**Your Say Minutes**

**Time & Date: Thursday 24th November 2016 2pm – 3.30pm**

**Where: Meeting Room, The DAAC.**

**Chair: Alan Benson**

**Attendees: 27 attendees in the room.**

| **No.** | **Agenda Item & Discussion** | | |
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|  | **Apologies** | | |
|  | **Gareth Bubbins, Amanda Winterburn, John Clarke** | | |
|  | **Actions from Previous Minutes** | **By Who** | **By When** |
|  | * A Health and Wellbeing Board will be established on 16/11/16 at the Orleans Gallery and all are invited to attend the Listening Event. This will comprise of 3 workshops covering accessible care, proactive care and co-ordinated care. – actioned   *Expected launch of strategy. Instead part of continuing consultation process. Team expressed a desire to return to Your Say.*   * FFA Survey – Cathy Maker will discuss any updates with Alan Benson.   *Survey will be refreshed and issued in the New Year*   * AB will contact Zac Goldsmith and offer to participate in any proposed Hustings. * CM is researching new initiatives for the next round of funding in 2017. * Group to approach RHP and request from them a statement on how they define ‘hoarding’: - actioned   Quote from Tom Way RHP: the risk of fire is of paramount importance to RHP and must always take priority over other concerns. I represent RHP at a monthly panel (VAMA) chaired by Lyn Wild (Head of Assessment at LBRuT) where high profile hoarding cases are discussed at a multi-agency level.  *Disconnect between meeting with RHP and the policy and needs to be taken further. GB to chase. Is the policy a standard document?*   * Outreach GP should be invited to Your Say Meetings to provide advice surrounding Healthy Lifestyles.   *Is having a guest speaker in a model to adopt for future meetings? Organise with primary care team.*   * The Group to consider whether it should develop into a Forum to help people identify ability and opportunity rather than be defined by disability – take forward * The Group could facilitate links between healthcare advisors, consumers and employers – take forward | CM/AB  AB  CM  GB  ALL/AB  ALL/PL  AB | NM  NM |
|  | **Colin Morris from DWP** |  |  |
|  | **DWP Partnership Support Manager West London**  **Colin Morris spoke about PIP and the application process. Questions were raised by many attendees. As summary of the discussion and questions follows.**  Anyone turning 65 years of age on or before 6th April 1948 will still receive DLA for the time being.  **Important:** reassessment claim form is a random process. When sent letter not everybody will be called for an assessment – it is recognised that those with ‘fluctuating conditions’ will be subject to a medial assessment and will be assessed by practicing NHS staff. There is a medical system that assessors can ring through to receive medical advice on the presented condition if they do not have any existing knowledge of it.  **Letter:** ‘You are invited to claim’ – it is an invitation and they will not change the wording.  **Phone call is crucial after receiving the reassessment letter:** if letter is ignored they will receive a reminder – if both ignored within 6 weeks DLA will stop. Can still make a claim after DLA has stopped to PIP, but no seamless transfer.  **Mental health:** if aware they may offer a home visit if they haven’t taken up the application. Would not provide a home visit for everyone.  **ME Group:** some people are too stressed, tired etc. to take part in the reassessment process and therefore do not take the option to reassess  **DWP visiting team:** referrals have to come through an organisation and they can then provide a home visit to help fill out the reassessment form. It is available on the internet for advisers to view but, it cannot be used as claim form as they are all individually bar coded.  **Appointeeship:** if someone manages affairs for the claimant, DWP will deal with the appointee. Appointeeship is a formal process just for DWP benefit purposes. A non-appointee can make the phone call and/or help the claimant fill out the form, but the claimant must sign the form. When it goes further the individual will have to go to an assessment and communicate themselves unless they have an appointee who can speak on their behalf.  **Newsletter:** has information about the claim forms etc. they are also available on the Gov.uk website (PIP toolkit) within toolkit there is an example of the claim form and a breakdown of all the points for all 17 criteria – extract to be circulated – example of assessments and reports  **Medical records:** may not be a need for them depending on the circumstances. Any pre-existing evidence of the condition would be useful to have a copy of. You can supply discharge letters, doctors notes etc. as evidence with the claim form. Care plans are appropriate as evidence. Keep material as up to date as possible – the more up to date evidence the better. Two years medical history is the normal evidence that they look at. Diary of symptoms is also evidence.  **DWP *not* suggesting to ask doctor for a letter:** organisations around other boroughs suggest/encourage letter (if individual hasn’t got any up to date medical assessment/records). If the assessor feels requesting a letter will be enough evidence not to assess they will request and they will pay for it.  **Points system**: to get an award of either component (daily living and mobility) you need at least 8 points to receive the standard rate, 12 and above for enhanced rate for either component. If an individual lacks of verbal communication it will give you 12 points outright.  **Physical assessment:** Moving around judged on the ability to walk 20 to 50 metres. Will also be assessed on ability to making a journey (planning and making to an unfamiliar place).  **Blue badge:** will have to have at least 8 points from the moving around criteria. Blue Badge is unconnected to PIP.  **Supported accommodation:** will receive mobility element but not the everyday living element if living in most supported accommodation premises.  **Indefinite awards:** no one will get an indefinite award of PIP – maximum is 10 years and they will then have to reapply. There have been cases of ATOS asking for early renewal – but there is no answers as to why. DWP will send RS a review form.  **Reassessment:** DLA carries on during the process  **Mandatory Consideration:** a different decision maker to the one who made the original decision will look at claim and then if this does not change the award then it moves on to appeals stage  **Tribunals:** DLA will stop and no PIP will be paid until outcome of tribunal.  **Assessment appointments:** can change appointments if offered one that is too far away and can request a home visit. DWP may ask for evidence supporting a home visit? DWP will pay for taxi fairs with prior notification.  **Universal Credit:** if on ESA do you need to sign on to get it? Not going to occur until at least 2020 for existing ESA claims. DWP will introduce a ‘light touch claimant commitment’, claimant could get a call from a job coach to find out how they are. Income based JSA, Income based Employment and Support Allowance, Income Support, Working Tax Credits, Child Tax Credits and Housing Benefit will become the one benefit, Universal Credit. In March 2018 Richmond, Kingston and Wandsworth due to go on full service for NEW CLAIMS and not existing. Hounslow already on it.  **UC:** will be paid monthly and not fortnightly. Personal Budgeting Support will be available to help people with budgeting on a monthly basis. There is also a process of having rent paid directly to landlords if it is deemed necessary.  **UC:** many different rates of benefits  **Q&As:**  PIP: will I know when I will receive a phone call? No, but can send claim straight to assessor if do not want to discuss over the phone  PIP: the reliability rule – no one has taken notice of this? If you come across an assessment that you feel is inaccurate the DWP will chase it up with ATOS  Will see if 6th April 1948 can be put on the letter. |  |  |
|  | **Disability Hate Crime** |  |  |
|  | Take forward to next meeting | AW/ALL | NM |
|  | **High Street Access Audit** |  |  |
|  | Group to visit and look at the access issues in high street premises (steps, hearing loops, space inside shops, guide dog access). Write to each of the shops with findings and ask them to make improvements.  Deaf awareness  Not just auditing but making them change.  AB has a contact who is a campaigner – she is only available on Fridays and weekends. Hold a planning meeting to discuss where to go for greatest impact. | AB | NM |
|  | **Health Forum** |  |  |
|  | Take forward to next meeting | AB/ALL | NM |
|  | **Employment Forum** |  |  |
|  | Take forward to next meeting | AB/ALL | NM |
|  | **Mobility Forum** |  |  |
|  | Potential date Jan 17th 2017.  SW trains to talk about expansion developments and various stations. Patient Transport (AB to find contact).  Motability to talk about what happens when you lose enhanced rate of transport and have no means to travel. | GS,PL,AB | NM |
|  | **Any other Business** |  |  |
|  | PIP – the information on the website can be altered include on document that this is a ‘living document’ and can be updated. | KC | NM |

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| **Dates of future meetings** | **Ruils Staff Support** |
| 26th January 2017 | Cathy Maker |
| 23rd February 2017 |  |