

STATES OF JERSEY

Health, Social Security and Housing Sub-Panel Long Term Care of the Elderly Public Meeting

TUESDAY, 29th JULY 2008

Panel:

Deputy R.G. Le Hérisssier of St. Saviour (Chairman)
Deputy A. Breckon of St. Saviour
Deputy J.A. Martin of St. Helier

Witnesses:

Mr. M. Pollard (Chief Executive, Health and Social Services Department)
Senator B.E. Shenton (The Minister for Health and Social Services)
Mr. J. Le Feuvre, Health and Social Services Department
Deputy P.N. Troy of St. Brelade (Assistant Minister for Social Security)
Ms. S. Duhamel (Policy Director, Social Security Department)
Professor J. Forder (University of Kent)

Deputy R.G. Le Hérisssier of St. Saviour (Chairman):

First of all it is a scrutiny panel of the Health, Social Security and Housing group, chaired by Alan Breckon, although I am chairing this particular study. So, Alan is in the audience, Judy Martin is on the panel as well, and if necessary they will come up for questions when we move into the questions session. The fourth member of the panel, who cannot be with us at the moment, is Sean Power. So if any of you live in St. Brelade make sure you give him a good earwiggling as well. This panel is looking at long term care for the elderly. There is a very big paper out, which some of the gentlemen here can talk about later, called New Directions which is meant to set a whole new direction for the Health Service and indeed the social services of the Island and that would set a whole direction for the future. We were going to look at that but for various reasons, partly to do with the change of Health Minister, partly to do with the Health Department wanting to do more work on the figures, on the sums of money involved, that has been delayed. But our panel for a long time have been waiting for New Directions so we said we are going to look at one or 2 areas in more detail and

one of the areas was long term care of the elderly. So we said: "Okay, we have not got the big study available yet", although there is a general understanding as to the direction it is going to get in and you will get some indications of that tonight. "We have not got that big approach but we really think this is building up to be a massive issue and it should be looked at." So that is why we are looking at it. It is all issues that you are familiar with. It is all obviously to do with what you keep hearing on the television and what you see on the papers about the demographics involved, about the fact that there is more care needed as we get older within that last period, that we need - and you have seen a lot about this recently - different kinds of housing and how we analyse the kind of housing we need. So that is another issue and, of course, an issue that often presents itself to people is if an elderly relation of ours, a mum or dad or anyone, has to go into residential or nursing care, or indeed both, who is going to pay for it. As you know, under the parish system which has just gone, although there was some variation in parishes as to how they dealt with it, it often meant putting a lien on property. In other words it often meant saying: "We will take the money from your property when the person passes away." That is a highly, highly controversial idea. There are ways around it and one of the most interesting ways which we may hear about tonight from the Health Department is the insurance scheme being run in Guernsey. We have been studying that and it is a very interesting scheme. That seems to give peace of mind to people, it spreads the risk throughout society and it does not need sort of sudden decisions. As you know, and I understand it is the same in our sister island, property is a very emotional as well as a very practical issue with people and who inherits the property. So we will be looking at that as well. What we are going to do is we are going to get presentations to set the scene. They will not be too long but I am sure they will be to the point and very clear and then we will simply open to a general session. As I said earlier on the radio, the discussion can flow in various directions. It can be hearing your personal experiences or what you think are the kind of policy issues and the general issues that people have discussed that you may wish to talk about. So I will very quickly introduce the whole panel to you and then you will obviously hear more from them as they address us. First of all we have Mike Pollard. Mike is the Chief Executive of the Health and Social Services Department. Then we have that exceptionally shy gentleman, Senator Shenton, who is the Minister for Health and Social Services. Then next to him we have Deputy Peter Troy and he is the Assistant Minister of Social Security, very interested in issues

like the insurance scheme which I have just talked about. Next to Peter is Sue Duhamel and Sue is the Policy Officer at Social Security, so if we get any strange ideas like a new insurance scheme she will be very involved in developing that. Then we have James Le Feuvre and James is the person from Health who is responsible for the whole pushing of the New Directions paper, the one which is behind this but which at the moment we have not fully seen. Next to James is Professor Julien Forder and Julien is the advisor to the scrutiny panel. He is an economist who is predominantly based at the University of Kent. So we are very pleased to have him. Then we have got Charlie Ahier who is a scrutiny officer and Rebecca who is a scrutiny support person. So thank you all very much. To start the proceedings we will hear from Health. You can start booing at about the 12-minute point because we have advised everybody to try to keep to about 10 minutes. We will not take questions immediately after. We will wait for the 3 presentations and then we will take questions and we will obviously allocate them to whoever seems ... or comments. If it is just a comment obviously we will hear that as well. First of all I would like to ask the Health Department if they would like to make their presentation. Thank you.

Mr. M. Pollard (Chief Executive, Health and Social Services Department):

My name is Mike Pollard and I am the Chief Executive of the Health and Social Services Department. I am very proud to have that job and I have been working with many colleagues in the States to develop a new strategy that will deal with 3 things. The first thing it will deal with is public health, to improve healthy lifestyles, to deal with the obesity agenda that we suddenly find ourselves on the front of the J.P. (*Jersey Post*) yesterday, dealing with chronic disease, and, thirdly, looking at how we do something which is very, very important which is to care for older people and, more to the point, to ensure that older people enjoy independence in their older age. That to me is extremely important. We need to be very clear though, and I suspect this might be a theme that we may wish to develop, about what actually an older person is. What is the age, for example? I remember on my 50th birthday I got a mail shot, I do not know where it came from, to join Saga. Some of you may have received the same mail shot at a particular time in your life. The concept of sheltered accommodation seems to be 55. Many of our colleagues in the world of pensions tend to use 65 as some form of important milestone in a person's life. In the health

and social care world we tend to use the age of 75 as defining an older person. So it will be really very interesting as we proceed with our debate this evening to always bear in mind that we are talking potentially about different age groups. The second thing I would like to say is that older people are very courageous people. They have probably had experiences that younger people have never had. The first is they are likely to have lost friends; they are likely to have lost a partner; they are likely to have suffered poverty because there is a relationship in society between old age and poverty; they may have had to experience loneliness and all of the illnesses that come along with that. Again, because there is a high correlation between age and illness, they are likely to have suffered, and continue to suffer indeed, a disability. So older people are very proud and very courageous people who have carried a very big burden through their later lives, and that is really important to say. I am very proud of the work that we are involved in to try and maintain something that older people always wish for in their older age which is to remain in their own homes. To remain in one's own home is a marketer's dream and the reason for that is because (a) it is where everybody wants to be in old age and (b) it is the cheapest place to keep them. So I would just like you to bear that in mind for a moment. All older people, whenever they are questioned, want to remain independent in their own homes surrounded by their material goods that they have come to know and to have their friends and relatives. So to keep people in their own homes, to repeat, is very, very important. This is a very important graph. What this tells us is the challenge that we have to seek to meet those wonderful objectives which I have sought to sketch out to you this evening. What you need to bear in mind is the large kind of grey period on there which demonstrates to us those aged 75-plus who will be living longer into old age. You will see down here that we are looking at a period some 25 years away, something like that. We will see that the ageing of the population is very clear. Jersey has got some very, very good statistics, I have to say, so these figures, we need to say, are very, very accurate. Some other countries have not got the level of accuracy that we have. Please bear in mind these are very, very accurate figures. What we see then is that there is an increase in the older cohorts, the groups of older people. You will see the red and what that tells us is that the red is those who are economically active. They are earning wages and salaries and doing productive work and that, of course, is the group of people in society who pay the taxes to fund public services. So you will see that the problem is that the number of older people, and

many of them requiring care, increases just at the same time as those who are active economically in society are reducing. That is a big challenge for Jersey; it is a big challenge for Guernsey. We have been talking to Guernsey today; it is a big challenge for them. As Roy has said, it is a big challenge for every single developed country in the world and, funnily enough, it is a big problem for newly emerging countries like India and China. So if I could ask that the slide be moved on a little bit. Not to detain you on these but this is the important concept that I would like to leave you with this evening as my little presentation comes to an end, and I am mindful of the time. In our language we talk about 2 particular lines and all of our panel members will be very familiar with these 2 lines. You will see that one is called the doomsday scenario, the doomsday trajectory, and then there is a desired trajectory. What this looks at over a 25-year period is that on the red line this is where most societies are at the moment. We are spending more and more money because we do not have a coherent and well formulated plan to tackle the health and well being agenda over the longer term. That red line is meant to represent figuratively what is happening to health and social care expenditure in the Island but to be honest - I am sure Professor Forder would say this - those lines are very familiar to him from many countries that he has looked at, at the risk of putting words in his mouth. That red line is not the place to be. That red line says that the highest cost is equal to the worst outcomes because that is untreated morbidity, illness in longer term care. What we need to do as a society, I would suggest and it is very clear, is that we need to start to invest early in dealing with some of these long term problems and we need to get on to the green line. The green line we see as the desired trajectory. It is the line where any society wants to be. What you do is you get a lower cost in the longer term for the best outcomes. So you are faced with either the highest cost and the worst outcomes of health or the green line, the best outcomes and least cost. You will notice something about both lines, they are both going up. Okay? They are both going up. There are no lines in any Western society that I am aware of where any cost of health and social care is going down. It is about how we mitigate and palliate the problems that we have. Next one, please. That is a very messy slide and the reason that it is very messy is because what we have down here are the various age groups. What you see here are the convergence of lines from every European country placed upon each other. What you will see is almost a perfect symmetry across all of our societies in Western Europe. What it demonstrates is something that is well

known within health and social care is that a person aged 75 and over requires 4 times more health and social care than people in the younger age groups, and it very clearly demonstrates that. So in our plans and in our thinking in Jersey we have to respect those figures and to make sure that we invest and recognise that there is significant cost if we are to resolve and meet the challenge of an ageing society. If I could just move on very quickly, it is a challenge to an ageing population. I never talk about the problem of older people; I am making that point to you. I described the heroic and positive nature of ageing. It is not a problem to us, it is a challenge, and that is not just simply a play on words. We recognise that if one lives longer and one has a chronic disease, one carries that into longer old age and that has significant cost. Moving on to the solution. The solution is in many dimensions. There is, for example, the need for big investment into institutional care because despite what I said many older people will require intensive environments of nursing and residential care. We need to invest in home care, which I think is the desired area of investment, and we need to make sure that we keep fit in older age, which is why the concept of full engagement is very important, full engagement, that is, with the community, with people like you, with older people currently and people who look after older people and support them to meet their aspirations. So, bearing in mind the concept of fully engaged. One of the things that always pleases me when I go to the gym at about 9.30 a.m. during the week, if I have a day's annual leave, the number of older people aged 65 and over who are receiving supervised training in a gym with weights is one of the most uplifting experiences I have in Jersey. People are taking seriously the need to keep fit in older age. We need also to balance the need of investment with the need to demonstrate at all times that we are making the very best of public expenditure. That is very, very important to us to live like that and it is very important that our strategy in Health, because this is me giving my presentation about my departmental agenda, chimes and resonates with those in other departments. For example, we need to be making sure that our actions to support older people and their champions chime very much particularly with our colleagues in Social Security. I am very proud to say that we have lots of working groups where the officers meet regularly to make sure that we do not inadvertently zoom off in different directions. Next one, please. The important points that I think are basically accepted as facts, let us be very clear that the current tax yield within Jersey cannot meet the ageing agenda. That has been made very, very clear and if you participated in the migration policy debates that took

place at the Royal Yacht Hotel you will recognise that everybody is accepting of that. There is nobody in government that I am aware of who would say that we can manage with the existing level of public expenditure, which is why Roy is particularly interested in the Guernsey experience I might suggest. Institutional care is extremely expensive and there are people in this audience who will know that because I know that some of you pay privately for care. An older person requiring publicly funded nursing home care will cost about £50,000 to £52,000 per year. It is very labour intensive and a very high cost and, of course, in one sense an undesired outcome because, as I said earlier, most people want to live in their own homes surrounded by their family, their friends and their material possessions that they have grown used to over the years. So that is very, very important indeed. There is inequality in the way that longer term care is funded. If an older person living alone has their own property then the States will sequester that. That raises great passions and many people - and I am not looking at people in the audience because I do know that people in the audience have been to see me - have been very shocked about what the States do when that crisis of having a loved one to go into an institution setting presents itself. I know that; I am not going to look at people but I am glad that some people are here today to look at that and perhaps to support what I have just said. There is great inequality. It is almost not quite a raffle, not quite a chance but there is some rough justice within the system and we all identify that and part of the meeting this evening, I am sure, Roy, is to try and deal with that rough justice and that inequality, which I know is where you are coming from particularly. We also need to bear in mind, and I would just to select this, the illnesses and diseases of old age. When I started my career, which was maybe 25 years ago, hospitals were doing a very, very important operation which would last a lifetime and that was called a hip operation, a hip transplant. When I started my career a hip lasted a lifetime but because of the ageing of society, a good thing, people are wearing out their artificial hips and we are having to put second ones in, and you may know of experiences of that. That cost is quite an horrendous cost. The cost of a hip operation is about £6,000 and the cost of a revision, in other words a replacement of an artificial hip, is about £9,000 to £10,000. So these are very significant costs. They are wonderful operations, of course, they transform a person's life in the same way that cataract operations do. But hip replacements, knee replacements and cataract surgery are the illnesses and the diseases of old age and, of course, as older people live longer and lead more

challenging lives then the cost of those increase. Finally, because I know I have got other slides, Roy, but I am mindful of time, let us talk about something that here we talk about almost as a euphemism: end of life. That means how we manage the process of dying, something that societies do not like to talk about. It is almost a taboo subject. We have some wonderful areas in Jersey of absolutely fantastic practice and the Jersey Hospice is quintessentially a fantastic service. You all know it better than I do; I am not going to tell you about it. You all know it as a wonderful facility. It not only allows people to die in the hospice but also allows patients to die at home with support. Our colleagues in Family Nursing provide many services to those who are terminally ill. But there are some poor areas. My general hospital that I am responsible for, at the moment, although we try to allow older people who are terminally ill and who are dying in the hospital to die with some dignity in a side room, a very small and discreet one-bedded facility, that is not always the case. It can be that someone is dying surrounded by curtains in a bay. Now, we are spending multi-million pounds to bring about more side rooms so that we can give greater dignity in dying in a general hospital but there is much work to be done. I would suggest to you that this is a very, very important piece of work and only now are health and social care professionals sitting down and thinking seriously about how we help people to die with dignity. Dying is part of the process of life and it is very important that we take it seriously and we give dignity to people in their last moments. Roy, I have got other things to say but I think just for now I have made my introduction on behalf of my department. Thank you very much.

Deputy R.G. Le Hérissier:

Thank you very much indeed, Mike. As I said, and I will say it again for latecomers, if there are questions we will have them when the presentations are finished. The next presentation will be by Social Security and the reason Social Security are involved, of course, if we do move to new ways of financing and if, for example, we look at insurance schemes, the people who run insurance schemes on the Island are the Social Security Department so they will run that scheme and develop it, if that is the way forward they agree on with Health. So, Peter, are you going to speak?

Deputy P.N. Troy of St. Brelade (Assistant Minister for Social Security):

Yes.

Deputy R.G. Le Hérissier:

I will call on Deputy Peter Troy to give the Social Security presentation.

Deputy P.N. Troy:

I will just do it from here. I think you can all hear me. There is a microphone here. I would like to thank Deputy Breckon and his panel for the invitation. Senator Routier could not be here this evening. He has got other commitments, so I apologise that he could not attend. You have got me. I have not got any slides, I have just got a very short 5 minutes or so to impart some information to you. Certainly the Social Security Department has had a very busy period introducing income support which has given us an effective base from which to provide future benefit enhancements for the people of Jersey and much work has already been taking place this year in preparation for a framework for elderly care provision. Within income support, from February of 2008 new placements into residential care have all been coordinated through Social Security. This replaced a complicated system involving the parishes and Health and Social Services. An over-65 placement tool has also been created which provides a consistent record of the assessments needed to ensure that someone requesting assistance gets the right level of care and that, of course, could be either care at home, as has been said perhaps by Family Nursing and Home Care, or residential care or nursing care. In providing assistance with the residential care costs for those on lower incomes we at Social Security have had to look at the level of service provided by residential homes and ensure value for money which is, of course, vitally important. Much work has been completed in gathering data and moving forward to the implementation of a standard care contract which will clearly describe service levels required in exchange for funding of the residential care provided to an individual. Social Security has also contributed to Health's review of the Registration of Care Law on the basis that if care at home is to be encouraged, as Mike suggested, then a regulatory framework for care agencies needs to be created. If you have people coming into your home, giving you care at home, we do need to have a proper framework. The demands of the growing number of elderly people over the next 25 years would suggest that some could be more comfortable and content in being cared for at home where they would continue to enjoy the company of family and friends. At the moment lower income pensioners have easy access to residential care based on

need. However, those on middle incomes have more recently been looking at costs for residential care provision which have escalated over the last 5 years. We all know that costs in our homes has risen quite dramatically and that is a problem which we are having to grapple with because residential care is now costing anywhere between £500 to £900 per week and quite frankly members of the community are having to look carefully at their finances in old age. Hopefully, we can all enjoy retirement as fit and healthy individuals but where residential care or care in the community becomes a reality for any one of us our main priorities are the standard of care that we will receive and the financial cost. Now, it has been suggested that we could have an insurance scheme based on the one that is operating in Guernsey. A similar sort of scheme could be put in place where all members of the adult population, including pensioners, pay an additional 1.4 per cent on their social security payments to provide payment for a large percentage of their residential care costs. A failure of the Guernsey system is that it does not provide for care at home if achievable. We are looking at something which provides for care at home, the Guernsey system does not do that, and of course there is always the question of do we want pensioners paying as well. Now, in Guernsey pensioners do pay towards their scheme. Of course, the only way of accessing the Guernsey scheme is by being checked into a residential home which is probably not desirable or even necessary in all cases. So such a scheme in Jersey, what would it cost? Well, we think it would be approximately 2 per cent on to social security contributions. So we would have to raise the individual social security rates by creating a long term care rate and that would be charged to individuals throughout their working life and perhaps, as I said, even on into retirement as in Guernsey. There is a question there: do the public, in taking on a scheme such as this, want to grapple with the fact that they have got to pay for it and contribute into it out into the future? The other possibility, of course, in funding such a scheme is that you might want to consider funds from other tax revenues and if those could be identified, if you had surplus funds either coming in from G.S.T. (goods and services tax) or we raised additional taxes, then you could consider funding a scheme that way. That is very much the whole process that we have to go through over the coming months to look at that as to how we grapple with the financing side which is really quite a big issue. It is inevitable that we as individuals are going to have to pay for the system, whether we pay for it either directly or through increased taxes. You will remember that Imagine Jersey recognised the challenges that we face ahead and in 2009 we, at

Social Security, will be consulting with the public over the main issues and concerns. Scrutiny are already starting work as well and you are all obviously interested in this issue. We hope to implement a system fully which will meet the needs of any of us in our old age. So that is all that I am going to say to you. I do not want to bore you to tears with anything longer than that. I think that was about 5 minutes. I would be happy to answer any questions later on if at all possible.

Deputy R.G. Le Hérisier:

Thank you very much, Peter. That is an interesting overview. So we will come to our third presenter now who is Professor Forder who is from the University of Kent and when he wants a bit of London life he just moves up the road a bit more. So he will give us the bigger picture now of how other countries deal with it and hopefully provide some insights that will be helpful to Jersey.

Professor J. Forder (University of Kent):

Good evening. I would like to just say a little bit about what I thought long term care really is because I think there is some debate about what we are talking about here. Many people think about nursing homes or residential care homes but it does include, as some of the other speakers were saying, care services in people's own homes, so home helps and home care. In most European countries we are talking about a sizeable commitment. It covers something like 10 per cent of all older people, those over 65 at any given time, and it costs us something like 1 per cent of our total national wealth. So we are talking about very serious amounts of money. In England, for example, which I know best, the workforce just on providing care for older people - this is a formal workforce, this is not families themselves - is something like 700,000 people. So it is a huge business. I want to talk about 2 issues really. There is a question about where the costs will be in the future, how much will it cost in the future, and then to really consider how we might pay for those additional costs. There are some pressures on costs in the future and certainly we have heard about some of them already. We are all living longer which is a great thing and we should not apologise for that, of course, but there is some suggestion that people, although they are living longer, they might also be suffering some ill health later in their lives. The numbers of people in ill health at any given time look like they might be increasing. The cost of the services themselves are rising, they have been rising, certainly in

England, for many years and look set to continue. It also looks like the family support that people might get will reduce. Family support is absolutely vital; it is the backbone of the care system. Without family support the whole thing would collapse but there are some indications that because families are more mobile - and I think this applies particularly in Jersey - you find the likelihood of a reduction in the amount of informal care people receive in the future. I think it is also true to say that people expect a higher level of quality about their care services in the future. They are no longer going to just accept the sorts of services that could have been provided and have been provided in the past. Perhaps a silver lining to this rather bleak picture I have otherwise been painting is it does look like that successive generations of pensioners are more wealthy than previous ones, and that is largely due to the fact that our housing wealth has increased. So this is a slide about England. You do not need to worry about the details but it underlines the point that was made earlier on that costs of care are likely to increase. So over a period of 20 years from 2006 to 2026 we expect in England that the costs that the public sector have to pay for long term care are going to rise by over 70 per cent and that is in real terms. That is after you take out inflation; that is a real increase in the cost. So this is a very significant amount of money. There is also a question about whether the support that people get is good enough, and I mentioned this earlier on. We did some work, we looked at both professional opinion and also we looked at some economic criteria which suggested that services should be improved in terms of the quality and the amount that people receive in the population by something like 30 per cent. So you might ask what does that entail, what do you get for your extra 30 per cent. It certainly involves helping more people with moderate levels of need. Those people with high levels of need, the ones who are unfortunate to suffer very significant levels of ill health, do get quite a good level of service. Those people that fall just below that do not seem to get as good a level of support, certainly in the U.K. (United Kingdom). There is more support for carers, more respite from the requirement to care for a loved one who has ill health. It is a very taxing job and there is some good evidence that if you can provide more help to these family carers then you can sustain that situation, you can help that situation last for longer. It is also important, I think, to give people more choice over the care that they receive. You want to get away from the model that the home care service comes round at 6.30 in the evening and puts you to bed. You need more choice, much more choice. In England certainly this has been a very important

policy development, so much so that there is now a desire to take services and say to people: “Instead of receiving services you can have some money equal to the value of those services and use that money in your way, in the way that you want to, to determine your service.” That is an important future direction. There is more service in the community, there is more home help. As we certainly heard earlier on, almost everybody you talk to, everybody surveyed, prefers if possible to stay in their own homes. That is where they want to receive care, in their own homes although I will say that once people do move into care homes, into residential care and nursing homes, they find that it is much less bad than they thought it might be in the first place. Also, the last point there, what you get for your 30 per cent is a bit more sheltered housing. That is housing in the community which is a bit better designed for people’s needs and also it might have a warden or someone on site. If you add that requirement to improve the quality of service, instead of 72 per cent you get about 120 per cent increase, more than doubling of the costs required, but you do get much better quality as a result. This is a slide which just gives you some options about how we might pay for care. There are a number of obvious ways to do this. First of all, the State can pay for all of it. You could have, for example, like a National Health Service equivalent where the State pays for all the costs of care, and this is the system that they have in Scotland. You could have individuals paying entirely themselves. It is entirely a family responsibility; individuals pay. Or you can have a so-called safety net system where the State pays for people that cannot afford their own care, it pays for the poor. The last option, generally speaking, is some form of partnership arrangement. That is a partnership between the individual person, the family and the State. So the State might pay a certain amount towards the care costs and then the individual would top it up from their own money. Where the State does make some contribution in this system, again there is a number of ways to do this. You can fund this out of general taxation, you can have an earmarked contribution, a specific tax or a social insurance premium, as it might be described, or you can have a system which is voluntary, where you ask people to make a voluntary contribution which is State supported. Sometimes you have this little interesting idea that people are auto-enrolled in this which means that they are automatically put in the system and then they have to opt out if they want to and you tend to find that people being people are much more likely to stay in the system when you do that. The current modelling in England and in Jersey is the safety net system that I mentioned, essentially, and I

think it has a number of problems, a number of quite serious problems in fact, one of which is that people often delay seeking care because of the costs involved, particularly those people, as we have heard, who have their own homes and are fearful about having to sell their homes to fund care. They do, the evidence suggests, delay seeking care and that means that they are suffering without levels of support that they could otherwise benefit from. I think it is important to bear in mind that a system like this does not insure everybody against the risks. We insure our houses, we insure our cars, and yet we have this potentially huge expenditure that some people will be unfortunate enough to suffer from and we do not have a mechanism to insure against that. It is also unfair, many people argue. A means tested system is unfair because people who have been careful and saved all their lives and built up some savings they do not get any help from the State. People who have been less careful, shall we say, have all their care support from the State, and some people argue that is unfair. In fact, one might argue that the system we have in England, and maybe in Jersey, really has its roots right back in the Poor Law, if anybody is a student of history. It is about the State only helping once you become impoverished. You throw yourself on the mercy of the State and the State helps if you are unfortunate enough to have low income. That is an undignified situation, I think, certainly in the time we are now. It is also a very complex and unpopular system. So the social insurance route is one that is being discussed quite a bit and hopefully we will see a bit more discussion about this as a potential option for many countries. It is certainly being considered in England; it is in operation in Guernsey, as we have heard; it is being considered here. Some other countries - Germany, Japan, Austria, Spain, France - all have some form of insurance system for long term care. In this system everybody needing some form of care is assessed. A professional will decide what level of care they require, their severity of need, and they then match that to either a set of services or an amount of money that would be used to help them to meet those care needs. Everybody is entitled, once you pass that assessment. There is nobody coming and asking how much money you have, how much contribution you make. It is an insurance system; once you have the care needs you are in that system. Most of them do have a smallish charge, or co-payment as it is called in the jargon. This is a small charge which just helps to keep the system funded. In Guernsey the rate of the premium which is charged to everybody is, as we heard, 1.4 per cent of income. That is right through, including pensioners. Another example is in Germany, the rate is 1.9 per cent,

although in Germany employers pay half the cost. So individuals pay just under 0.9 and the employer pays just under 0.9. So I think if you begin to draw together all the learning that we have seen from different countries and some of the thinking about this then it seems that there are a few principles which you can use to think about the best system. Most of these systems have what we call a universal component; that is everybody gets some help. It is universal, everybody gets some help, regardless of how wealthy or poor they are. If they have care needs everybody gets some help from the State, the universal component. They all tend to have this small co-payment, as I mentioned, but that is often means tested as well. So the very poor who cannot even afford a small co-payment do not have to pay it. The universal component is either funded out of general taxation, that is what some people regard as the best route, or because there tends to be a lot of political resistance to taxation, fair enough, some people advocate having an insurance premium, an earmarked contribution, and that is an alternative. In England we are certainly considering options where we have private insurance, people can buy private insurance, and this is either underwritten or supported in some way by the State so that people can have more confidence about that system saying solvent. So my last points, really. I think in Jersey what needs to be considered is certainly the costs of the system in the future. It looks clear that whatever we do, even if we can find the best path, the costs of care will increase and we need to be mindful of that. We also need to be very clear that at the moment the choice in the system and the quality of care we receive could be improved and I think most people want to see it improved and indeed would be willing to pay extra to see improved support for our older generations. When looking at how we pay for this, as I argue I think there should be a universal system. That seems to be a very important trend in many countries as a universal component so that everybody gets at least some help but ultimately, of course, this has to be paid for and we need to find a sustainable way of paying for this. It is no good plumping for a solution which is going to break the bank in a few years, so it is all about finding something that will work and will stay solvent into the future. Thank you very much.

Deputy R.G. Le Hérisier:

Thank you, Julien, for that very good overview to put the picture in a broader context. What we will do now, our guests will now reconvene at the top table, so to speak, and we will move to questions. I ought to tell you that this is a formal scrutiny session but

rather than be in a committee room listening to people or people listening to us, we have come out to meet you but you are taking part in a formal session. So, you are being recorded. If anyone objects to that really it is probably best that they do not ask anything, and we will ask you to give your name for the recording. So, again, if you object to that we would ask that you refrain from asking. It is a formal session. What you say, particularly if you make a comment rather than ask a question, will be part of the evidence. So that is very important. What we will do now, folks, is we will invite questions or comments. Although there have been some naughty boys on the platform, if you could keep it fairly brief we would be most appreciative because obviously we would wish to get in as many people as possible and as many answers as possible. If you wish an answer from an identified person please say who, otherwise I will simply allocate the question and we will take it from there. Who would like to start the ball rolling?

Mr. E. Collins:

One thing I would like to know is if anybody knows how many potential O.A.P.s (old age pensioners) are being imported so that in a few years they would be on the scheme. Does anybody know that? Senator Walker told us, I think 2 years ago, that we had 900 immigrants and the 2 years before that or one year before that we had another 500, and that seems to be the case going on year after year. So do we know the ages and is anything kept about all that to know how many potential old age pensioners are imported so they will be drawing on it within a few years? I was born in Jersey, although I might not sound like it, and so I started in 1952 but I will admit I have had a fair amount back. One thing about people in nursing homes I will say this, my wife had to go in the Limes and she was in there for over 8 years and we had to pay, so they took our last savings. So I am down to square one, the maximum I am allowed, that is all I have got. So that is it. So the only way to do it you have got to -- I do not think we will ever get any difference -- have a new politically, elected democratic government.

Deputy R.G. Le Hérisier:

Emil worked in several points but the first one is importing pressure, in a sense, on the pension system. What is the situation and is it putting pressures on your system?

Deputy P.N. Troy:

I know from when we had the immigration debate, we have got people coming in and out of Jersey all the time, of course, and there are proposals to increase the workforce by 1 per cent of the working population which would come down to around 450 heads of households per annum. So you have got to factor that out into the future but I think people are coming and going and I think there is about 2,500 to 3,000 movements every year but as people go out others are coming in and then, of course, you have got to be here certain periods of years before you manage to qualify to enter into our system. I do not have all the figures. We do all know that there is a problem that the population will increase here, there will be more elderly people and there will be a number of younger people, as Mike Pollard's slides show, a lesser number of working people supporting the older generation. So there is a big challenge ahead.

Deputy R.G. Le Hérisier:

Has anyone else got a comment on whether immigration does put financial pressure on the pension scheme but maybe on social services in general? Any comment, Mike?

Mr. M. Pollard:

One of our jobs is to make sure that the health and social care system in Jersey is for those who are entitled to use it and that people cannot come from other countries and abuse it. We have to be constantly alerted to that and we have probably come across 3 or 4 cases every year where attempts are made to bring people into the health and social care system from other countries to benefit from the Jersey system. I am raising those figures simply because it is one of our jobs to defend our borders and to make sure that the right people, the people who own the system, it is protected for them.

Deputy R.G. Le Hérisier:

The other issues you raised, they were general comments on the system, was that right?

Mr. E. Collins:

The social services, everything. It boils down -- it all affects everything, does it not?

Deputy R.G. Le Hérissier:

Yes.

Mr. E. Collins:

That is what I think. It has got to be -- something has got to be done from higher up and everybody in Jersey from the top to the bottom pays their share, but that is not the way to manage it, as far as I can see.

Deputy P.N. Troy:

Yes, I can add one thing; on the pension side, of course, we have got a system whereby you pay into the system over a number of years and then according to the amount that you have paid into the fund you draw a pension in Jersey. So anyone who has come from the U.K. and maybe paid into the U.K. system for 25 or 30 years before coming to Jersey, they would get their pension, of course, predominantly from the U.K. and they would only get a smaller pension from Jersey, dependent on the amount of money that they had paid into the system.

Mr. E. Collins:

I can say this, my great grandfather on my dad's side came into Jersey in 1841, okay?

Deputy R.G. Le Hérissier:

Okay, Did he pay his social ... got the entitlement? Okay, let us get another question.

Mr. R. Le Brocque:

I represent senior citizens and Age Concern.

Male Speaker:

Your name, sir?

Mr. R. Le Brocque:

Bob Le Brocque. I think it must be disappointing for you up there on the States tonight that there are -- with yourselves and the States Members from scrutiny, you are outnumbered by only 2-1 and you should really be outnumbered by about 40-1.

This is a very serious subject and one of these days, I suppose, I, like everybody else in here, will be looking for some help of some sort. The disappointing part is that I attended a meeting 5 years ago with Daphne Minihane when we brought the person from Guernsey. The disappointing point I can see is it has taken 5 years to get as far as we are now and we have not said yes yet. I would really like some comment because it is election year. I am not saying you are electioneering, but ...

Senator B.E. Shenton (The Minister for Health and Social Services):

Well, I am not electioneering because I am not up for election. All I can say is that it is very important that we get this in place in the next few years, without a doubt, and you are right, it has been hanging round for far too long. Mike Pollard and I spent the day in Guernsey today with our Guernsey counterparts. We had an excellent day where there are lots of areas where we can work a lot more closely together and I think there is a fault that we do talk about things and do not implement them. Now, I am quite an impatient sort of chap and I think we have to get moving on this. We come up with excuses why we cannot do it now in the past, but certainly it is something that we have to put a firm time deadline in. We are formatting a new Strategic Plan in 2009, at the start of 2009, when we have our new Chief Minister. It has to form a key part of the Strategic Plan and we have to put a deadline in and we have to stick to it and if we do not stick to it that people get on our back and make sure that we get what we deserve.

Deputy R.G. Le Hérisier:

Peter and Sue, why can we not move along more quickly?

Deputy P.N. Troy:

I think we have done a lot of the background work already, but of course we are awaiting a report from the Government Actuary regarding the whole cost of such a system. We have already, as I said earlier, been looking at the standard contract agreement which you would need with nursing homes. You need to get the legislation in place regarding care providers in the homes. So there is a lot that needs to be done and a lot of the work has already been happening in the background and we do need to pull it all together at the right time. You just could not set this straight up without the legal framework and all the agreements being in place with homes.

Certainly with a lot of the residential homes we could negotiate contracts and Health will be doing that. They will be negotiating because if the Government through the system ends up paying for everybody into care, you would want to ensure that the amount that is being handed over to the nursing homes is the right amount of money that is there for the service provision. So you would need all sorts of contracts in place to ensure that the service provision you get is right and the cost is right and that the whole scheme works effectively. There is still a lot of work to be done and I know people say the Government moves slowly, and it does, but certainly getting laws changed and so on takes time and moving this forward will take a little bit more time, I am afraid. But is everyone content with the concept that if you introduce a scheme like this that we will all pay more as we are working through our lives? I mean, you are all retired now but people will pay more as they are working through their lives and even once they are pensioners. If you brought in an amount that had to be paid every year out of your pension, would everybody be content with that, knowing that they have got perhaps a 1 in 6 chance of going into residential care? It is just interesting to know how you all feel about that.

Ms. G. Clancey:

Gail Clancey. I just wondered, as you do census in the Island, why was this not picked up earlier? You know, 30 years ago you must have known we would have an older population, that is one of my ideas, not just 5 years ago to do this. Also, the factor is you are talking about money tonight but what about care, respect, dignity, time, love? I have not heard one of those things mentioned. People lose their savings, their house. In my father's case, he worked to 79, he paid social security, he had a house. My mother got Alzheimer's and basically everything was taken away from him - his savings. He had to sign his house over to the parish and then he watched my mother with Alzheimer's go and leave him and go into another home, so they were separated. Also it made him so depressed that I just wonder how did you say that that is love and care? My father is deeply depressed and angry about this and do you think that it is a law to take someone's house away from them and not give him the right to leave it to who he wishes to? Also, I think that a lot of people in this Island know that about the 7-year thing now so they are all signing their houses over to their children. Also, if you bring this insurance in, what will you do about people like my father that lost everything and given it to you? It is theft and that is in the

name of the State, now I am talking about love here. You talk about Family Nursing, but why do you not fund them more if you want people to work in the home? Also make the service much better, much more flexible. We are all going to get to retirement age, most of you on the panel and me, and I would like to know if someone would love and respect and care for me and give me time and touch my hand and not to just walk out of the door with a 15-minute unit. That is not care. So that is a lot of my question and I think dignity does not even come into it. You are just talking about money here; it should be respect and love. That is a few of my questions.

Deputy R.G. Le Hérisier:

Okay, well, thank you. I will switch the focus initially to Health and then we will come back to Social Security. So who from Health would like to tackle Ms. Clancey's comments?

Mr. M. Pollard:

I think everything she said is supported by us. In terms of our department, we are very interested in the concept of personalised care. District hospitals like Jersey General Hospital are very good at what I would call mass production. Although individual patients are different, the hip operation is the hip operation is the hip operation, so we can do those almost on a routine basis. I am being slightly simplistic, but we can do that. The more that we move to the individual needs of individual people, we are not very good at that. I know that Senator Perchard, the Assistant Minister (who cannot be here this evening because he is at a major charitable event), his particular interest in how we personalise care by supporting carers and looking at the way in which we can give people vouchers so they can be in charge of delivering their own care at the time when they want it. If they do not want it one day they will want it the next day because of their own individual wishes and aspirations, absolutely fine. So we are looking at the ways in which we can liberate and empower patients by giving them their own resources with which to manage themselves, which is a fundamental issue in independent living.

Deputy R.G. Le Hérisier:

The lady mentioned Family Nursing and we did hear a lot about their role at scrutiny today. Could you talk about their role and how you feel we should enhance their role more and what improvements you feel might be coming about with Family Nursing?

Mr. M. Pollard:

Well, Family Nursing are a major partner of our department and we enjoy good relations. It might not be the case in the past, but I think certainly both organisations get on very well now and we both recognise that all of our services are under pressure. Their services are under pressure. I am not here to suggest in one iota that they have an easy life and I know what is happening is that they are having to continuously prioritise the work they do for people in their own homes simply because the money is not there. We have seen from all of the presentations the issue about money, because money and dignity do go together because I think that in large part you can give dignity by giving people the right level of resource. So although it is important what you said, there has to be a financial side of this and we are constrained at the moment by what we can afford to give. The Professor has made it very, very clear that all Western societies are having to deal with increased costs and that is a real big issue for us. But I champion and accept everything that my colleague has said.

Ms. G. Clancey:

In England I did a 3-page thing in the *Evening Post* a few years ago about this with Daphne Minihane as well. England, I think they are allowed £33,000 savings before that is touched. In Jersey, when my parents when my parents were taken it was £6,500 for one person and £10,500 for a couple. So why the big difference between England -- and even Guernsey was different. So Jersey, quite a rich place, is taking -- not even letting them have a little bit of their savings. Also you take their pension away from them and give them £25 spending money. When my mother and father went into this home you even took away an allowance that was given to them at the time as well. So you basically took everything away from them and gave them nothing. So when you bring in this insurance, which I think is a good idea which you should have brought in years ago, are you going to pay my dad back his money and give him some dignity for what you did to him? There are loads of people with Alzheimer's. Who stands up for them and speaks for them, you know, if you are

single person? I mean, luckily my father was there for my mother and I was there to support my father. I do think you are taking too much of these rights away. I know, of course, money comes into care; well, put more money in. You do censuses, you knew there was an older population, everybody knew. Everybody knows we are living longer. You are also talking about care just of the elderly. Well, I think younger people need care as well. People do not just look after over-65s, so if you are going to talk about care, let us start from children. My son was extremely ill at one time and I was told that all the money I needed to look after my son in an English hospital was for a cup of coffee and I also got no allowance until he was 4½ because all mothers stay at home and look after their children. So I have looked at it from both ends. So I think you want to look at the whole service, not just for elderly people.

Deputy R.G. Le Hérisier:

The study is about the elderly, although we take your point. In fact, one of the issues that came up today in evidence from the Health people is dementia. Of course, residential care - other than the odd home like Roseneath - is obviously oriented to the over-65s. But your questions about how saving allowances or untouched savings are dealt with, I will give that to Peter and Sue.

Deputy P.N. Troy:

I am sorry but any scheme that is created like this and where people go into care, in most governments if people have got income, pensions and so on, that normally goes in first to pay part of your residential care and then anything over and above the income that you cannot pay would be picked up by the scheme. So I think even in Guernsey I might be correct in saying that if you have a pension I think that goes first towards paying part of the cost. Then the scheme picks up everything over and above that.

Ms. G. Clancey:

You take £50,000 savings from somebody that could pay for a couple of years themselves, then you take his house as well. I think that is extremely illegal because how come some parishes do it and other parishes do not? Has that finished now, that is what I would like to know?

Deputy P.N. Troy:

This has always been an inequality of the system in the past but certainly people at the lower end of the income scale, their residential care is picked up for them in full. Now those who have assets and so on, at the present time we are much like the U.K., loans can be given nowadays. What can happen is that loans can be given against the properties, the property still remains. This is the current situation before we get to a scheme like this. We have not got a scheme like you are talking about at the moment. But at the current time we are still in that situation that a lot of people do not like that if you own a home and have income --

Ms. G. Clancey:

But you are penalising people who work, like my father who was a taxi driver who worked at 79 and paid tax all his life. You are penalising those people. People who spend their money and have a great time, you pay the whole lot for them. That is an inequality, is it not?

Deputy P.N. Troy:

I accept what you are saying. That is why a scheme like this looks --

Ms. G. Clancey:

I agree that okay if you have got it you should pay something towards it. I am not saying he should not have paid anything. Also, the fact that we rented the house out even, to pay towards it - another thing I might just bring up - my father had to pay tax on that rent because there is no law put in, I asked the tax office. The money went into his bank account from the rent, the next day went to the parish of St. Helier and my dad had to pay the tax on that. Now that is real ...

Deputy P.N. Troy:

I agree with you. We want to change this. Everybody here --

Ms. G. Clancey:

You have not answered any of my questions.

Deputy P.N. Troy:

Well, you are going back to an historical situation. We want to take it forward out into the future so that it is different.

Ms. G. Clancey:

Why did you not do it before?

Deputy P.N. Troy:

Certainly I was not able to do that.

Deputy R.G. Le Hérisier:

I feel, historically, one part of it, the parishes, as you said, they had control over the criteria and it was very loosely organised so you were --

Ms. G. Clancey:

But surely the States of Jersey does census?

Deputy R.G. Le Hérisier:

Yes. Well, this is about anticipating the numbers, yes, but you are quite right.

Deputy P.N. Troy:

I mean the U.K. is in exactly the same position that we are in at the moment and --

Ms. G. Clancey:

That does not make it right.

Deputy P.N. Troy:

No, I am not saying that it does. What I am saying is there is a will up here at this table, there is a will to make a change to this. The scrutiny want to get your opinions on it, we want to take your opinions on board and we accept that many people feel as you do that the historic situation is not the best one.

Ms. G. Clancey:

So my father's house misses out on it, is that what you are saying?

Deputy R.G. Le Hérisier:

Sadly, until we move to this insurance system and I am sounding like a spokesman for Social Security now, frankly the house is still --

Ms. G. Clancey:

Is there an all-party statement?

Male Speaker:

Yes, there is, yes.

Deputy R.G. Le Hérisier:

What I was going to ask Julien: how do Workplaces deal with this? It is obviously a highly contentious issue.

Professor J. Forder:

Your first comments about this being about dignity and about being concerned with people is absolutely true and certainly the work that we have done and other work suggests that the quality and the amount of care that people receive is not good enough. It does not give them enough choice and it certainly does not give them enough dignity. I just want to mention the German system, for example, the very reason that they introduced a social insurance system is exactly to address the concerns that you have; that it is not dignified any more for people to have all their money to spend now and when they are impoverished throw themselves on the mercy of the state. That is exactly why they wanted to do that. But on the other hand we do ultimately pay for it. One way or another, you pay for it. So you can pay for it through your taxes or you can pay for it directly out of your pocket, but you still have to pay for it. There are going to be more older people in the future; more people with care needs. I think the debate is not about how much we have to pay but rather how are we going to do this? I think the issue about whether or not people will be happier to pay a percentage of their income throughout their lives and then, as a result, not have to draw heavily on their savings if they are unfortunate enough to need care is the key question, whether people want to do that. But it is quite interesting, whenever people call for more public spending you then find, in elections especially, that no one

wants to pay any more taxes. I think part of the problem, especially when it comes to long-term care, is this is an issue that we as an audience is passionate about. If you ask a 35 year-old or a 25 year-old they will not even know what long-term care is, let alone be considering how to pay for it. We have seen also in England - and I guess it is the same here - that there is a big black hole in our pensions entitlement and most people will expect ultimately to need a pension, most people do, and yet they are not willing to make a pension contribution, especially when they are younger. So, much of this is going to be about informing people about this, about saying: "Look, this is how we, as a society, are treating our older people at the moment, do you really want to stand for this or are you willing to pay a relatively small amount to help people in this situation?" These are very tough questions and I am very glad I am an academic and not a politician who has to solve these things.

Ms. G. Clancey:

You should use your heart instead of your head.

Mr. A. Medlock:

Alfred Medlock. May I ask a question that I ask at nearly every meeting of this kind? Has a decision been made about Overdale? Is the States going to provide long-term care or are they going to shove you off to the private sector? Is the States going to provide respite care or are they going to shove it off to the private sector?

Deputy R.G. Le Hérisier:

Okay, James, do you want to talk to that?

Mr. J. Le Feuvre (Health and Social Services Department):

Can do. It is going to be a mix of both things, I would suggest. What we recognise is that the States is going to have to provide considerable facilities for people with very extreme levels of dependency in their old age. The lady over there spoke about Alzheimer's and about dementia. We recognise that much of that care will probably have to be provided by the States of Jersey, as is the case at St. Saviour's Hospital at the moment, where there needs to be refurbishment and possibly expansion as well. In some other sectors and in some instances - the beds that were at Overdale, there has been a move to push those out to the private sector where appropriate for people

where there is opportunity for that care to be provided in the private sector. I think there has to be recognition the States cannot necessarily do everything all of the time in all sectors. So if there is a private sector there, if there is a market that is available out there, then it is reasonable that we invest in that sector as well so that there is a combination of spreading the risk that some of the facilities will be State-provided, others will be purchased by the State but delivered by people in the private sector. So that is the general shift of policy where we are going.

Deputy R.G. Le Hérisier:

To answer the gentleman's question, are you saying the States to an extent will still remain involved in the kind of beds that are at Overdale and respite care?

Mr. J. Le Feuvre:

Yes.

Mr. A. Medlock:

Is McKinstry Ward going to be replaced?

Mr. J. Le Feuvre:

Well, those closed very recently, in fact, and there will be a need to provide in the longer term more of those facilities --

Mr. A. Medlock:

Are they being replaced?

Mr. J. Le Feuvre:

Well, they will be eventually, not as we speak at the moment, no. Those have been provided in the private sector. Our responsibility is to work through how many extra beds we are going to have to provide in any case and we know from the demographic data that we have, for instance, there are going to be twice as many people aged 85 within 20 years in Jersey. So there is going to have to be growth in both sectors. There will have to be more beds provided for both by the States and also purchased from the private sector.

Mr. A. Medlock:

So how long ago was it you found the asbestos in Secker Ward?

Mr. J. Le Feuvre:

I am not sure of the detail of that. I do not know whether others can help you with that.

Mr. M. Pollard:

About 2 years ago.

Mr. A. Medlock:

What have you done since? What has been done since?

Mr. M. Pollard:

Well, the lady mentioned dignity and empowerment and involvement and we asked the residents of those institutions and their families how they would like to be cared for and in what locations, would they wish to be more local --

Mr. A. Medlock:

When did you do that?

Mr. M. Pollard:

We did that about 2 years to 18 months ago and of course all of my team who did that have given evidence to the scrutiny panel when those issues of McKinstry and Leoville were discussed.

Mr. A. Medlock:

Sorry, can I go back? You said Secker Ward had been closed 2 years?

Mr. M. Pollard:

You asked me when asbestos --

Mr. A. Medlock:

When the asbestos was found

Mr. M. Pollard:

I said about 2 years. I cannot recall --

Mr. A. Medlock:

No, it is longer than that because my mother-in-law was alive when that was found and she has been dead 3 years.

Mrs. J. Medlock:

It was found 6 months after the new building was opened and they closed Secker Ward down.

Mr. M. Pollard:

Well, I accept that.

Mrs. J. Medlock:

It is a crying shame, it really is, because it is the best place for the elderly to go up there and enjoy --

Mr. A. Medlock:

The surroundings are beautiful up there.

Mrs. J. Medlock:

It is so beautiful up there. It should be left that way for the elderly to go up and be looked after properly.

Mr. A. Medlock:

The current facilities are no good. We all accept that.

Mrs. J. Medlock:

Well, you have done one building up there, why do you not do the rest and let the elderly have a nice place up there to be able to go out in the grounds? Their relatives can come up and see them, take them out in the grounds. Why can you not do it?

Mr. A. Medlock:

It is a question of priority, is it not?

Mr. M. Pollard:

Well, that is in the plans that we call New Directions which have not yet come into the public domain as yet. We do recognise that, as my colleague James has just mentioned, both the private sector is not large enough nor is the State sector large enough, as it currently is, to be able to meet the institutional care needs for older people. We very much see that Overdale has a big future. The big areas for us to invest in are what we call complex need; people who have a profound level of disability either physically or in terms of mental health problems, or both. We have had meetings chaired by the Minister and, Roy, you and colleagues went up to Overdale to look at some of the indicative plans we have to redevelop the site. You are absolutely right; we need to bulldoze those facilities because they are no longer fit for the modern standards. Increasingly I believe that the standard of institutional care in Jersey for older people is ensuite, single room ensuite, and we are a long way to go from that but we are getting there very slowly - too slowly. But we do see there is a need for facilities at Overdale for older people.

Mr. A. Medlock:

Yes, I am raising it again at this coming election. It will be a major election --

Mrs. J. Medlock:

If it is supposed to be an election thing we are going to make sure it is.

Senator B.E. Shenton:

What exactly are you going to make an election issue?

Mr. A. Medlock:

Is the priority you are now giving to Overdale? If you are saying it is a plan that is an advance because 3 years ago nobody knew what the hell was going on.

Senator B.E. Shenton:

It is a plan and also we have given a commitment that it will stay in Health because it is a great location. But I went down to McKinstry Ward just before it closed and I can see why it closed. The location was great but the building was well past its -- the people did not have any privacy and we talk about dignity but when you have got people ...

Mr. A. Medlock:

That never happened in Secker. Secker was a better laid out building. But I am told by builders - and I am not a builder, I just do not know - that the asbestos problem could have been dealt with. It did not need condemning. Everybody moved out within days or weeks, yes, and moved into McKinstry Ward which had just been closed to move people into that front new building. What we thought was why could not that new building have been used to replace Secker?

Mr. M. Pollard:

Well, to be perfectly honest, as I have said, the standard that is being expected and I think it will be there in 5 years time, is that individual older people requiring institutional care will have their own room, not sharing with 2 or 3 strangers, I have to say. Currently what happens, the standard is low in Jersey for institutional care. It is possible, for example, for a patient, a resident in a nursing home, to have 2 people in their room with them who are total strangers. The modern standard, I believe, increasingly, and I think the Professor is indicating the direction of travel here is that an older person will have their own room, unless of course they wish to share, with ensuite facilities and that is the standard at Silver Springs and the clients who live there like that standard and McKinstry were never going to meet that standard. I think the Minister is correct. The site is wonderful. It has car parking, it has access, it has views that people can take enjoyment from but we need new buildings there that reflect the modern standard and everybody can get the best out of all worlds there.

Mr. A. Medlock:

But the staff you had, the people you had there were marvellous, absolutely wonderful people, and you are going to lose them. They are not the same in the private sector apparently because I have been told recently of cases where people have been literally pushed from pillar to the post. In the closing of McKinstry where people were in

there for a fortnight and put off somewhere else, came back again and went off again -

-

Mrs. J. Medlock:

They went to all different places and they --

Mr. A. Medlock:

-- they just did not know where they were going.

Mrs. J. Medlock:

-- lost the people that looked after them last time. You need continuity with these people.

Mr. M. Pollard:

We do need continuity, yes.

Deputy R.G. Le Hérisier:

I think you have raised some very valid points there but hopefully we will see some firm plans for Overdale. One of the areas in our Overdale report which we found was that there was a development due in Bellevue in St. Brelade that was going to be the next phase, the next rollout, as I remember, and largely because of government cutbacks, of course, that never proceeded. As you know, the arguments are going on to this day about the Bellevue site.

Female Speaker:

It was a lovely plot.

Deputy R.G. Le Hérisier:

Yes, there was a step missed in the development partly to deal with the ... it does not keep Overdale but it was meant to be another development.

Female Speaker:

It should have been because it is very valuable.

Male Speaker:

The thing you want, in principle, is to get value on it.

Male Speaker:

Five years ago in St. Brelade, we lived in St. Brelade so I know what was being told to us.

Deputy R.G. Le Hérisier:

We have a new question. I will just go through the question with this lady.

Ms. A. Jeune:

Angela Jeune. I have a number of things I would like to raise. The first one would be has anybody ever heard of can do rather than cannot do? I think we ought to wake up to that one. In terms of respite care it is the carers who will also become recipients of the healthcare service if we do not give proper respite facilities. I think this is extremely important. In terms of community care that really does need to be addressed seriously because people who need assistance to get up do not really want to get up at 11.30 a.m. and, as somebody has already said from the panel, do not want to go to bed at 6.30 p.m. We really need to look at that. I was rather pleased when there was a suggestion that one of these insurance systems could be that people could be given an amount of money to purchase their own care. I am not saying they should be given the money but if they knew how much they had to spend, they could then go out and privately obtain up to a certain amount which would then be billed to the Social Security Department. I am a bit confused about what has been said about the contributions as in other places suggesting 1.4 per cent on the social security contribution, if I heard correctly. A pensioner does not pay social security contribution. Somewhere else I think the Germany one was 1.9 per cent, half funded by employer, on your income. So perhaps somebody could clarify whether the 1.4 per cent in Guernsey is social security if pensioners do not pay it.

Professor J. Forder:

No, they do. Pensioners pay it.

Deputy R.G. Le Hérisier:

At that point I think we could stop so we can get some answers. If you have more we will hear them after.

Ms. A. Jeune:

Yes, I have a couple of other things to raise.

Deputy R.G. Le Hérissier:

Julien, just to clarify the 1.4 first of all.

Professor J. Forder:

As I understand it in Guernsey the 1.4 is paid by pensioners. As I said, in Germany there is 1.9 per cent for working age people. For people with employment it is shared equally between the employer and employee. For older people, older people also pay. Pensioners pay if they have income and they pay the half amount so they would pay now 0.85 per cent and they continue to pay unless they receive care. Everybody makes a contribution. It is not just an amount that younger people pay for older people. Can I also just pick up on the first couple of points that the lady made? Those are exactly the findings that we came up with in terms of what kinds of care that people want in the social care review which my presentation was based on and which we worked on. People wanted more respite care, more support for carers. It was very important. As I mentioned earlier on that is what sustains these relationships and it means that people can stay at home and you do not get a breakdown in family care which often leads to someone going into a care home or a residential care home. The direction of travel in England is for a situation where people are given much more choice and control over how much care and how they can use their entitlement to care. They can take that as a pure cash payment. They can request -- in fact it is a duty on the councils that provide care to offer that choice to people. So if people say: "I want the money instead of the services to use as I want to" then it is a duty for councils to provide that. If they want to instead say: "Well, I do not want to do the paperwork necessarily but I want to have some control and I want to know how much I am entitled to", that is also now coming into force as well that system. I agree with you entirely. I think you have picked up on all the important points in terms of what kinds of care people want to see in future. This is

what countries all round the world are now trying to do, especially the more wealthy countries. That is the direction of travel for almost all of them.

Deputy R.G. Le Hérisier:

In terms of can do attitude, Peter, what about this?

Deputy P.N. Troy:

I think we are all signed up to this. We all think that there are a large number of people who want to bring this forward. As was said earlier, in Guernsey pensioners do pay the 1.4 per cent. So what is happening is as they are going through their working life people are paying their full contribution plus the 1.4 per cent on top. Then when they get to retirement they stop paying the main part of their contribution as they are working but they continue paying the long-term care element. So that becomes a charge against their pension effectively and that works across the whole of the Guernsey population. Certainly I agree that respite care is very important. One of the problems with respite care, I think, and the way we deal with respite care at the moment is I think Health purchase a number of beds to be used for respite care. The problem with that, of course, is that respite care is not maybe perhaps fully utilising the beds. You are paying for beds for the whole 12 months but unless you are allocating the respite care adequately you will be left with gaps in that where you have a room that is under-utilised. But it is part of the cost. I think the Health Minister or his staff could probably explain more about how that system works than I could. But certainly can do, yes, we can do it but it does take time to change all the laws that need changing and to get everything through the States and to set the system up. It is not something that can happen overnight.

Deputy R.G. Le Hérisier:

Thank you, Peter. Can we move then to respite care?

Senator B.E. Shenton:

Respite care and the carers' strategy. It is a pity that Senator Perchard is not here tonight because he has been very much leading on a carers' strategy because we did identify a very important part of society that we were not looking after perhaps as well as we could. Before I became Health Minister I sat on the Income Support

Scrutiny Sub-Panel which also certainly to me identified the fact that carers in Jersey do an enormous amount of work and are very important to society. They do not always get the support that they deserve and require. I will hand over to Mike to just run into the bones of the carers' strategy but Senator Perchard, as I say, is driving this forward. We have talked about why now, why not in the past? I cannot do anything about what has happened in the past; I can only bring in stuff for the future. I cannot change the past. But we have a number of initiatives that we are driving forward on and certainly the carers' strategy is one of them.

Deputy R.G. Le Hérisier:

Thank you, Ben. I do not think it was a question the lady asked. Can we go back to respite first of all and the point that Peter made that we might be buying too much? Secondly, as the lady said, by not financing respite properly it is counterproductive. We are back to carers. In other words, carers must be given the right support.

Mr. M. Pollard:

Yes, we provide respite for those patients who require a nursing home level of service in Little Grove and a residential level of service in Pinewood, I think. We do manage to structure the -- because it is elective, people book holidays, it is possible for us to maximise the amount of -- it is not perfect, do not get me wrong, but we do not have big areas of fallow time, so to speak. But it is pretty much a very modest, make do service. Many older people require respite care in their own homes. People who are living at home with a confused mental illness, they want the safety and the security and the comfort of not going to a strange institution. So it is a very basic service at the moment and as the Minister has said we recognise that we are very deficient in this area and we are looking to support carers quite significantly. We do recognise that if a carer becomes ill we have 2 patients. Therefore, even in a material and money sense of bean counting it is important for us to recognise there is an economic logic of support. Never mind the caring and the respecting agenda, there is an economic imperative there that says if we do not support carers then we will not be able to afford the consequences of that. One of the big issues that we have to face in the Island is that with the level of institutional care that will be required, if we are not careful and we do not plan properly we will not be able to get to the Island the right level of people to come and care for them because it will destroy the migration policy

and all those issues. So how on earth do you support people who require support? Well, we invest in their carers who have their own homes. They know the patient by definition. It is a loving relationship. You invest in it. It is a win-win situation. That is why the work that Senator Perchard is doing and is leading that piece of work is very, very important to us. A big conference has taken place and some work will come to the Minister in the autumn and early winter of this year.

Deputy R.G. Le Hérisier:

We have a few people lined up. Are your last questions fairly quick?

Ms. A. Jeune:

Yes, they can be fairly quick. Firstly, the Minister for Health said that carers were important to society. I would like to say to the Minister they are important to you. They are saving you a lot of money right now. In terms of what will be required, has anybody done an assessment of the number of residential/nursing home - which division - beds that are going to be required and how many do we have at the moment? Therefore, how many more nursing homes perhaps are we going to need to have built? In terms of taking it forward, New Directions, fine. How long is that going to take to come around and how long will it then take to implement? By then everybody will have moved on and doing different things. In terms of who pays, how about a referendum and ask the people? Lastly, in terms of what the gentleman said at the very beginning about who qualifies for these things, some people have been here all their lives, generations. They have paid all the contributions all the time. Why can we not have smart cards? Smart cards are not new. They have been talked about in terms of health and social services for more than 20 years. Why can we not look at that? We are a small Island. We do not need a huge amount. It can take in everything; social security as well as health.

Deputy R.G. Le Hérisier:

You are very naughty. You said there were only a couple of quick questions. But very good, can we just very quickly have some responses? Have you measured the number of beds required?

Mr. M. Pollard:

Yes. Please be mindful of what I said at the beginning and confirmed by both the Deputy and by Professor Forder that the place where older people want to be is in their own homes. I think it would be a tragedy and a big defeat for us if there is a line that says this is the level of increase in institutional care and we still have to keep putting money into it all the way through the system because I can tell you now that all the facts and figures that we looked at would suggest that Jersey would be bankrupted by that kind of system. If you go back to the 2 lines I showed at the beginning, one is a red line which is the line that we do not want to be on. Included in that line is our projection of the nursing home places that we would require if nothing happened for the good and we simply had to pay for the current trend. In the green line is an ambitious challenge that says that if we invest in home care and carers' strategy and all of the other things that we have been talking about this evening we can drop the institutional rate for Jersey. That is what the strategy is all about.

Deputy R.G. Le Hérisier:

Yes, I will move because we are running a bit out of time and I know a few of you want to ask questions and some people wish to come in again. But carry on really quickly when is New Directions coming out?

Mr. J. Le Feuvre:

Realistically it is going to be presented to the new House next year in January or February 2009 because it would not necessarily be practical to expect the current Government to deliver the strategy and get approval for it and get it all signed off and approved within the remaining period of time there is between now and elections, which are 15th October and 26th November. Tactically the very best option is to hope that there may be some discussion of the issues. I would want to stress to you I do not think there is anything we have heard tonight that we disagree with you about. We are absolutely thinking the same things about changes that need to be made. We have to change elements of the system, we have to invest in community care, we have to work with the Carers Association because we acknowledge lots of carers, for instance, are already in their 70s caring for people in their 90s and even older. That is quite remarkable, quite unprecedented. So there are lots of things where we need to make investment. As Mike has just said, we do not want to perpetuate the traditional existing system of just building more beds, building a bigger hospital. That is

something we have to return to if it is required. But if we can make it work with people like Family Nursing, that we can support people living at home, support those that care for them and even in terms of respite it can be that it is a much more flexible thing. It is not just about having access to beds. It is about having sitters who can come and spend as little as 4 or 5 hours a week looking after someone so that the rest of the family can do ordinary family things. So there is a lot more flexibility that is required. So New Directions to the new House in the spring, January or February of next year, implemented we hope the beginning of 2010 right the way through really, because it is a 15-year programme through to 2023, I think it is if I have my maths right.

Deputy R.G. Le Hérisier:

I am sorry, James. Peter, very quickly --

Deputy P.N. Troy:

Can I just say you are absolutely right, carers are important? Within income support we have introduced a carers' component which works out at about £40 per week.

Ms. A. Jeune:

For every carer on the Island?

Deputy P.N. Troy:

A little bit of electioneering. I was very keen to see that come in and I pushed the department to push the rate up as high as possible there.

Deputy R.G. Le Hérisier:

Is that a universal benefit or a means tested benefit, Peter?

Deputy P.N. Troy:

It is means tested at the lower income.

Deputy R.G. Le Hérisier:

Can you talk quickly about smart cards?

Deputy P.N. Troy:

I do not know a lot about smart cards but the original concept we were going to have a population office and this was all being considered. There are some States Members who are probably against a smart card on the basis of freedom of information and information being stored and so on. I do not know where we are going on that. I think it is now the Chief Minister's Department that is responsible for taking that forward. I do not know how they are looking at that.

Deputy R.G. Le Hérisier:

They are dealing with all the smart projects.

Deputy P.N. Troy:

All the smart projects in the Chief Minister's Department.

Deputy R.G. Le Hérisier:

Sorry, that is a cheap jibe!

Deputy P.N. Troy:

Very good, Roy.

Deputy R.G. Le Hérisier:

Elizabeth, sorry to rush you.

Elizabeth:

Assuming that we go down the same road as Guernsey, can you tell me the position of Family Nursing and Home Care? I have paid into them for some 35 years. Will that be taken into consideration? Will a subscription to Family Nursing and Home Care be deducted from what one paid as the insurance?

Mr. J. Le Feuvre:

That is a detail we have not worked through and is one of the sort of issues that we would need to explore. People pay subscriptions, as you rightly say. I would suggest we would hope they would carry on paying that because I think if people make a contribution they feel that they own part of the association and Family Nursing pride

themselves on the fact that they are independent of the States, so they might very well wish to continue to have an income source like that. But we have not discussed that because that is a detail; once we have States approval for launching an insurance scheme then the detail follows about how much and who pays and whether there are discounts or whether there are repayments or reimbursements. All of those things would have to be taken into account. What I would say is whatever systems we dream up, they must be as simple as possible because every time you put an extra complicated twist in rebates or repayments or discounts you are adding to the administrative transaction cost. That is something we really want to avoid because that just wastes money that should be directly invested in frontline care.

Deputy R.G. Le Hérisier:

Okay, Anne?

Deputy A. E. Pryke of Trinity:

Thank you. Deputy Anne Pryke. What we have heard tonight I think most of it does make sense and I look forward to it coming into place next year. But one thing I would just like to stress on is that we have not heard much about the choice that people have to stay at home. I think that way we can provide the dignity, the care. What people want is a choice to be at home. One thing I would like to ask, what discussions have been going on with Family Nursing services to be able to achieve that and thinking if an insurance scheme does come - and you have said, Peter, the beginning of next year - do other things have to slot into place for it to work as well? Can you just bring in that insurance scheme without having the choice of putting more support in for Family Nursing services to be able to take more people, to care for more people in their own home? What I am asking is can that insurance scheme come in on its own or does everything have to fit into place and if it does what timescale are we looking at?

Deputy P.N. Troy:

I think it is a case of pulling everything together at the same time so really we are looking at a lot of the main work being done in 2009. I would not see the scheme coming into place probably before 2010 at least. That is we still have to have some more consultation on a whole number of issues so 2010 at the earliest. I cannot

guarantee the timeframe either. There is a lot of work to pull in with getting legislation organised as I said and pulling all the services together and making residential homes aware of all of their requirements and having contracts in place. It is a big issue. Then of course we have to have the States debate putting everything in place and putting the laws in place as well. It cannot happen quickly.

Deputy R.G. Le Hérisier:

Can I quickly ask have the discussions started with Family Nursing in terms of the systems forward?

Mr. M. Pollard:

The way that New Directions started is quite interesting; 25 good men and women true came together at a hotel in St. Brelade. The people who were there were people like myself, doctors from the hospital, G.P.s (general practitioners), colleagues from my Social Security Department, colleagues from Education, Sport and Culture and the one person representing the charitable sector was Karen Huchet, Director of Family Nursing. Karen has been involved all the way through the process. It has been a long journey of 3 years to date. Senator Perchard and I made a formal presentation to the board of Family Nursing about 9 weeks ago. They understand like we do that they are under pressure and that New Directions will not only deliver the service that they want for their clients - which they know to be failing in some ways - but it will take the pressure off many of their staff. We are having to deal with these really difficult priorities. We all see this as something of a win-win not only for patients but also for the people who are trying to care for them in onerous circumstances. I believe that Family Nursing are very much involved. It is worth saying there are many stakeholders. Many groups and many individuals will have to come together to make New Directions work. It is an Island-wide strategy. I am very proud of the fact that my department has been asked to lead it and that my Minister has political responsibility for it but New Directions touches almost all of the ministries in the government. I have to say that although it would be wonderful to pull off, I think there may be some discord because it is just not very possible to please everybody in terms of the nature of the service. That is something politically that I think my political colleagues here - my betters and my seniors - will have to resolve in the year ahead.

Senator B.E. Shenton:

When they brought the insurance scheme in in Guernsey there was some opposition but Guernsey has a home ownership rate of 70-something per cent. In Jersey it is right down to just over 50 per cent home ownership. So there may be some opposition from the people in society who do not own homes, who do not have the interest that you have. Politically it is something that we have to handle very carefully because it is vitally important we get it through. But it is one of those ones where we are going to receive quite a lot of flak for pushing it through, although I should think from the people in this audience we will receive full support but it will not be supported by everyone unfortunately.

Deputy R.G. Le Hérissier:

Yes, that is a good point. We are really coming to the end. I need to take questions just from people who have not asked any. I am sorry, Nancy, and everybody, if you do not mind.

Female Speaker:

I do not mind if I could have just 2 or 3 words at the end then.

Deputy R.G. Le Hérissier:

Can we have very quick questions?

Mrs. Romeril:

Thank you. No, it was just that with all the upgrading of standards and coming provision of maternity, paternity and carer fees, et cetera, that the cost of homes is going up greatly. We have very large homes in the Island but I do hope that there will always be room for the small home, the family-run home; what I would call the more family homes.

Deputy R.G. Le Hérissier:

Good point. That question came up in the Overdale study that question, as we know. Who would like to answer?

Senator B.E. Shenton:

The answer is that there will. The smallest family home we have has one bed. Is it one bed or ...

Male Speaker:

It is about 4 I think.

Senator B.E. Shenton:

Four beds. Also, when you come to regulation there may be a home where the room is not quite up to the number of centimetres that the legislation provides for but the person living there it is their home and they would like to stay there. So certainly with the regulations there has to be a degree of common sense and humanity about the whole thing.

Mrs. E. Quenault:

Thank you, Enid Quenault. Just a very quick question. People living in residential homes who are receiving full support also receive a weekly allowance. Now those who are paying for themselves have probably saved hard, have their own properties and we have heard very often have to sell those properties, which I hope will not happen in the future. At the moment it does. Can you tell me is it fair that they do not receive any weekly allowance? I know people feel very strongly about this. They have saved hard and they see probably their neighbours living next door to them receive this weekly payment from the States and yet those who pay for themselves do not. I ask is that fair?

Deputy R.G. Le Hérisier:

Okay, is that social security or health?

Male Speaker:

A little bit of both.

Ms. S. Duhamel (Policy Officer, Social Security Department):

We have really just taken over the parish system at the moment as an interim step because obviously we are interested in moving to a better system so we have the old system for the time being.

Deputy R.G. Le Hérissier:

But will you be getting rid of the allowance or will you be giving it to everybody?

Ms. S. Duhamel:

In an insurance scheme it will be completely different. I think in Guernsey you would pay almost all of your old age pension as your co-payment so what would be left of your pension would be the equivalent of the fairly small amount of pocket money. The system in Guernsey is quite similar leaving you with a small amount of disposable income but the details are to be sorted out, yes?

Deputy R.G. Le Hérissier:

That is another thing, Enid, that will finally have to be decided.

Deputy R.G. Le Hérissier:

Yes. Now this lady has a question as well.

Ms. J. Garret:

To answer your question --

Deputy R.G. Le Hérissier:

Your name?

Ms. J. Garret:

My name is Julie Garret. In answer to your question about personal allowance, personal allowance is paid to resident in care because all of their pensions and benefits contribute towards the residential care fees so they are left with nothing. That is why they have a personal allowance given to them of £28 a week. That is the history behind it essentially. That is all they have essentially the personal allowance, whereas people who are paying for their own care historically were able to apply for other benefits and get an attendance allowance and benefit from those other

allowances. They were given other monies that were not available to those people being funded in residential care. My question really is about people qualifying for residential care. Currently funding for residential care since February of this year has been via income support which is a non-contributory benefit system so you do not have to have contributed to income support to benefit from it but you have to have lived here for 5 years. So elderly people can move to the Island and live here for 5 years then apply for residential care funding and be funded having never contributed to the Island. I think that is where we are opening ourselves up to problems because I am getting phone calls constantly from people asking can they bring their parents over to live over here and as long as they live here for 5 years can they then be considered for residential care funding.

Deputy R.G. Le Hérisier:

That was part of the Overdale question, was it not? Peter and Sue.

Ms. S. Duhamel:

I appreciate that the old parish system had 10 years for residential care. But again we are in an interim stage at the moment. What we are doing with residential care is bringing it together. The most important things we have done this year are other things: bringing in a placement tool, bringing in a standard contract, bringing in standard fees. Those are the really improvements that we have made. We have had to keep some of the old bits of the system in place for the time being just because there is no point in changing a system for one year while we try very hard to get in place what you want which is a much better scheme which fits everybody. We are in an interim stage at the moment.

Deputy R.G. Le Hérisier:

I think what the lady is getting at and Emil was getting at earlier, Sue, if somebody who has only been here for 5 years and they qualify as a person who needs residential care as an essential need, will the States pick up the whole bill for that?

Ms. S. Duhamel:

Under income support at the moment, yes, but as I say that is an interim solution. We have 2 things to do. We have to bring in residential care regulations under income

support which will be more specifically geared to residential care and, therefore, we can have a final different solution. At the moment we are working under a Transitional Order on the residential care which is a technical thing which allows us to do things while we are sorting things out. Next year we will bring in more specific regulations under the residential care part of income support which will always be in place because there will always be people who will not even be able to afford the co-payment under an insurance scheme so we always need to have that, yes? At the same time we are doing what we have been asked to do and we have been promising to do as a department for some time which is to bring in a funded scheme which will give the whole population the chance to get some funding, yes?

Deputy P.N. Troy:

Also I am not sure of how big a problem it is. I do not have any statistics on it. How many elderly people are coming to live in Jersey? Normally they might come and live in Jersey because they have a family member here that they may come and live with or be near a child or someone that they brought up originally. Then of course there are other people who are in Jersey who sometimes go back to the U.K. and live in the U.K. with their children. Unless you carried out a study to see how many people it was affecting you would not have that.

Deputy R.G. Le Hérissier:

What the lady is saying, Peter, is that there are not reciprocal rights if you were to go under similar circumstances to the U.K. Is that correct?

Ms. S. Duhamel:

There are no reciprocal rights on residential care funding, no.

Deputy P.N. Troy:

No.

Deputy R.G. Le Hérissier:

So it looks like very quickly this will be the last question from this lady.

Female Speaker:

Good evening. In relation to what you are all sharing tonight there is a law of life that applies to this earth; to every single person on earth individually and as groups. First of all it is that each one is responsible - has a responsibility - to respect and care for and enhance life. Now, this is a law of life. This is not a duty, take note. Life never forces anyone to do anything, however, in relation to what we are sharing tonight which is caring - take note - this is a new technology on earth; it is a strange concept, caring. There are many loving people here in this Island and on earth but in relation to actually caring, what type of systems will you set up that actually - hear the word "actually" - not fine words, certificates on walls that say: "We have done this. We have done that." What is happening? What is happening in homes? What is happening in hospitals? I was in the hospital a few years ago with my husband after a major operation. The system there, beloved ones, is to suggest that they are taken into a residential home - do you know that - on the Island of Jersey? Our general hospital invites you to send your loved one into a residential home. I would not find this amusing. However, they are doing it with love. That is the system. It is not wrong but what I am asking you will you consider -- remember these words, they are very simple, respect and care for all life? When you use that as a guideline you will find that any system that is set up - whatever it is - for instance, what about caring for buildings, shall we say, hospitals? Who is caring for the building? Who has been caring for the building of Overdale? Who has been caring for the general hospital? Who has been caring for St. Saviour's Hospital? What is happening? The whole infrastructure of this Island, there is allegedly no money. Now, this is not wrong. But what I am sharing with you, should anyone wish to care for love - to actually do this - then you will find the buildings will be cared for, the renters will be cared for, the people will be cared for. You will bring in systems in the hospital that it is not wrong to go and hold someone's hand just because it is not going to show up as: "Oh, that is going to cost £20 off my bill." It is not a monetary thing. Also you will find, as you go along the line, it is not right or wrong. When you look at nursing homes, yes, wonderful people are living many years on earth, however, unfortunately nursing homes, residential care, has become big business all over the world. Unfortunately again this is not set as right or wrong but I am asking you to look at systems because it is a business. These people work with minimal staff. These people who are supposed to be caring for people who as we know they can afford to walk or talk or read or care for themselves. The staff are asked to work 12 hours a day. What

nonsense is it that rules regulate and say that is all right? These carers cannot be on their feet and take care of these wonderful people in the nursing home. In a nursing homes most of the time they are people prepared to depart this earth. They deserve being treated like angels and yet they are being charged. Whoever is going to pay them - and the payment of this is another matter - how dare anybody charge anyone £1,000 a week? They give them cutlery you would not even give prisoners. They feed them hardly £20 in these homes, some of them, is put on food and £1,000 a week they are charged, et cetera, et cetera. The patients on top of all that have to pay for every little bandage, et cetera. This is not wrong but what I am asking you with all my heart, life is about caring. I am not kidding. The new technology might sound funny. It is the new technology of the future. I am asking you - I dare all of you -- I dare you - to apply the simple law of life. Respect and care for all life as best you can and something wonderful will come forth and Jersey can lead the way.

Deputy R.G. Le Hérisier:

Thank you. You have certainly opened up a whole field just as we were all about to wind down. Would anybody like to make a -- I am afraid it has to be a quick comment.

Senator B.E. Shenton:

I would just like to say obviously we are here because we do care. We are also here because we understand and realise that the system is far from perfect at the moment. In fact it is so far from perfect that we have an awful lot of work to do to even make it acceptable. It is very disappointing that the turnout was not better tonight because this is an important subject. I do not know whether it is a mark of the society we have today that more people have not turned up. As Minister I would like to thank scrutiny for organising tonight and the assistance that they give us in this very important topic. It is something that we are moving towards. We cannot change the past. We probably all sitting here have relatives that have been badly treated by the system. I, in particular, have one aunt who was very badly treated by the system which is one reason why we want to get it changed. We will try and change it as quickly as possible but it will take a couple of years to change. But as long as we keep moving forward and we give you an assurance that we will change it. You can apologise to people who have lost their houses and so on and so forth. It does not really achieve

anything. It does not bring their house back; it does not bring the bitterness back; it does not bring back the feeling of injustice. But as politicians we can only move forward. We cannot change what happened in the past. I never I thought I would say this because I am a big supporter of the parish system but maybe it is a pity that we did not bring in income support 20 years ago and did not start moving away from a parish system where every single parish was different and every single parish acted differently with how they handled houses and so on and so forth. It is a pity that we did not do more earlier but you have our assurance that we are committed to making the future better. All I can say is I apologise. We cannot change what has happened in the past.

Deputy R.G. Le Hérisier:

Okay, I will stop it but I know there are 2 people, Ms. Clancey and Emil who just want to say a few words.

Ms. G. Clancey:

I will just say one thing. I get your point there. What you could change at this moment that might help are these residential homes that are basically taking you to the cleaners really because you are paying the bill for a lot of people, are you not, unlike my father maybe. But why do you not inspect them? How about not phoning them to tell them you are coming? How about going and inspecting them without that? You know, just go and see what is happening because like we say there are people working 12 hours. They get a food allowance of £20 a week. My father's food is disgusting where he is. I have seen it in lots of homes. You know, try just jumping in and not telling them and having a check on things. They do not keep their staff. The staff leave in weeks. They do not last, many of the staff. If you respect carers, the carers will give love back to the patients and let them have more time to hold their hand like we say and speak to them. The whole thing is just big business. That is all it is. You are paying private agencies as well £20 an hour to look after people. If you had a better system of respite -- it is you who are losing money. St. Saviour's Hospital is completely empty. Why do you not use that?

Senator B.E. Shenton:

The old building?

Ms. G. Clancey:

The old building, yes.

Senator B.E. Shenton:

Unfortunately it is a site of special interest. The windows are leaky and the heating does not work and we cannot do much with it.

Ms. G. Clancey:

I was in there the other week and it did not look too bad some parts of it.

Senator B.E. Shenton:

Well, you can open a window.

Deputy R.G. Le Hérisier:

What Ms. Clancey is saying -- I will not embark on comments. I think she is making the point, should your regulation be sharpened up, basically? I will leave it at that point.

Ms. G. Clancey:

Just one more point.

Deputy R.G. Le Hérisier:

One more, I am sorry.

Ms. G. Clancey:

Family Nursing do do respite care. They are not independent. You fund them, so how about giving them a bit more money and they can do better respite care and give these poor old carers - as you say some of them are 90-year-olds looking after people and lifting them and doing all this kind of thing - a break and give them a holiday.

Senator B.E. Shenton:

As I say, we are implementing a carers' strategy which is a new piece of work.

Deputy R.G. Le Hérisier:

But also support Family Nursing. Okay, anyone, just a few words?

Mr. E. Collins:

All we have heard all about, where is the money coming from? Well, I can tell you where some of it will come from if States of Jersey did not keep throwing millions away every year. One of those millions was Senator Ozouf gave finance £1.5 million to advertise their own business. That is going on all the time. So what about finding out where the money is being wasted first and let us know all about that?

Deputy R.G. Le Hérisier:

Okay. So the final points that we will not ask the details of, whatever you are saying is we are a wasteful organisation. Why complain we have not got money for health when it appears we have money for very questionable things? That is the general point. Does anybody on the panel wish to make final comments? Any point they feel they have missed or anything.

Deputy P.N. Troy:

I just would like to say that at Social Security of course with income support there are many people who like income support now and feel that it has improved the lives of people on lower incomes. Care in the community was talked about there. We have a lot of organisations like Hospice and like Family Nursing and Home Care and others and all the Health staff and all the Social Security staff who do have a conscience and they are aware that we need to try and do as much as possible for the community. It is very difficult trying to make all the money go round to all the right places. Certainly if we look at Health, when I got into the States 9 years ago I think the allocation to Health was somewhere around £80 to £85 million. I think it is now up to about £130 million or so, is it not?

Male Speaker:

It has to pay for Mike's salary.

Deputy P.N. Troy:

As much as possible resources are being put into the right areas but there are always conflicting demands on those resources. That is the problem. Of course we should not have built a big £106 million incinerator. We should have done something different. But that is a problem that we sometimes do throw money away. But I certainly do not agree with the £106 million incinerator.

Deputy R.G. Le Hérisier:

Thank you, Peter. Any other comments from members of the panel? We only have one final few words but before I pass it on to Alan I would like to thank you. Bob said and I think Ben also said it is a bit sad about the number of people. But it has been more than compensated by the fact you are all obviously very passionate people. You have an enormous interest in the subject. I think a great and very useful variety of views has been put forward. I would very much like to thank you for your participation. It is a vitally important question. I certainly think while this was not meant to be an evening to get some sort of informal referendum on an insurance scheme, I did get some very strong vibes about your feelings on that and that again has been very useful. We very much not enjoyed perhaps as opposed to appreciated your very compassionate and your very detailed views about the system and the stories you have to tell. Thank you very much. The scrutiny panel will meet again tomorrow. The first set of witnesses are interested from the Jersey Alzheimer's Society so from 9.30 a.m. onwards we are steaming away in the Blampied Room in the States building if any of you are interested. But our sponsor tonight --

Female Speaker:

Roy, just finally can I just --

Deputy R.G. Le Hérisier:

Very quick, none of these super tricky questions.

Female Speaker:

This is very quick. In response to the statement: "It is a shame that there are so few people here tonight", I think there are 2 issues there. One is carers cannot leave who they are caring for to come here and, two, is I think people generally feel we are not listened to.

Male Speaker:

I would like to make this point.

Deputy R.G. Le Hérisier:

Very quick. I do not want to start again.

Male Speaker:

This year 16 year-olds have a right to vote. Why do you not go and start communicating with the 16 year-olds because they are the ones who are going to have to foot the bill? You want to try explaining to them, going to the schools and explaining to them: “Look, you are coming into the workplace, one of the schemes we are looking at is an aged community scheme. The reason why we are looking at it is so we do not have to take your grandparents’ home away from them.”

Deputy R.G. Le Hérisier:

Absolutely. Yes, good point there. Anyway, I would like to move to our sponsor. Alan, if you would like to say a few wrap up words.

Deputy A. Breckon of St. Saviour:

I am not the sponsor in the sense that I paid for it. Tonight’s meeting is part of a process. It is not the end of the process because we are still there and we have given out leaflets. There are contact details there. That is a 2-way process. If you want information from us then ask for it. If we have it we will certainly give you it and if we have not then we will make inquiries of the people that have. I think rightly it is a passionate issue. We had a 2-hour session today with Family Nursing and Home Care. They receive a grant from Health of £5.8 million but that is not all of it, that is about 74 per cent of their funding. They raise a couple of million pounds themselves every year by their own efforts or by donations from people. That is very important because providing a level of care and you have to raise funds as well sometimes it is difficult and you do not want to concentrate on and what you are doing. We had a very good session. They explained to us in some detail what they do and they are supporting in a great way mainly the services provided by Health. In fact, Health could not function without them out there in the community. I think that has been

acknowledged by the rest of the members up there tonight. But what it is about and people mentioned it, it is not just about funding and the general stuff, it is about the dignity. It is about the love and the care and people's choices and all that sort of thing. Those are fine words but that is really what it is about. It is about providing a quality of care. On 11th of July some of us - like Roy and I - did go to Guernsey. We were impressed and we were impressed for a number of reasons because others have touched on funding but since the Guernsey scheme came in everybody over 50 pays. Everybody over 50 pays. It is about 1.4. They raise about £14 million a year and they spend 11. You cannot just go and check in somewhere. You have to have an assessment that says you need a level of care and support. As rightly was pointed out, it does not provide for you in your own home at the moment but it probably will in a number of years. It is only since 2003/2004 when it was introduced they have accumulated a buffer of £18 million. They accumulated £3 million per year. Generally the system works. I will just give you a brief outline. You pay the first £154 yourself which is about equivalent to the pension in Guernsey and then if you are in residential care you receive a sum of about £340. If you are in nursing care you pay about £640 a week. That is based on the carers providing that service and it is assessed. They also have a sheltered housing scheme that supports people. They have 8 sites that they are developing themselves. It is not about developers. It is about them saying: "This is what we want and it is the facility that people want." It is not as somebody else said 2 paper boxes that somebody has knocked up for as much as they can get wherever it is. It is not about that at all. It does not give me any pleasure to say that but Guernsey perhaps are ahead of us here. As Julien has pointed out, other places have done schemes which have not quite worked and we can learn from their mistakes. It saddens me we are having an inspection of the finance industry by the International Monetary Fund. Today I received a bundle of legislation what must be done to satisfy them. When it comes to basic care for a community it will be 2010. This stuff can be passed back. The stuff that really affects the community seems to take for ever because people like us prevaricate instead of getting on with it. Scrutiny in some respects here is taking the lead because what we have found is in the 2008 Business Plan, Health have elderly caring including possible funding. So have Social Security. When we looked, where is it? The fact is it was nowhere. So that is what we have done. We are looking at this and trying to drive it forward. There are some things in the Guernsey system people in retirement pay but

in general terms it will be no more than about £900 a year which, as Alan mentioned, is a week's pay. To me hopefully it is a long time before I do not need that. I will be 55. If I have to pay that sort of sum for the next 30 years, I am not bothered if I do not need it and if somebody else gets the benefit of it. That is perhaps how we should look at it instead of umming and ahing and saying: "We need to change the legislation." Perhaps we should be getting on with it. The other thing the Guernsey scheme ignores your principal place of residence. It would look if you had £1 million but it would not look if you had a £1 million house. That would be ignored and that has been obviously a very emotive subject. But we were enlightened really by the Guernsey system. It is something we can learn from and perhaps build on and develop. Hopefully we will be producing a report by the end of September. Without prejudging the report that may have recommendations that say that somebody else should get on and do this but they should do it in a reasonable timescale. It gives people who might be concerned some comfort very quickly rather than saying it is going to happen in 2010. It should probably happen quicker than that. Finally, just to close, thank you those members on the panel for their presentation and their questions and you as well for attending. As Bob said it is not very well attended but I think we have had some emotive issues there. We have had some quality points raised. As I say, it is not the end of the issue. If you want to get back to us - the contact details are there - please do so because somebody said -- I chaired another panel on telephone masts and people said: "It does not make a difference" but it did. The outcome is that we have made a difference. In the community, your voice should be heard. Your concerns should be heard because it is your future and that of your family. I would just like to mention that and thank you sincerely for coming tonight. As I say, it is important stuff and it does count, it does matter and we are listening. Thank you very much.