



Income Support Scrutiny Panel

Family Nursing and Home Care (Jersey) Inc

Response

27th February 2009

P Massey, Acting Chief Executive Officer
J Hinks, Team Leader, Home Care Support
J Le Ruez Lane – Team Leader, Community District Nursing
A Cook – Finance Manager

Income Support Scrutiny Panel

Family Nursing and Home Care Hearing

Income Support 1 Year On

1) Please outline your roles and position

Pam Massey – Acting Chief Executive Officer

Andy Cook – Finance Manager

Jean Hinks – Home Care Support Team Leader

Jane Le Ruez Lane – Community District Nursing Team Leader

2) What impact do you believe the change to the Income Support system has had on former welfare clients?

Individualised support from the Parish welfare offices

Utilising other charities and organisations more for one off grants, as there is now no Parish support.

General consensus from elderly population is that they felt less well off.

Clients have felt that the medical component has been averaged out. For high users they find themselves less well off and to identify their changing need means they have to fill out further forms etc, and some do not have the ability or have an advocate to negotiate and do this for them.

There is little understanding by anyone of how the HMA account works.

Health professionals who had clients that were in receipt of HIE knew what benefits these clients were entitled to. Now as the income support is lumped into one sum and is reliant on the patient themselves to fill in the medical component form, the health professional has no idea what payments the person receives. In many cases the client doesn't know either. Data protection prevents any enquiries on the client's behalf.

Former welfare clients who now require FNHC services have to find the membership fee. Many of the clients state they are unable to pay and decline the services offered.

Special payments previously provided for some people by the Parishes have not been picked up by the IS system, e.g. help with heating bills, buying a delivery of logs, paying the meals on wheels bill.

Help with Parish rates, previously paid each year for people on low income, now has to be budgeted from the IS payment. This also applies to people on low income who were having there full rent paid

Clients report that the mobility element of IS does not equal the DTA and they are having to cut down on the number of social events

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3) Please give us an overview of how you see the Income Support system one year on?

There is work in progress however there are still gaps. It has underestimated the work that Parishes do.

Application form is confusing and time consuming. Most people need support for completing the form. This responsibility often falls on our health care professionals and colleagues who visit clients in their own homes, as there is no one else available to assist them. Clients have reported that they find the letters informing them of changes to the payment particularly difficult to understand.

Natural fear with clients about revealing personal information and some of the questions are very subjective and depending on the personality of the client they can minimise their care needs others may overestimate.

We have had reported some clients have just been so overwhelmed by the pack that they have refused to complete.

Supporting evidence that is required ie. bank statements has proved very difficult for some clients to obtain. The question asked about personal assets such as jewellery is a particularly difficult question for most people to answer.

Time expectations for completion of the form is unreasonable and the time delay in agreeing funding needs to match changing needs.

Minimum time to access payment is currently standing at 11 weeks.

Expectation that need for care will exceed 6 months – many would need shorter periods of help but quickly e.g. following a simple fracture.

Clients report that they are finding the SS staff give conflicting advice; some have to make numerous visits and have felt distressed and upset by the experience.

Clients who request help are told they must visit SS (no appointment system is available).

4) What impact has the Income Support system had on supporting individuals in the community?

Regarding Home Care, we have documented evidence of two clients who clearly required social care. Arrangements were made for care delivery however income support was refused and the client therefore refused to have the services as they were unable to pay for this themselves.

Some clients have the expectation that as care givers we should have a working knowledge of the income support system and have some decision over it.

Increased referrals are made to Social Services to enable a financial assessment and application to income support. However, Social Services staff state that this is not within their remit.

The general impression from FNHC staff is that people feel worse off under the new system.

5) What feedback have you had on the impact the new system has on individuals' families?

FNHC are still supporting financially the total cost of safety equipment for families in need, this is assessed by the individual health visitors.

Child & Family Services have identified that mothers working on a night duty job are not entitled to the child care component which would pay for a crèche. Westmount Nursery are aware of this problem and have flagged it with Social Services however the system has not changed.

Feedback from some clients who have their elderly relatives living with them is that the expectations of for the family to provide the care and financial support as the elderly person is not assessed an individual; it is via the total household. There is no carers allowance for the family to care for their elderly relatives.

Families feel worse off if they are acting as informal carers.

Family members who have helped relatives previously now have difficulties supporting them as the SS staff cannot disclose details to the family member.

6) Have the billing issues for client memberships and medical supplies now been resolved?

Initial problems with how to "transfer" former HIE clients into the IS system are now mostly resolved. Key to this has been the development of specific contacts and relationships between staff at FNHC and SS.

However, other issues have arisen, in particular differences in the time period to settle Home Care accounts to Medical Supplies accounts. Home Care accounts are settled two to three weeks after being sent out. This is exactly what we would wish for and means that if there are queries; they are current and easier to sort out. Medical Supplies accounts may take up to four months to settle at which point if there are queries we are trying to resolve something that is months old. At the current date we are still waiting for December 2008 settlement.

7) How have the clients who never used to receive bills under the former welfare system coping with the new system?

In general, we do not know which clients receive IS and those that do not. Therefore we can not give a quantified response. However, what we can say is that our finance department has not noticed any unusual rise in queries in respect of clients receiving bills directly.

8) What is your total client base and how many clients do you have that are paid for by Social Security?

We record clients under three principal categories; District Nursing, Child & Family and Home Care. Each category is further analysed to provide the Statistical Report that is then made Public. An initial review of the processes involved in compiling these Statistics at the end of

2008 revealed that there were some fundamental process errors. These errors appear to have been long standing and are likely to have overstated the number of FNHC clients – particularly in respect of Home Care services. The Committee of FNHC has charged its Finance Department to thoroughly review these processes and to bring forward recommendations in order to ensure the integrity of our data and its usefulness. We are required to report back to the Committee by April 2009.

In respect of the number of Clients that are paid for by IS you will appreciate that we are not aware of the total number as IS deals directly with the client, after which the client settles their account with us. However, what we can state is that under the HIE structure, we recorded circa 1,000 HIE members on our Membership Data Base, i.e. the Parish paid for their Membership. Currently, we have 301 individuals for whom IS make payment to us directly for Membership. It is important to recognise that we do not know the number of individuals who themselves receive funds from IS with which they then pay FNHC.

9) Are you aware of clients requiring your services that are not covered and not able to pay for the service they require?

We do no financial assessments so it is difficult for us to evidence this. However we do know that there are clients who have turned down the services based on the outcome of not getting income support.

10) What structures are in place to ensure that vulnerable clients are provided for?

FNHC's ability to assist in providing a safe guard to vulnerable clients has diminished since the move to IS. This is because under HIE the Parish's were happy to deal direct with FNHC, whilst under IS only the client can make application to IS. However, where an issue does arise, e.g. where a client indicates to us difficulty in meeting their debt, we provide as much guidance as we can. We strongly encourage them to approach SS if they have not already done so. The Finance department will try to provide basic information on what a client needs to do etc. And I am aware that clinical staff will try to provide basic assistance, where they can, on the completion of application forms. Something that might be useful would be for some of our staff to attend a coaching session from SS to ensure that we are providing appropriate advice.

Open access to SCAT, telephone contact and follow up visits provided if appropriate. If appropriate, referral to Social Services is made with agreement from the client.

11) How do you feel Income Support is addressing poverty issues?

Systems don't support catastrophic events in people's lives if they do not have 5 years residency and housing remains an issue. There is also no emergency housing for people who do not have their qualifications. The main charities are required to support these people in crisis.

We have some evidence that IS has reduced the amount of payment people were receiving under the welfare system and this has meant clients have cancelled Meals on Wheels and turned down their heating as they are no longer receiving help with the payments.

We have some evidence that benefits paid to some carers is reduced under IS and the families have had to ask FNHC to receive subsidised care from the charity.

Clients have reported to staff that they have to be cautious about which components they claim for as to receive one reduces the benefits of another – in the event they can receive less as a total than before they made the additional claim.

12) Have you faced any funding problems due to bad debt or is there an issue with regard to bad debt for medical supplies, home care or membership as a result of the new system?

There have been a number of relatively minor cases of Bad Debt due to the new system, for example where a client acknowledges they have received funding from IS but has then spent the funds on something else. Whilst these are highly unfortunate, they are minor and do not create a situation any different to any other trading organisation.

At the start of the introduction of IS, FNHC was going through a process of change itself, onto a new accounting system – J D Edwards. This was a difficult transition time for FNHC and there were a number of former HIE clients that were not properly transferred to IS in 2008. FNHC chose not to penalise these clients and has, in effect, wavered their Membership funding in 2008. As these early day finance issues are now resolved, it is likely that some of these clients will be picked up by IS in 2009. Thus far, the development of personal relationships between the two organisations has meant that these individuals have been dealt with fairly and timely, and we hope that this will continue.

In respect of Bad Debts due to medical supply accounts, the introduction of JDE to FNHC has provided a significant improvement in FNHC's ability to properly manage debtors. Comparisons to pre IS/JDE are therefore unreasonable. However, it is important for us to monitor the situation going forward and to advise if there is any material change in the situation.

13) How efficient is the process for your organisation with regard to claiming for supplies for patients requiring wound care?

Claimed via the medical component. Unable to establish whether the full cost of the dressings is being covered by the medical component.

Blister Packs

Wound care needs to be reassessed on a monthly basis, if not before, and changes would continue to follow. Unclear whether assessment of income support follows.

14) How do you feel about the way information on the system is disseminated?

We have the basic contact details and refer majority of complex people to Social Security.

FNHC staff feel that neither they nor the public have a real understanding of the new IS system. Many clients and their families report they are unaware how the new system works and what they are entitled to, they do not easily understand the information and many require help from FNHC staff.

It is a real disadvantage that the forms have to be collected from the Soc Sec department. Due to the size, returning by post is an issue. The system severely disadvantages those people with poor mobility and/or no transport. Clients can incur a round trip cost of £26 or greater if they need to use a taxi to pick up or return the forms – this is not reimbursed.

There are no appointments at the SS department so this results in queuing. It is FNHC's staff experience that this can take anything between 45mins – 2hrs.

The queuing system is also a problem and, as many people are making a simple enquiry, asking a FAQ, or picking up leaflets and/or other information, FNHC staff wonder if this could be handled by the reception staff?

15) What has been the general response in your experience to the original 26 page application forms?

Time consuming and worried about completing the form and will ask for advice from health care workers for assistance.

They assume this application form is for all components when it isn't.

Several case studies where FNHC staff have had to help clients with the IS forms. This often requires staff to visit the department to collect the forms as they also need a 'disclosure of information form' in order to liaise with Social Security on behalf of the client. An estimate of time would be that for each client who requires help with the IS form, a minimum of 2 hours staff time is also required.

Not all the information required for the form was easily available to the client and this had to be obtained from the parish e.g. logs in winter, wound care products.

16) Are you aware of an increased number of people seeking help with the application process or not understanding the system?

Since the new IS system began, FNHC staff have had a consistent number of clients requiring help and support to complete the application form. This number is not reducing as time goes by as most new clients require help understanding the system.

We have clients that are on income support and receive their bill for care from FNHC and call to say they are unable to pay. They are then directed back to SS where they are advised to fill out a form and at present we have a list of clients still awaiting to have their bills met. The staff have reported that they have had difficulty and have been waiting for 2 weeks to speak to Income Support to ask about the status of these clients.

17) Are you aware of any issues relating to HMA's, doctor's home visits?

People including health care professionals do not understand the system of HMA and clients are faced with medical bills that they cannot pay and the process of HMA is unclear and seems not to cover the cost of the medical need.

18) Have you become aware of client concerns over reduced access to their doctors or being concerned over the £5 nominal charge?

Yes, clients report they are worried and concerned about how their medical bills are to be paid. Client will refuse staff permission to contact their GP because of worries about payment.

There is a general atmosphere of elderly people who are reluctant to access their GP's. Professionals can face a dilemma of trying to persuade patients to have a GP visit for a medical assessment against the worry of them not being able to pay for the visit.

We are unaware of the £5 nominal charge.

19) Have you become aware of any trends?

The form completion process is complex for many elderly people or people who are not capable of completing the forms. There is no face to face support which was promised.

This has increased the workload for the district nursing and SCAT.

It is not flexible. People are reluctant to have care instigated before they have got acknowledgement of income support, even though this is back dated.

There are clients who are refusing care who are not entitled to income support. There are clients who refuse to get into the process because it is too daunting to them.

There is a lack of knowledge from Health Care Professionals regarding the process, so they are not able to give information regarding the full process.

20) What do you feel could be done to further improve the system?

Community Benefits office to visit clients in their own homes.

Information/forms from Income Support to clients needs to be in a language that all people, especially elderly, can understand.

In order for short term needs to be met, forms that have been completed need to be turned around and a decision made quickly, as this can sometimes determine if people can accept care.

Increased risk of debt needs to be addressed by better communication between FNHC and Income Support and better access to this service.

More training for Soc Sec staff as we have had several reports they give conflicting advice. Staff on reception to address FAQ's or to hand out leaflets and information.