the appeal process. His family are helping him with his mortgage because he is unable to make his payments otherwise he and his wife will become homeless. Like many patients who have little savings because they have worked in low paid jobs and find themselves later in life unemployed there is a great deal of anxiety and uncertainty about their future. This patient's mental health problems have escalated and he is being seen by mental health services. At this juncture he could not psychologically cope with re-training.
- Mother and young daughter with complex issues. Mother was stable on high dose methadone but because of personal circumstances (threats on her life following a violent assault) she moved out of the area and re-located. Whilst she was temporary re-located she remained my patient because of her methadone prescribing. The youngster has been brought up in a family where virtually all adults have addiction issues and I have concerns about this child's mental health. There has been a prolonged period of instability where the combination of benefit cuts and social circumstances have resulted in homelessness where the whereabouts of this child was unknown whilst she was staying in various locations either with her mother or other adults. There was already social work involvement but it took several contacts/letters from the addiction workers and myself to finally have a child protection plan for this child (there has also been involvement from Child and Adolescent Mental Health Services but this has been short-term). At one point this parent had no money to buy this child any clothes where they were both almost 'rough sleepers'. I am highlighting this case particularly because some of the most vulnerable children in our society are becoming even more vulnerable because of austerity measures. Not only are they being denied their basic rights to protection, participation and provision there is a stress for staff at the frontline who are unable to alleviate their suffering. In the long term the adverse outcomes for these children carries a greater economic burden for society. No child can possibly muster enough resilience to cope with these experiences.
- Mum and dad working different night and day shifts to allow for child care for their three- year-old. No family help. Can't sell flat – trying for two years –

and would like another child if they could move. Leads to stress and depression.

- The Tuesday started with half an hour on the phone to give the police the relevant medical information for two of our patients who had been found dead in their homes the previous day. Separate incidents – both in their thirties and both with drug paraphernalia around – one with a tourniquet still on his arm the other recently self discharged from hospital with cirrhosis. I think we get inured at times to these deaths of young people – but two on the same day... This week I have felt particularly hard hit and sad... for them... for their families and friends... and for all our young folk – where are our priorities?
- Single parent, late 30s, developed acute onset sciatica having been fit and well and working previously. She was walking with a stick and required a variety of analgesic agents to control unpleasant sensory symptoms. MRI showed clear nerve root impingement, but due to a high BMI she required to lose weight before she could be considered for general anaesthetic. She was referred to the local weight management service but has not yet managed her weight goal because of extremely stressful social circumstances. Early on in her sickness, a few weeks after her MED3 (fitness for work certificate) started, she was assessed and found fit for work, and had her money stopped. In my opinion this was a medically inappropriate decision. I did not realise it at the time but this was not a quirky isolated example of an aberrant process. A deluge of similar situations followed and I quickly realised I could not challenge each one as workload made that impossible. I slowly became aware of the Appeals process and people coming for MED3s. The last few months have been among the most depressing, disturbing times in my many years as a GP.

The following five cases represent snapshots from one practice:

- (1) Divorced man, late 40s, recently unemployed and struggling with depression – deemed fit for work. If his story had been listened to it would be clear that he is currently unfit for work. His response? “I couldn’t give a toss/really low”. Family very worried – daughter has moved to live with him as she does not want to leave him on his own. Concerning situation exacerbated by attitude of local Benefits Agency. His own safety is borderline – he is clearly unfit to hold down a job.
- (2) Epileptic man, mid-20s, deemed fit for work. His epilepsy is not controlled, he is attending the epilepsy clinic at the hospital on a regular and frequent basis as his medication is steadily increased trying to reduce his seizures and he is deemed fit! Not safe and unfit.
- (3) Woman, late-50s, has struggled with depression since the (premature) death of her husband five years ago. She rarely leaves the house alone/is variable with personal care/ fortunately has siblings and children who keep in regular contact with her but she is clearly unfit for work.
- (4) Man, late-50s – diabetic neuropathy – deemed fit for work – has not worked for years – diagnosis nine years ago. Stress of appeal is a completely unnecessary burden.
- (5) Woman, late-40s, works for the local council – seeking help as a result of her stress. The major problem is the stress of changes at work/general level of anxiety regarding job security and how those still in work will cope with the pressure.

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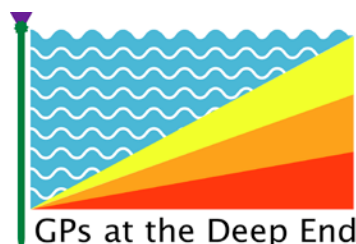
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General Practitioners at the Deep End work in the 100 most deprived general practice populations in Scotland and are an independent group supported by the Royal College of General Practitioners, the Department of General Practice at the University of Glasgow and the Scottish Government Health Department.

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