SOCIAL AFFAIRS SUB-PANEL

OVERDALE REVIEW

WEDNESDAY, 4th OCTOBER 2006

Sub-Panel
Deputy A.E. Pryke of Trinity (Chairman)
Deputy R.G. Le Hérissier of St. Saviour
Deputy S.C. Ferguson of St. Brelade
Deputy D.W. Mezbourian of St. Lawrence
Deputy S. Power of St. Brelade

Witnesses
Mrs. C Vibert (Divisional Manager for Clinical Services, Family Nursing and Homecare)

Present
Mr. W. Millow (Scrutiny Officer)

(Please note: All witnesses and Panel Members were given the opportunity to comment upon the accuracy of the transcript. Whilst the transcript remains a verbatim account of proceedings, suggested points of clarification may have been included as footnotes to the main text.)

The Deputy of Trinity:
Good afternoon, Caroline. I would like to welcome you to the Scrutiny Panel hearing on the closure of Overdale. As you know the panel is in the process of reviewing the ministerial decision to close the 2 continuing care wards up at Overdale and transfer those patients into the private sector. Part of that evidence gathering is to get some information from other sectors, like yourselves. I would like to introduce myself, I am Anne Pryke, Deputy of Trinity, I am the Chair of the Sub-Panel.

Deputy R.G. Le Hérissier:
Roy Le Hérissier, humble vice-chairman to Anne Pryke.

Deputy S. Power:
Sean Power, St. Brelade.

Deputy S.C. Ferguson:
Sarah Ferguson, St. Brelade.

Deputy D.W. Mezbourian:
Deidre Mezbourian, Deputy of St. Lawrence.

The Deputy of Trinity:
And on my left is William Millow, our scrutiny officer. There is a certain protocol. I understand that you have seen and read a copy of the statement? This hearing will be held in public and will be recorded and transcribed, and you will get a copy of it before it is downloaded on the website.

Mrs. C. Vibert (Divisional Manager for Clinical Services, Family Nursing and Home Care):
Thank you.

The Deputy of Trinity:
Part of your current submission to the Scrutiny Panel referred to minimal contact regarding recent changes at Overdale by operational management. We would like to know what consultation has there been with Family Nursing and Homecare regarding the transfer of patients to the private sector?

Mrs. C. Vibert:
There has been no direct contact concerning the transfer of patients to the private sector.

The Deputy of Trinity:
When did you first hear that the patients were being transferred?

Mrs. C. Vibert:
I heard rumours at the beginning of the year, mainly through the Care Federation. They seemed to have heard some rumours that nursing home patients were going to be transferred to the private sector.

The Deputy of Trinity:
So that is the first you heard of it?

Mrs. C. Vibert:
Yes.

The Deputy of Trinity:
Have you heard officially from Health and Social Services that this is taking place and how you would fit in?

Mrs. C. Vibert:
No. I have just been invited on to a meeting at Overdale - I went to the first one last week - and it was mentioned in the minutes before. So obviously I have missed all that. I have now been invited to the

meeting where they discuss these things.

The Deputy of Trinity:
What type of meeting is that?

Mrs. C. Vibert:
It is called a Community and Rehabilitation meeting.

The Deputy of Trinity:
So meetings like that …

Mrs. C. Vibert:
I presume so. Obviously I have only seen the last set of the minutes from that meeting, you know, the first one I went to.

The Deputy of Trinity:
So before that Family Nursing --

Mrs. C. Vibert:
It is mentioned in there, but it has started now, has it not?

The Deputy of Trinity:
So before that Family Nursing Services were not a part of that loop?

Mrs. C. Vibert:
I believe it was mentioned to Karen by one of the managers up there that there were going to be some extra staff and some of them might be able to be used in the community. But I believe they have done, you know, organised something else, another team for those staff to take part in.

Deputy R.G. Le Hérissier:
Although you may not have been given advanced warning, clearly you have been thinking a lot about this since the meeting. Has your organisation assessed how moving a large number of people out of the public sector into the private sector, what implications do you think it has for your organisation?

Mrs. C. Vibert:
Well, I think from our point of view, because it is nursing home patients, and we do not look after nursing home patients in any way other than to give advice, it did not prompt us to make a fuss-- otherwise one would have gone to them and said, you know: "What is happening here?" That is probably why they did not see that they needed to discuss it with us either. What I see as being a

problem, well, it is a general problem of moving any elderly person from a situation where some of them have been for many years because it is a very great stress and strain. I know they are saying that all these patients who are moved are perfectly willing to go, but even though the old wards are considered unsuitable, to these patients it is what they are used to and it is their home. They may have a very nice surprise when they go somewhere else but, you know, that remains to be seen. I do not know what the research is on it or what the statistics are that old people who are moved are inclined to die quite quickly quite soon afterwards. Depending on their age, it is a terrible shock to them.

Deputy R.G. Le Hérissier:
You are quite right that the indirect implication might be that as Health places a lot of nursing care people out it might have to manage, for example, residential care even more tightly than it is now. Of course, it is going to take it all over now for the parishes, so it is essentially going to be the public entry into private residential care. Do you think that might mean that you will be under even more pressure to provide (a) support to residential homes; and (b) even more support in the community?

Mrs. C. Vibert:
Well, the residential homes themselves are not a problem; they have so many beds. What is a problem is they have unsuitable people in those homes, people who are actually nursing home patients. That is what is happening now because people cannot afford to be in the nursing home. They will do anything they can to stay in a residential home and so, with costs building up, people who are on the very edge of needing nursing care will, as soon as they have the slightest thing wrong with them, slip over into nursing care needs. Those are the people that obviously need far more input from us, which is what has happened over the last 2 or 3 years particularly, that the residential homes have far more people in them who have higher dependency and need far more care.

Deputy R.G. Le Hérissier:
They are on the boundary, are they, of nursing and residential?

Mrs. C. Vibert:
Yes, and some of them are over. They are developing a tool at the moment, a placement tool, which you have probably heard about, in Health and Social Services, which we are hoping we can use in the community as well for assisting people at home to decide where they need to go, residential or nursing home.

Deputy R.G. Le Hérissier:
Okay, thank you.

Deputy S. Power:
Can I ask a question on that? Mrs. Vibert, you mentioned the stress levels that can kick in when

somebody is moved from nursing home A to nursing home B. You intimated that invariably some of them die. Is that a --

Mrs. C. Vibert:
I do not think anybody can say that was the reason why they died, but if somebody has lived somewhere for 10 years perfectly happily and then you move them and they die within the next year, it could be.

Deputy S. Power:
Are you aware of any statistical information on that or is it a known thing in nursing?

Mrs. C. Vibert:
Well, you can talk about it in terms of somebody who breaks a leg, fractures a leg, and there is known research on that of - I cannot quote it exactly - but of a certain age, if you fracture your hip there is a high percentage of people who die within a year. That is, yes, because they have had a huge shock and they just do not recover.

Deputy S. Power:
The same thing will apply to move them? Say if somebody is in their late 80s or early 90s and you move them from one nursing home to another, there is a probability that they could die within a year?

Mrs. C. Vibert:
I think so. Well, I say it is my personal opinion.

The Deputy of Trinity:
Just before you go on to your next question, Sean, just talking about the impact on transferred patients, regarding residential homes who have now got dual residency, if Family Nursing Services have been going into the residential home, would you still be going into those patients if they are part of the ...?

Mrs. C. Vibert:
No. They will be in the same home. They have 2 different registers.

The Deputy of Trinity:
So it will not affect --

Mrs. C. Vibert:
If they move that patient from there to there, they are not under our care any more. They are under their own nursing staff's care.

The Deputy of Trinity:
Right, but you still would be there for advice and support if necessary?

Mrs. C. Vibert:
Yes.

The Deputy of Trinity:
Okay, thank you.

Deputy S. Power:
In your organisation's written submission, Mrs. Vibert, you talked about making an offer for areas of redeployment for staff associated with Overdale and you just said that did not really transpire and has not transpired. What areas and offers could Family Nursing have made to the staff at Overdale? How would you have redeployed them?

Mrs. C. Vibert:
Well, it was mentioned to us that they had some occupational therapists that might be able to be used. We did subsequently get funding from a trust for an occupational therapist for the east of the Island, so that may have been the reason why they did not continue because we are starting another one of our own.

Deputy S. Power:
So, as of now, no Overdale staff have been deployed to you or by you?

Mrs. C. Vibert:
No.

Deputy S. Power:
No, okay.

Deputy R.G. Le Hérissier:
Can I follow that up? In terms of staff conditions, Mrs. Vibert, would there be any incentive for them to transfer? Or was it a neutral decision; in other words they will get broadly similar conditions with you as they would with Health?

Mrs. C. Vibert:
Yes, we employ under the same conditions.

The Deputy of Trinity:
And pension plan?

Mrs. C. Vibert:
Same pension and percs.

Deputy D.W. Mezbourian:
Can I follow on please, if I may, Mrs. Vibert, on something that Deputy Pryke just asked you, which was about the nursing care that you may provide in residential homes. In the written submission that we received from Karen Huchet, it said that you are sometimes requested to provide advice on nursing care. Will you tell us what sort of advice you may be asked to provide?

Mrs. C. Vibert:
It may be on wound care or ulcer care, which is a specialty of district nursing. They may be asking some advice about one of their patients. Sometimes we do supply continence pads through the scheme that is followed by Health and Social Services and we would advise on that[1]. So it would be more specialty areas.

Deputy D.W. Mezbourian:
But ulcers that you have just referred to, are they not something that can be fairly common in elderly patients?

Mrs. C. Vibert:
They are common in elderly people but not in the nursing environment. So people who work in hospitals do not come across them a lot unless they are poorly because people live at home with them. So it is something that we look after.

Deputy D.W. Mezbourian:
So how would that apply, say, to Silver Springs, which will be providing its own nursing care? Presumably they would have staff who would be able to deal with such matters?

Mrs. C. Vibert:
Well, they have got nursing staff, yes. I do not know what their specialties are.

Deputy D.W. Mezbourian:
If they needed to ask advice from you, are you able to give a home such as Silver Springs advice?

Mrs. C. Vibert:
Yes, if they ask for it.

Deputy D.W. Mezbourian:
You are able to give advice to any nursing home or residential home on the Island?

Mrs. C. Vibert:
Yes, we would.

Deputy D.W. Mezbourian:
Do you get requests made very often for advice?

Mrs. C. Vibert:
No. We do sometimes.

The Deputy of Trinity:
You talked about the specialities of Family Nursing Services. Can you say a little bit more about them?

Mrs. C. Vibert:
Well, we have a specialist asthma and respiratory nurse who just does that as a part-time post. We have got link nurses in all sorts of fields, in oncology, diabetes. We have a continence nurse and a stoma specialist. Those people have hours to undertake those posts, specific hours. Other nurses do the link nurse roles as part of their ordinary role, and also the tissue viability nurse, which is a specialty of wounds and so on, and pressure trauma as well.

The Deputy of Trinity:
You are a fount of knowledge, really.

Mrs. C. Vibert:
In the community, yes. I would not claim to be a fount of knowledge anywhere else.

Deputy R.G. Le Hérissier:
Have you developed these particular specialities in co-operation with Health and Social Services?

Mrs. C. Vibert:
Yes, some of them we have, yes. Especially the asthma and respiratory is the latest thing, yes.

Deputy R.G. Le Hérissier:
They know where your areas of strength are and you know where theirs are and you can work better as a team?

Mrs. C. Vibert:
We recruit with them, with the managers in some of the cases. We just employed an occupational therapist and that was recruited with the manager from the Occupational Therapy Department at the hospital. The physiotherapist was the same, so we work very closely with them, really, in a lot of areas. I would not like you to think that we do not; we do, but it is just if there is something for some reason, you know, this was not something that they discussed with us.

Deputy S.C. Ferguson:
Carrying on with your written submission, there was a statement that: "Health and Social Services' Strategic Plan re growth in residential care sector has not actively considered the increased demand on care providers such as ourselves." When you were writing that what sort of increases did you think that FNHC were anticipating?

Mrs. C. Vibert:
Because if people who are presently in a long stay ward decide that they do not want to go to another home, they may choose to go back to their families. Presumably all these people now are very, very high dependency and I believe they said that, actually, that they all need nursing care. These are the kind of people who take up hours and hours of care when they live at home, and that is what would mean a big increase in the work that we have to do if some of them chose to do that. At the moment we have 70 people living at home on this level who need this level of care now in the Island that we know about.

Deputy S.C. Ferguson:
Have you any evidence that any of the people who are being shifted around --

Mrs. C. Vibert:
No, I do not. I do not, no. I think the first cohort is probably quite easy to ascertain but I do not know about the others.

The Deputy of Trinity:
You talked about 70. Is that an unusually high number or is that about average that you have in the community?

Mrs. C. Vibert:
It is about average for what we are carrying out at the moment.

Deputy D.W. Mezbourian:
If it is average, is it a number that you are able to cope with? Is it a manageable figure for you?

Mrs. C. Vibert:
Well, now it is. It is manageable now. In terms of home care we are running absolutely constantly chocker-block and in district nursing very similar figures.

Deputy D.W. Mezbourian:
What is the difference between home care and district nursing?

Mrs. C. Vibert:
Well, in district nursing they give nursing care; home care give personal care and some of them who are trained to that level - NVQ2, NVQ3 - undertake simple medical and surgical procedures under the direction of nurses. So in terms of the majority of what we call social care, where you are washing and dressing, attending to people's normal activities that they undertake every day - you or I would do and other people cannot do - are undertaken by home care staff. We have 2 areas in home care. We have got home care assistants and we have got health care assistants. Home care assistants, the majority of what they do is domestic care and shopping and things like that. Some people cannot even go out and shop for themselves and it is vital that they have that. That is how they manage to stay at home. The health care assistants do undertake the personal care for patients in terms of washing and dressing and getting them up and putting them to bed, that kind of thing. Nurses will be assessing or writing care plans for the other staff and they will be undertaking the majority of the surgical and medical procedures and looking after terminal care patients, where they will do a lot of the work themselves as opposed to the care assistant. They will do the personal care as well.

Deputy D.W. Mezbourian:
That was quite an involved answer; thank you for that. I gather from the response you gave to Deputy Ferguson a moment ago that you are not aware of anyone having opted to return to the care of their family?

Mrs. C. Vibert:
Not from Overdale, no, but it is happening from residential care.

Deputy D.W. Mezbourian:
So from residential care as in homes run by Health and Social Services?

Mrs. C. Vibert:
No, private residential care. In private residential care you are now getting some people who realise that that is no longer enough for their relatives, and we have had several cases where they are trying to bring them home to look after them. In some cases it is entirely unsuitable that they do because they really cannot manage.

Deputy S.C. Ferguson:
It is a financial pressure?

Mrs. C. Vibert:
Well, I think it is a financial pressure that they feel. I mean, most people have not got £50,000-odd a year to pay for a nursing home, it is as simple as that. They are a bit desperate, you know.

Deputy D.W. Mezbourian:
So that obviously is having a knock-on effect on your resources, your staffing resources?

Mrs. C. Vibert:
Well, it is having a knock-on effect that we are not accepting them if they are not suitable. There has to be another way found to finance their care because it is not right for the patient anyway. They would come to harm if they are left alone for hours on end.

Deputy D.W. Mezbourian:
This may be straying off the point slightly, but you said you do not accept them if they are not suitable?

Mrs. C. Vibert:
Well, if we do not think after living in a residential home and being very near to nursing home care that we can provide them with the care they need, and the family, by visiting them 3 times a day - and not at mealtimes either - sort of thing, no, they are not suitable to come into the community.

Deputy D.W. Mezbourian:
So are they being released --

Mrs. C. Vibert:
Unless there is private care put in as well, which does happen sometimes. We do share both.

Deputy D.W. Mezbourian:
So you said you would not accept them if you did not think they would be suitable. Are you saying that some patients are being released into the community from the private sector and not receiving care from you?

Mrs. C. Vibert:
I do not know. If they are not referred to us and people take them home and we do not know of them, we do not know.

Deputy S.C. Ferguson:

But there are cases you know about?

Mrs. C. Vibert:
I have certainly had my district nurse team leaders talking to me about at least 2 cases. I know it is only 2 this year, but about people who are trying to bring them home because of the expense. We believe it is because of the expense.

The Deputy of Trinity:
Just to round up on that point, if somebody from a residential home wanted to come home and you discussed it with the patient's family and you felt it was not appropriate, would that patient be referred to the hospital for continuing care as such?

Mrs. C. Vibert:
Well, you would not just say no. You would not just say: "No, we are not going to take them." Obviously there would be other people involved in the decision: social workers and maybe other health professionals and the GP. It is not just our decision; I believe there would be a multi-disciplinary meeting about that patient.

Deputy S. Power:
The follow-through from that would be that ultimately a solution would then be found?

Mrs. C. Vibert:
A solution is always found somewhere.

Deputy S. Power:
So if a family have an elderly relation and that elderly relation for financial reasons has to come out of this residential home that the elderly relation is in, and your organisation makes a value judgment that in your professional opinion that person has a high level of dependency and it is not suitable for that person to come back to this family unit, what will happen then is a solution will be found with your input, social workers …?

Mrs. C. Vibert:
The financial solution is one that the social workers deal with.

Deputy S. Power:
Right, but ultimately a solution is found?

Mrs. C. Vibert:

Yes.

Deputy S. Power:
In your experience this year, 2 cases have come to light or roughly 2 cases?

Mrs. C. Vibert:
Yes, roughly 2 cases that we have had. I mean, it may be that people's houses get sold and things like that.

The Deputy of Trinity:
Thank you. To carry on with the submission, Karen refers to numerous proposals regarding alternatives to residential care and these included step-down facilities, rapid response and hospital at home. What do the following measures entail, if we start with the step-down facilities?

Mrs. C. Vibert:
Step-down facilities, Karen was talking about being prepared for ... do you remember Edith Secker as it used to be, where it was people came up, Edith Secker and Chevalier and Overdale, they used to be wards that were -- elderly people or people who have big operations, they went there to recoup. They were given that extra time to be in a hospital environment. That disappeared and Karen was talking about perhaps having a facility where that could happen, where they have what they call bed hoppers, where they are people who really do not need to be in the acute sector any more but there is nowhere suitable for them to go. Or in our case we were very much looking at where our own members were unwell but were medically stable, and so with our own patients needing 24-hour care because they just happened to be 92 and they had flu - because that completely knocks somebody of that age off their feet - just somewhere where they could go and we would staff. We were looking at something like that.

The Deputy of Trinity:
The rapid response?

Mrs. C. Vibert:
Well, we did rapid response about 8 or 9 years ago now. We did it for about 6 months and that was providing a rapid response team that went out to our members. The same scenario where they suddenly were unwell with a chest infection and they were on their own, and we assessed them, we had a physio who came out from the hospital at that time, so it was done with the Health and Social Services. There is research that shows that these elderly people get better much quicker if they are in their own homes and they do not pick up other infections while they are in there. But it was a very tight criteria: if they were not better within 8 days they would probably be admitted because we had a small team. We used to have somebody with them 24 hours a day. Well, we do not have a night service at all after 11.00 p.m. at night generally. We did that for 6 months, but it was quite expensive. They did not want to finance it

any further. It was done as an experiment with Health and Social Services.

Deputy D.W. Mezbourian:
What was the reason for not continuing it? You say they did not want to finance it. What reason did they give you for that?

Mrs. C. Vibert:
Well, it was also a new service and it is like anything else you do to start with, it takes a while for the GPs to come on board and realise you are there, so I suppose they did not think the number of patients we saw was worth the amount of money that it cost. You know, it is something that they have in the UK.

Deputy D.W. Mezbourian:
So they did not give you a specific reason?

Mrs. C. Vibert:
That was the main reason, I think, was what it cost to finance it.

The Deputy of Trinity:
Did you feel it was cost effective?

Mrs. C. Vibert:
For the first 6 months, I think it is unfair to judge it on 6 months, really. It probably was not but ...

Deputy S. Power:
Who made the decision, Mrs. Vibert?

Mrs. C. Vibert:
It must have been the Health and Social Services Committee at the time.

The Deputy of Trinity:
Obviously all these different proposals that we were talking about there has a big implication on your manpower?

Mrs. C. Vibert:
Yes. But if you ask me if I would set one up next week, I would be horrified because we also have a great difficulty now, far more difficulty, with the number of trained staff we have got on the Island. You have to have the staff there to employ and in the last 10 years the number of people that apply for a job that I am advertising now compared to -- I used to be able to pick and choose 10 years ago, but now I am

lucky if I get 2 or 3 because there is not so many trained staff around and they are all getting old, or older anyway.

The Deputy of Trinity:
Do you advertise in the UK?

Mrs. C. Vibert:
We can only bring in district nursing sisters from the UK. I think we would have to. I think we will have to bring in staff nurses if the situation becomes worse than it is now.

The Deputy of Trinity:
So with, like, Silver Springs coming online and their nursing home ward being open, I think they have 9 staff, do you think that has an impact on the amount of people that have applied for jobs that you need?

Mrs. C. Vibert:
It seems to be a different kind of person that works in the residential home. I do not often have people who have worked in a residential home wanting to work in the community. Different type of nurse. They seem to bring them over from off Island anyway. I think a lot of them are supplied with accommodation as well.

Deputy R.G. Le Hérissier:
We have given you the little examination on little concepts like step-down and rapid response. If for the sake of argument we were living in a perfect world - and I have to announce we are not - and you could really steam ahead in a fully fledged sense with these ideas or ideas that in your view could have an impact on nursing and residential care numbers and quality of care, what impact do you think you could have on the nursing area in the Island if you could go ahead with some of these ideas that have been outlined in your report?

Mrs. C. Vibert:
Well, a lot of those ideas would be more about preventing discharge to the general hospital and maintaining people in their own homes[2].

Deputy R.G. Le Hérissier:
Yes, so you would not even get to the nursing care part, is that what you are saying?

Mrs. C. Vibert:
Yes.

Deputy R.G. Le Hérissier:

Yes, okay. You said it is only very recently for this new group, whose name I forget, to which you were invited last week --

Mrs. C. Vibert:
Yes, Community and Rehabilitation.

Deputy R.G. Le Hérissier:
Yes. Who is chairing that group, by the way?

Mrs. C. Vibert:
Mark Littler.

Deputy R.G. Le Hérissier:
Just last week it started?

Mrs. C. Vibert:
No, it is the first time I have been asked to join them, but it is an ongoing thing.

Deputy R.G. Le Hérissier:
Yes, so it would seem logical that where you are looking at the whole continuum of care for the elderly, you should be playing a vital part in those discussions in order to say: "We could offer this. We could mitigate this" and so forth?

Mrs. C. Vibert:
Yes. I can probably understand why they did not because they said: "Well, you know, Family Nursing and Home Care is not involved in nursing homes." You know, to be fair.

The Deputy of Trinity:
You are being fair.

Mrs. C. Vibert:
I am being fair.

Deputy R.G. Le Hérissier:
But yet when you define things like step-down and hospital at home and rapid response, you are arguing you could have an impact on how people move through the system?

Mrs. C. Vibert:
Yes. All of those things will have a strong impact on admissions to hospital and keeping people who

only have a mild illness at home. There is evidence on how well, how quickly people recover in their own home compared to being put in hospital at that age, in the elderly age group.

The Deputy of Trinity:
One of the points in the Strategic Plan is to try and keep more people well at home and Family Nursing Services I would have thought would have had a big input in that.

Mrs. C. Vibert:
Yes.

The Deputy of Trinity:
But that has not filtered through yet?

Mrs. C. Vibert:
Well, you know, we do work together in quite a few meetings, their Sustainability meeting and their Capacity meetings, and we have been asked to join all those this year. So they have had a changeover there as well so everything has changed a bit.

Deputy D.W. Mezbourian:
Do you do any work with Housing to help to keep people in their homes?

Mrs. C. Vibert:
We do meet Housing. I do not personally but one of my staff sees Housing, goes to a Housing meeting. We do work together because we have got a lot of their residents on our books.

Deputy D.W. Mezbourian:
What success do you think is being made with regard to keeping people in their own home for longer?

Mrs. C. Vibert:
Success?

Deputy D.W. Mezbourian:
How do you judge that?

Mrs. C. Vibert:
We have people who have been on our books for 10, 15 years.

Deputy D.W. Mezbourian:
So, by implication, what you are saying is because of the nursing care that you are giving them, they are

able to remain in their own homes because they are being supported?

Mrs. C. Vibert:
Yes, and because they are clean, they are happy, they are well supported, they stay well. Their medication is monitored; somebody notices when they are not well. If you could do that with everybody in Jersey they would all probably stay fit, I think.

Deputy R.G. Le Hérissier:
Yes.

Deputy S. Power:
I want to go back to - we touched on it earlier - consultation between Health and your organisation. I am going to read you a little bit of the review of continuing care and respite care provision. It is on page 10 and it describes the long-term strategy for continuing care as follows: "The development of alternative community continuing care and respite care model in partnership with other stakeholders, for example Family Nursing and Home Care and other independent voluntary agencies, and at a public hearing we had last month answers given to the panel would suggest that the decision to close the 2 wards was a response to a highly specific, important but urgent matter that was somewhat separate from the long-term strategy." What consultation has occurred with Family Nursing and Home Care with regard to the long-term strategy?

Mrs. C. Vibert:
On respite care?

Deputy S. Power:
Continuing care and respite care.

Mrs. C. Vibert:
Well, on the continuing care, no, but certainly on respite care we have been involved in the recent survey they have undertaken. Long-term care, no.

Deputy S. Power:
In relation to consultation with respite care, who is your point of contact?

Mrs. C. Vibert:
Marnie Baudains.

Deputy S. Power:

Marnie Baudains? Right.

Mrs. C. Vibert:
Yes, Marnie led that respite care evaluation. There was a questionnaire and we have had the report just recently.

The Deputy of Trinity:
Is that the one?

Deputy R.G. Le Hérissier:
No, that is the more specific one.

Deputy S. Power:
Have you seen this one, Mrs. Vibert?

Mrs. C. Vibert:
No.

Deputy S. Power:
You have not seen that one? Okay. So in terms of respite care the point of contact is Marnie Baudains?

Mrs. C. Vibert:
Marnie Baudains led it, yes, and they have produced the results of that evaluation. This is the draft consultation report, so she has done a report on the future of respite care. They consulted everybody you could think of on that one, yes. It was good, yes.

Deputy D.W. Mezbourian:
Could we just refer back to the review that Deputy Power referred to a moment ago, the review of continuing care and respite care provision? He read out part of it about the development of alternative community continuing care. What role would you anticipate Family Nursing and Home Care taking in the strategy to develop that alternative community care?

Mrs. C. Vibert:
Other that what we do already?

Deputy D.W. Mezbourian:
Yes. Are you able to see another role for yourselves in helping to develop the strategy?

Mrs. C. Vibert:

Well, the other facilities or the other services that Karen has spoken about, they would all be useful things to have to keep people in the community. Other than that, you increase the number of staff that we have working for us so we can do more than we do now, which is obviously going to have to happen because of what is going to happen in the next 30 years, presumably, you know, with the ageing population.

Deputy R.G. Le Hérissier:
Building up on Deirdre's question, when did the discussions start in earnest with Health about the changing demographics? When did you really feel people were really starting to take this issue seriously and all the detailed planning was starting?

Mrs. C. Vibert:
Well, in the last 5 years because we have been looking at the strategies towards the older person and that kind of thing. We have been going through this dip at the moment and it is just starting to go up again now, dip in the population where it stays stable. But it is now going to rise quite quickly.

The Deputy of Trinity:
As an organisation, do you have great concern about if the Island is ready to meet the needs of the rising elderly population?

Mrs. C. Vibert:
I do not think we are at the moment, but that is my personal opinion. I do not think we are at the moment because I think we are struggling now. We are struggling, we are full up now, the hospital is always full up, you know. It is a worry, it is a stress. It is a terrible stress and a strain for all the staff too.

Deputy S.C. Ferguson:
The fact that the Minister is only just starting to talk about primary as well as secondary care, obviously you have a fair input into that, have you not?

Mrs. C. Vibert:
Yes. Well, we do the majority of primary care nursing, the majority on the Island.

Deputy S.C. Ferguson:
Presumably you feel that you have a lot more useful input you could put into it, but are they asking you about it?

Mrs. C. Vibert:
I would say on most levels, you know, the level that I work with, with operational managers and

everything, we work very well together and the situation has improved in the last year.

The Deputy of Trinity:
They are listening to what you are saying?

Mrs. C. Vibert:
They do, but it is as though they are sick of hearing it. **[Laughter]** You know, you can see them going: "Oh, no, I do not want to hear that again."

Deputy D.W. Mezbourian:
What else do you think could be done to make the situation improve?

Mrs. C. Vibert:
What could be done? I think the main trouble is the lack of understanding as well by people who do not work in the community that it is different. Do you agree?

Deputy D.W. Mezbourian:
Yes, I do.

Mrs. C. Vibert:
I believe they are putting a group together at the moment called the Community Liaison Group at Overdale, and I would say: "Well, I do not know much about it yet but, you know, who are they, what are they and what are they trained in? You know, how are they trained?" Because in the UK the community nurse *per se* seems to be disappearing anyway. They think one type of training can achieve everything. The philosophy of having a nurse who works in this side of the hospital, can go down and work in Accident and Emergency and be as good as somebody who is in Accident and Emergency, seems to prevail a little bit. It certainly prevailed last year at the hospital. But, you know, they do not. You see them time and time again, people who are not used to community, they just think differently because they are used to the ward. It is lack of understanding to a certain extent and there is a bit of "them and us" about what we do and what they do, you know, because we are not the same organisation.

Deputy D.W. Mezbourian:
As you - Family Nursing and Home Care - are aware of this community liaison team or group being put together, would you consider approaching them?

Mrs. C. Vibert:
Yes, I am going to ask them about it.

Deputy D.W. Mezbourian:

Yes, to find out more about it and perhaps even sit on the committee or whatever it is?

Mrs. C. Vibert:
Well, I may find I am there now, but I am not sure about being in that meeting but I will find out some more about it.

Deputy D.W. Mezbourian:
So how have you heard about it?

Mrs. C. Vibert:
I just heard the name being used as a community liaison group. I just heard that they are setting it up. I just need to know a little bit more about what they are going to do. Then you get a bit of overlapping and you have sort of 3 groups going in, this kind of thing. They seem to be coming out from the hospital themselves with their own groups now. If it is occupational therapists and physiotherapists, I do not have a problem with them because that is their job. They are very good working outside their base, outside the hospital. But they are trained to do that; they understand people's needs... it is different in hospitals. You cannot tell people what to do so much in their own home, you have to work with them. You have to look at the whole family and the dynamics.

Deputy S.C. Ferguson:
I was going to say if you could wave a magic wand, how would you like to see the whole thing organised? **[Laughter]**

Mrs. C. Vibert:
I am not saying I could do it any better. I think the whole secret is communication, there is no doubt about it. It does help. Maybe if we had been involved we could not have made any difference, but at least we would know that, would we not? I think unfortunately a lot of what people do in Health has got to be driven by the financial implications of what they do, really. We need to work together. We need to do it together and as closely as we can because I feel we are seen as, you know, keep them down, you must not get too big, no more posts. It is financial as well, you know, it is financially driven.

Deputy S.C. Ferguson:
I was just going to say except that it is a great deal cheaper to keep people at home than it is to shuffle them off into either residential or nursing homes.

Mrs. C. Vibert:
Absolutely.

Deputy R.G. Le Hérissier:

One of the interesting issues that arose in that most interesting debate about the financing of family nursing of 18 months ago, of which we were willing participants, was if you get the vast amount of your funding from the States and yet you are very active in promoting a certain approach to health, to what extent does that sort of neuter you, so to speak, and prejudice your ability to be able to speak out on community nursing issues?

Mrs. C. Vibert:
Well, I do not think people mind what they say very much in our organisation. I think the Director speaks out.

The Deputy of Trinity:
Just one last question, we have been looking at the Nursing Agencies Law 1978 and it is about nursing agency, which means: "The business whether carried out for gain or whether or not carried out in conjunction with any other business supplying persons to act as nurses but does not include a business carried out by any district nursing association" so obviously you are exempt from any of the nursing ...?

Mrs. C. Vibert:
Yes, that law does not apply to us.

The Deputy of Trinity:
Do you have any regulatory body?

Mrs. C. Vibert:
Do we have a regulatory body? The NMC.

The Deputy of Trinity:
For registered nurses?

Mrs. C. Vibert:
Registered nurses, yes. We do not have a regulatory body for health care assistants, although the NVQ3s now can belong to the NMC. We strive at great levels to follow best practice and we have done all sorts of things in the last year or 2: data protection and health and safety. We try and follow best practice absolutely.

The Deputy of Trinity:
Thank you very much, indeed. Thank you for coming and being very open and frank with us.

Mrs. C. Vibert:

Thank you very much.

Deputy S. Power:

We do not have a magic wand either. **[Laughter]**

---

[1] Mrs Vibert has clarified that the sentence should refer to a scheme ‘financed by Employment and Social Services’ rather than “followed by Health and Social Services.”

[2] Mrs Vibert has indicated that the word ‘discharge’ should be read as ‘admissions’.