



Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Social Security

Thursday, 16th March 2023

Panel:

Deputy P.M. Bailhache of St. Clement (Acting Chair)

Deputy B.B. de S.DV.M Porée of St. Helier South

Deputy B. Ward of St. Clement

Witnesses:

Deputy E. Millar of St. John, St. Lawrence and Trinity, The Minister for Social Security

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Social Security

Mr. I. Burns, Chief Officer, Customer and Local Services

Ms. S. Duhamel, Assistant Policy Director, Cabinet Office

[10:31]

Deputy P.M. Bailhache of St. Clement (Acting Chair):

If we could go around the table as usual and introduce ourselves for the purposes of the transcript.

I am Philip Bailhache, the acting chair of the Scrutiny Panel.

Deputy B.B. de S.DV.M Porée of St. Helier South:

I am Beatriz Porée, member of the panel.

Deputy B. Ward of St. Clement:

Barbara Ward, Deputy of St. Clement, a member of the Health and Social Security Panel.

Panel Committee Officer:

Sammy McKee, panel committee officer.

The Minister for Social Security:

Elaine Millar, Minister for Social Security.

Assistant Minister for Social Security:

Malcolm Ferey, Assistant Minister for Social Security.

Chief Officer, Customer and Local Services:

Good morning. Ian Burns, I am the chief officer for Customer and Local Services.

Assistant Policy Director, Cabinet Office:

Sue Duhamel, assistant policy director in the Cabinet Office.

Deputy P.M. Bailhache:

Thank you all very much. Minister, I wonder if we could just open by looking backwards to 14th December when the States adopted the amendment of this panel to the Government Plan and decided that monies should not be transferred out of the Health Insurance Fund to the Health Department for other health projects. Would you say that the Government has taken that message to heart?

The Minister for Social Security:

Yes, absolutely.

Deputy P.M. Bailhache:

We were very interested to read in the *Jersey Evening Post* that you had decided that you were working on a plan to reduce the cost of G.P. (general practitioner) appointments for all Islanders. We wondered if you were in a position to share a little more information with us on that.

The Minister for Social Security:

Not a great deal more at this stage. I began speaking with Sue about this in January. It is something that I want to do as a priority because clearly there is a demand both from within the States and from States Members and from the community with the price of doctors' appointments to come down. There is some disparity that doctors are private businesses and can set their own prices, as they do, and we are continuing to support G.P. practices in other ways to improve patient care and to provide services that are not at the cost of the patient. So things like the flu vaccination programmes, cervical screening, supporting them with non-G.P. staff. But there is clearly an issue around the cost of G.P. appointments. They vary between approximately £40 and £55, depending on the practice. So we are working with the G.P.s to find a way of ensuring that the price does come down

because there is no question, I think, in my mind and the mind of my team, that simply increasing the rebate is not a sufficient way of doing that because it could just be swallowed up in operating costs or future pay rises. We could increase the rebate by £10 and the practices could increase their charges by £10 the following week and nobody gains. So we are working with the doctors to find ... I do not really like using the word "package" but it is effectively a scheme, a plan, which means that the patient costs will come down and that will also recognise increased operating costs for doctors. We are working towards something which will give the doctor something towards their own costs plus bring patient costs down. But those are effectively commercially sensitive negotiations, and those are ongoing at the moment. But everybody knows that it is a priority for me and we would like to get that done as soon as we can.

Deputy P.M. Bailhache:

The medical benefit is obviously a benefit to the contributor, a benefit to the patient, and to the extent that the medical benefit can be increased, that is obviously for the benefit of the patients.

The Minister for Social Security:

Yes, that is what we are doing to make sure that any increase in the benefit does benefit the patients and does not get swallowed up in doctors' operating costs because the doctors are telling us that doctors are businesses like everybody else, and they are facing the same pressures as other businesses with staff costs and insurance costs and premises, so they are telling us they are having the same cost-of-living pressures so we need to find a way of recognising that.

Deputy P.M. Bailhache:

Does that suggest to you that the medical benefit should go up quite substantially?

The Minister for Social Security:

I do not want to talk about numbers but the way we are doing ... it is still a matter for discussion so I do not want to start talking numbers at the moment.

Deputy P.M. Bailhache:

You are not able at this stage to share with us the kind of discussions that you are having with the doctors?

The Minister for Social Security:

No, because those are ongoing. I think we have had discussions ... the primary care body was going to meet with the G.P.s and then there are further discussions to be had around how the proposal will work. Because the key thing is that patients do see a reduction. We need to have a clear agreement with doctors to make sure that happens.

Deputy P.M. Bailhache:

Yes, I mean that kind of discussion has taken place for years and years I think between the doctors and the Social Security Department, as it then was, to determine how much the medical benefit should go up and to what extent the doctors' expenses were going to consume part of that medical benefit.

The Minister for Social Security:

That is the issue.

Deputy P.M. Bailhache:

All right, I hope we could ask that at the appropriate time you will share with us your discussions with the doctors.

The Minister for Social Security:

We will let you know just as soon as we can.

Deputy P.M. Bailhache:

Can I turn then to the Health Access Scheme because we had some discussion about this on the last occasion? Can I ask what outcomes have been highlighted by considering the operation of the current scheme, which was due to be carried out during the first quarter of the year?

The Minister for Social Security:

Yes, that has happened. We have carried out a review. I think one of the things that has become very clear from the review is that the members of the Health Access Scheme, that those people do go to the doctors more often than other people. There may be lots of reasons for that so we have a view of how it works and we now need to talk to ... that was part 1, was looking at how many people use that, how many consultations. There was a control group ... not control group. I think it is a kind of fictionalised ...

Assistant Policy Director, Cabinet Office:

It was a computer model to show you what would you have happened if we had not had the system.

The Minister for Social Security:

Before the Health Access Scheme I think in 2019 we modelled what the usage of G.P.s were in 2019 and we have used that modelling to compare against the actual outcomes with the Health Access Scheme. The outcomes are that those people are going to the doctor more. That may be they are going to the doctor more because they need to go to the doctor more, it may be people on

low incomes and there are older people there, they have worse health. That may very well be the case that those people are going to doctors more often, so the people are already on the scheme. What we need to do now is having done that analysis in terms of usage, we then need to talk to stakeholders and consider any amendments that need to be made to the scheme.

Deputy P.M. Bailhache:

The numbers are still the same, are they? 11,000 I think was the figure that you gave us on the last occasion of the number of people who were accessing the scheme; is that still about right?

The Minister for Social Security:

I do not remember the actual numbers. Do you remember the numbers?

Chief Officer, Customer and Local Services:

The number of people who could access the scheme is based upon the income support households plus those who have got Pension Plus. At the moment the number of people on income support is lower than it has been so the number will be less than 11,000, but it is up to 11,000 roughly.

Deputy P.M. Bailhache:

I was interested to learn about your modelling of the access to G.P.s. Is that something which you have been doing or could do in relation to the generality of the population rather than just those under the Health Access Scheme?

Chief Officer, Customer and Local Services:

This very specific example, obviously we had COVID. The scheme was launched in 2020, we have had COVID since, so 2022 and 2019 are 2 reasonably clear years where we could make a comparison so we just ... obviously the Health Access Scheme was not in place in 2019 so we looked at people who were fully enrolled ... who would have qualified for the scheme in 2019 and compared them the same sort of group who were fully in the scheme in 2022, and that is how we have done the comparison. So it is like a comparison group that is clean and has the same characteristics. So you can expand that out, that analysis, further if one wanted to, but that was with the specific criteria we used for this particular analysis that we wanted to get a clear picture on what was really happening 2020. The COVID period obviously had a great deal of effect on people's health as well as their willingness to go and see a doctor and the doctor's availability as well, given all the COVID restrictions. Those years are quite mixed but we think we have got a good comparison which does show, as the Minister said, that those who are on the Health Access Scheme are seeing doctors more often than those who are not on the Health Access Scheme.

Deputy P.M. Bailhache:

Before the Health Access Scheme came into force and we had the Health Insurance Exceptions, the price, as it were, for those right at the bottom end of the economic scale to access a general practitioner was nil, was it not? Now such people have to pay £12. Has there been any evidence, that you are aware of, of any falling off of access to doctors as a result of people at the bottom end of the scale having to pay £12?

Assistant Policy Director, Cabinet Office:

Health Insurance Exceptions is normally called H.I.E., just for people to understand, so H.I.E. stopped in 2008, so it is quite some time ago.

Deputy P.M. Bailhache:

As long ago as that, I did not realise that.

Assistant Policy Director, Cabinet Office:

It would be quite hard to go back that far and because so many things have changed in primary care since 2008, that is quite a long time ago. When the H.I.E. scheme was wound up, in the same way when Parish welfare was wound up, the introduction of income support, elements were introduced into the income support scheme to compensate for the predecessor schemes. So we are trying to create, as far as possible, a like for like. It was not exactly the same but pretty much the same. So money was put into the income support budget to help people with the average cost of G.P. visits. That has been put in. In fact, what has happened is that from 2008 until 2020 income support claimants were getting some money in their weekly budget toward the market costs of the G.P. visit and in 2020 we have reduced the market cost of G.P. visit without removing that element of the income support component. People today have quite a good deal on their support for their medical costs because we have not taken away the previous one, we have added in something new as well. Like I say, I think it would be really hard now and I think in fact our computer systems would not be able to go back to 2008 to give us that kind of detail. What we are talking about with the modelling is very detailed modelling of different age and sex of people, their behaviour of going to the doctor. I do not think we would be able to extract that information for 2008 so we probably cannot go back that far anymore.

Deputy P.M. Bailhache:

I think you said the last occasion that you were going to consider whether the eligibility for the scheme might be widened. Has there been any discussion about that?

The Minister for Social Security:

That will be part of phase 2. I think the Health Access Scheme was to gather data information and look at how the scheme was being used, usage of the scheme. Then consider whether, given

everything else that we have and any other developments and benefits, it is needed to expand it. But that is phase 2 of the Health Access Scheme.

[10:45]

Deputy P.M. Bailhache:

Can I move on to the £9 million investment scheme and the subsidised services, which you have under contractual arrangements with the G.P.s? Are you able to say how much of the £9 million has been spent so far?

The Minister for Social Security:

It was a package that goes over ... it started in 2022 and goes right up to 2025. In 2022 we have spent just under £1 million - according to my notes - and then we have £5 million earmarked to support wage costs for doctors. We are basically paying the wages of nurses, pharmacists, paramedics and health care assistants where they are employed by general practice. That £5 million will be spent over 2022 to 2025. Then there are various other costs which will go to ... the rest of the package goes to things like increasing the quality assurance framework, which is supporting a much more preventative model. So doctors will be rewarded for preventative. So how they treat people with ongoing conditions, so how patients with diabetes received certain care, people with cardiovascular disease, have they had regular monitoring and so on. So the money goes in there as well. I think we are spending it. It is being spent to plan. With J.Q.I.F. (Jersey Quality Improvement Framework)) will be just over £2 million in 2022. That cannot be right. Sorry, I am reading the wrong table. The £9 million will go to ... approximately £5 million on wage support.

Deputy P.M. Bailhache:

For practice nurses and people like that?

The Minister for Social Security:

For practice nurses so that G.P.s can employ other healthcare professionals. Really to modernise and make the practice as efficient as possible. There is £4 million subsidising non-G.P. appointments. So if someone goes to see a nurse we subsidise costs of that. G.P.s can now charge. Historically they could not charge if someone saw a nurse. They can now charge and we subsidise that cost.

Assistant Policy Director, Cabinet Office:

It is the other way round. A G.P. could charge the patient but the Government did not recognise that type of activity so we are now making activity payments that way round.

The Minister for Social Security:

Sorry, we are now supporting the cost of that.

Deputy P.M. Bailhache:

Yes, have I understood it correctly that this cannot be done under the law through the medical benefit scheme so it is down through a separate contractual arrangement?

The Minister for Social Security:

Yes. Then the J.Q.I.F. funding is about ...

Chief Officer, Customer and Local Services:

The J.Q.I.F. funding increases every year and recognises that one of the things that ... the big change to J.Q.I.F. under this package was it becomes performance related in the sense that if G.P. practices did not perform then it would not receive the extra payment. So it helps in terms of raising standards, in terms of potentially value for money for the patients, value for money for government, and the general spirit of trying to move forward ... and the G.P.s then trying to move forward and raising the quality of primary care, we put up to an extra £1 million in on top of the existing J.Q.I.F. arrangements that can change the whole amount of money to be performance related. It is those 3 elements that add up to the potentially £9 million over the period.

The Minister for Social Security:

But we are spending it.

Deputy B. Ward:

Just to clarify, because we asked the question how much was being spent in 2022 and I think it was just under £1 million, is that correct? That under £1 million comes out of the £9 million that has been allocated. So it has either come out of a bit of wages and a bit of subsidising costs for nurses. Is that what the £1 million is being spent during 2022, was to cover those 2 major ...

Assistant Policy Director, Cabinet Office:

There are the 3 elements of the package and all 3 of them were monies paid out in 2022. So there is an increase in the quality improvement framework contract, so that is one about the performance framework. That went up in 2022. There is a wage subsidy scheme which starts with 100 per cent of the wages being covered for a couple of years and it runs down. So it is incentivising the market to change to move to a more modern model of primary care but with that subsidy from the government falling away over time because you do not want government to be paying wages ongoing. The third part is the activity fees that are paid in respect of those non-G.P. clinicians, so that can be nurses but it can also be paramedics, it can be pharmacists, and there are some limited

areas where healthcare assistants are also allowed to ... there are some services from healthcare assistants. It is quite a range of things that are being done. All 3 elements were active in 2022. Obviously we only started halfway through the year so the total amount of money is not quite so big but for 2023 you are going to see a whole year's worth of costs. You will see the full impact this year.

Deputy B. Ward:

Thank you for the clarification.

The Minister for Social Security:

It was not £9 million in 2022, it was a package of £9 million paid in 2022; it was to run for 3 or 4 years.

Deputy P.M. Bailhache:

The practicalities are that the doctors pay the nurses or pharmacists or whatever and then apply to the department for reimbursement of the cost of the ...

Chief Officer, Customer and Local Services:

That is correct, yes. Absolutely. We have about 32 people who we are currently supporting through that scheme.

Deputy P.M. Bailhache:

It has been widely taken up by the G.P.s?

Chief Officer, Customer and Local Services:

I think there is only maybe one or 2 practices. So 12 out of 14 practices have recruited ... either already had or have recruited since.

Deputy P.M. Bailhache:

This £9 million comes out of the Health Insurance Fund?

Chief Officer, Customer and Local Services:

Yes.

Deputy P.M. Bailhache:

So it is not done separately through the Health Department?

The Minister for Social Security:

No, it is primary care.

Assistant Policy Director, Cabinet Office:

I can explain about the G.P. as well. So about 2012 the Health Insurance Law was changed to allow contracts to be left under the Health Insurance Law and with taking money from the Health Insurance Fund. They were contracts with either a G.P. practice, so that is your point you just made about the nurses being paid for by the G.P.s, that is how it works is that the nurse can have a contract with a G.P. practice to perform medical services, which now has a broader definition, and then you can also make contracts with pharmacists. Those are the 2 areas that are covered. G.P. practices, which means much more than a G.P.; it means the full practice, all the kind of services that come under a G.P. practice these days, and then also community pharmacies. So again all the kind of different services you can get from a community pharmacist. But they sit under contracts under the Health Insurance Law and the costs come from the Health Insurance Fund, but you have got to run through either a G.P. practice or a community pharmacy for the contract to work.

Deputy P.M. Bailhache:

Your expectation is that when this period of 5 years or whatever it is comes to an end the G.P.s will be able to afford to employ these practice nurses, pharmacists and so on, and on a commercial basis be charged for their services to patients?

Chief Officer, Customer and Local Services:

Yes, so the scheme was designed to have a weight of 100 per cent that would run off. At the same time, the activity fee that healthcare assistants and nurses can effectively receive from government, that income would go up and so our discussions with the P.C.B. (primary care body) were all around getting that balance right, that sustainability right. So in 2026 they will have all the activity income and hopefully have built up that ... organised their patient activity to have an income from the patient fees and also from payment from government to allow them to sustain those additional workers.

Deputy P.M. Bailhache:

The contracts will come to an end presumably, the contracts with the G.P.s?

Chief Officer, Customer and Local Services:

The wage subsidy scheme, yes, that comes to an end.

Deputy P.M. Bailhache:

So it will be up to the G.P.s to decide what they charge their patients for going to see a nurse or going to see a pharmacist or whatever?

Chief Officer, Customer and Local Services:

Yes.

The Minister for Social Security:

But there will be an element of subsidy. There will also be an element of subsidy for that contract.

Chief Officer, Customer and Local Services:

Yes, they absolutely have the freedom now to charge patients whatever they like but from government they are receiving £20 for each of those. It does vary slightly depending on the type of practice.

Deputy P.M. Bailhache:

It is the same as the medical benefit?

Chief Officer, Customer and Local Services:

Approximately, yes.

Deputy P.M. Bailhache:

More or less. Is that a policy decision? Would you regard going forward it has been desirable that the medical benefit should more or less parallel the benefit that is paid for nurses and pharmacists?

Chief Officer, Customer and Local Services:

We and the P.C.B. are seeing how this works, I think. There is an investment from government but there is also investment from the practices themselves. They are saying they are going to recruit permanent staff and they know they will end up funding them, so there is quite a bit there for us to have ongoing dialogue about this particular scheme. So we will have to see, I think. Patients also of course will determine how much they want to pay to see a nurse and how much they are comfortable paying for a healthcare assistant and what services. So there is all of that.

The Minister for Social Security:

I think at a policy level we have to recognise that there is a global shortage of doctors. We have to make sure that G.P. practices here are operating in a way that doctors ... we are getting doctors really focusing on the areas where they need to be focused on and if someone can see a nurse to save a doctor's time to see somebody who is really poorly and a nurse can be doing blood pressure or blood samples of whatever ... other things. Some nurses are ... I think sometimes we do not always give nurses the credit they deserve. There are some very well trained, very specialist nurses. There are a diabetes nurses, we have award winning heart nurses in the hospital. There are nurses who are very well qualified to provide the services they are providing. So I think it is just reflecting

that a nurse is not necessarily a second-class medical intervention. It is getting the right person in the right place.

Deputy P.M. Bailhache:

I am sure we would all accept this. The doctors tell us that they are making a substantial investment in training of these practice nurses and others, so there is certainly a quid pro quo from the doctors' side.

The Minister for Social Security:

Yes, it is to everyone's benefit and just very briefly, because we do not really talk about it, they are often overlooked. We are also talking with the pharmacy body to help the pharmacists modernise their practices. So hopefully quite soon we will be able to make an announcement about what we are doing with pharmacists. Again, we are doing things that will benefit patients, and we are working with the pharmacists to do that.

Deputy B. Ward:

Just about the training, certainly talking to G.P.s and their practices, you cannot just get a practice nurse off the shelf. It is ongoing training and even taking them up to Masters level.

The Minister for Social Security:

You would hope if that is 32 ... if those are all nurses you would like to think, like everything else, there could be some form of local training. Rather than 32 practices training 32 nurses we can have some kind of professional body coming over to train 32 nurses in one space at one time rather than going round all the practices. They are a profession like any other and you would like to think that they could work together co-operatively to provide the training they need for practice nurses or specialist nurses without them all going away.

Deputy B. Ward:

Your delivery plan states that you would be revising the Community Costs Bonus by the end of November 2023 and that you would be seeking approval for legislation in the first half of 2023. What revisions are you considering to make?

The Minister for Social Security:

Mrs. Duhamel was insisting I have a meeting with her this week ... that I try to fit in a meeting with her this week to finalise our thinking on that so that we can get the legislation in place in time. Yes, work has gone on to analyse the Community Costs Bonus this year. Obviously that expires and we have had a preliminary meeting to look at the take up, the issues with how the Community Costs Bonus works and to look at how we might structure that going forward. We will definitely be bringing

it forward. I think the cost of living will still be with us into next year so we will be bringing new legislation forward. We have yet to make ... as I say, we have had a preliminary discussion. We may look to ... the criteria that was introduced by Deputy Feltham's amendment, while notionally it will have brought people into the net it has caused some confusion. Even Deputy Ward has said to me the tax ... that he does not see how the tax thing works. It is confusing for people because people do not necessarily know and it adds a bit to the admin.

[11:00]

So I think we will look at how we maintain entry level, if you like, but not use tax as the criteria because that is just difficult for individuals to understand as well. Then I think the other obvious thing with the Community Costs Bonus is that while it is a household benefit, at the moment if you are a household of one you receive the same amount of money as a household of 4 people; 2 parents and 2 children. So I think we need to think about that very carefully to make sure that it is structured in a way that £500 to one person will go very much further for that one-person household than £500 in a family with children. Those are just the things that we have to think about still. As I say, Mrs. Duhamel is demanding a meeting this week to ...

Assistant Policy Director, Cabinet Office:

We are on track in our work plan. We are in the right place at the right time and we are good.

Deputy B. Ward:

Timeframe?

Assistant Policy Director, Cabinet Office:

That is what I am saying. This is the policy development stage but we are well within where we expect to be in order to lodge legislation before the summer recess and to implement the new payments in the autumn, that was the obvious plan.

Deputy B. Ward:

How many eligible parents with under 5 years' residency have applied to date, just in round figures?

The Minister for Social Security:

I have got a note if I can find the right page; 104 families applied, and 32 payments have been made to date and there about 10 in the pipeline. So that is **less** than we were perhaps forecasting. But I think some people have ... some claims were rejected and I think a lot of them were on the basis of they had been here for longer than 5 years, they are already on income support, or someone in the household is on income support, or they are above the earnings threshold. I think where we have

rejected people, if they would qualify for a Community Costs Bonus we would direct them to the Community Costs Bonus. But not as many, and we think that the reason is that the makeup, again in the last 2 or 3 years, there are possibly fewer people coming to Jersey with children. During pre-Brexit, people could come to the Island with children and now post-Brexit we do not have people with the same ability to come here with children. So the people that are coming are more likely to be on a work permit and they are not allowed to bring children if they come on a short-term work permit. So we think it may be that there are fewer families with children under 5 years than we had anticipated previously. There are some, we are trying to support them. We really have made extensive efforts to find them. Gone through all the stakeholders we possibly can. So it is just surprising that ... I just found it surprising that we have groups saying there are all these people struggling and we say: "Come and give us ..." and we are not getting those people forward. So it may be there are different groups but it runs until ... we will be making payments ... we extended the payment period to the end of March. We extended the application period. Initially people would apply over January, February. We extended it by a month to the end of March. Again, just to make sure people who had not heard about it in the first instance. We did some early communications in December. So although we will be broadly paying January, February, March, we will also be making payments into April for people who make last-minute applications.

Deputy B. Ward:

In your delivery plan it states that you have completed the zero-hour contract review in quarter one with the aim of initiating actions from quarter 2 onwards. Are you able to update the panel on this?

The Minister for Social Security:

I think what is happening, the review was to be completed in quarter one and that review has been done by the Employment Forum. So the Employment Forum are working on that. I believe they are on track and I am expecting to receive their report by the end of the quarter. We will then take on our work from quarter 2 in terms of looking at that and seeing what needs to be done in terms of legislative change, if any, what we need to do. Because there is a place for a zero-hours contract. What we do want to do is make sure that they are not being abused but there are industries and sectors and people for whom zero hours works. So it is just making sure that there are appropriate protections and that they are not being abused.

Deputy B. Ward:

That is lovely, thank you very much.

The Minister for Social Security:

Again, I believe that work is on track.

Deputy B.B. de S.DV.M Porée:

Minister, are you planning to bring forward any legislation regarding statutory living wage?

The Minister for Social Security:

That is a piece of work that we are doing under P.78 or P.80.

Assistant Policy Director, Cabinet Office:

I cannot remember the number.

The Minister for Social Security:

There was a proposition, I think it was the one we debated in the first sitting in September where Deputy Mézec's proposition, which we agreed an amended proposition with him, so yes, we are looking into how we would structure living wage for Jersey, and there are many ways of doing that. So that work has begun. There is a project team established I believe with relevant stakeholders and we will look at how a living wage might work and whether we think it is a good idea to move the minimum wage to the living wage. So that work is ongoing. Then in parallel with that, later on in the year, we will be going to the Employment Forum in line with normal timescales to ask for their recommendation for the next uplift in the minimum wage from January because I think the living wage would not come in from January next year. So we will still meet the minimum wage from January 2024 and the Employment Forum will be asked to consult on that fairly soon, I would expect. But the living wage work is underway.

Deputy B.B. de S.DV.M Porée:

Thank you for that. I was going to ask about an update as well on the minimum wage rates for 2024.

The Minister for Social Security:

Again, that will happen over the spring and summer, and I think it is end of September, October we will have this year's report. We normally get it toward the end of the summer and can make a decision.

Deputy B.B. de S.DV.M Porée:

Thank you. Would you be able to share with the panel any proposals you plan to bring forward with regards to minimum wage?

The Minister for Social Security:

It is too early to say at this stage. But I think this year we brought the increase forward to November. I would anticipate going back to January for that. Because of the cost of living we brought it forward

this year. I would intend to stick with the normal January increase for this year just because it makes it easier for everybody to understand that and not get confused by timings.

Deputy P.M. Bailhache:

In a letter of 24th November 2022, if you can cast your mind back to that, you said that plans for specific actions with regard to updates for benefit areas would be drawn up following a review. I wonder if you could share with us how that review is going.

The Minister for Social Security:

Yes, again, that is something we have been working on in the last ... we have had a couple of meetings ... we have had 2 meetings in the last 2 weeks to discuss that. What I had asked the officers to do was to go away and basically produce a spreadsheet of all the benefits we have. We have been working our way through the spreadsheet of benefits to think about where changes could or should be made. What we will do is the long-term care is already part of its own project. We have a big project going on, on long-term care already. Incapacity benefits is part of a separate project. And with all our other benefits we are working through that. Some things I would hope we could do very quickly. Other things will need some consultation and some more work. We may need some legislative changes but, for example, a couple of the things we have identified that I would hope we could do very quickly are things like around the death grant. For example, if a baby is born at 24 weeks alive but dies very quickly the parents would receive a death grant but if a baby is stillborn at 24 weeks there is no death grant. That seems to me to be not an appropriate way. That cannot be right. So we are going to look to make sure that stillborn children at 24 weeks, the parents will get the death grant. That is a very easy thing to do and we would hope to be able to announce that formally very soon. Another thing is the Home Carer's Allowance. So with Home Carer's Allowance, if you were a parent or family member who was caring for ... if you have one child who is at P3, which is the highest level of care need, you receive Home Carer's Allowance. But under the current system if you have 2 children who are at P2, who would probably require equal amounts if not more amounts of care than one child, you do not get Home Carer's Allowance. So again that seems to be an anomaly and we will look to address the situation where a family member may be caring for 2 children or perhaps an older relative and a child who are both at P2 but they would not otherwise get the allowance. We are just trying to recognise actually where the burden of care falls. That is something we are looking at. Those are just 2 examples that we have produced very quickly. Other things may need more work.

Deputy P.M. Bailhache:

You said that pension priorities I think were likely to be a priority.

The Minister for Social Security:

Yes, we are looking at that as well. We will look particularly at things like the asset disregards and income levels. We will be looking at those generally so if you have savings over a certain amount those have not been changed for some time. We will be looking at those generally.

Deputy P.M. Bailhache:

Seasonal workers, that is all part of work in progress, is it?

The Minister for Social Security:

That is also part of work in progress. Yes, there is some work being done.

Deputy P.M. Bailhache:

Do you mind if I jump back to G.P.s, just for the moment, because there was one question that I did not put to you that I should have done? Can you give us some idea of the timescale involved in these discussions? The panel has been very anxious about medical benefit, as you know, for a long time. When are these discussions with the doctors likely to come to fruition?

The Minister for Social Security:

Very soon, I hope. I would hope very soon.

Deputy P.M. Bailhache:

Can you put a timeframe on it?

The Minister for Social Security:

The discussions are actively going on. I said yesterday I hoped April. I hope to be able to announce something in April, but also we have Easter in the way in April. But discussions are very much ongoing and we are just trying to find a way of making that work. What we are also trying to do is not have a benefit over the last 6 months, so we are hoping we can arrange because we are wanting something that will look forward through 2023, 2024, possibly into 2025, so that ... as I say, it is a commercial decision. We need to make sure it works.

Deputy P.M. Bailhache:

This will be informed presumably by the actuarial report, which I think will come later on.

The Minister for Social Security:

The actuarial report will be relevant but I think we could do that regardless.

Deputy B. Ward:

Just to expand on about the seasonal workers and what they pay. When it comes to the long-term care review are you bearing in mind that seasonal workers are paying long-term care but they may not actually be able to access that? I do not know. It is an anomaly it seems.

Assistant Policy Director, Cabinet Office:

That is not part of the current review scope.

Deputy B. Ward:

It was under the long-term review.

The Minister for Social Security:

The long-term care review is about what the benefits are and how the benefits are paid and I think what you are asking about is how the money comes in. So that is another question which is not part of the review. The review is about what is provided at the moment. But there are various discussions going on about seasonal workers. But I think there are laws on the basis that everybody who is here and is working pays those contributions. There is some work going round about seasonal workers generally.

[11:15]

Deputy B.B. de S.DV.M Porée:

With regards to health and well-being, Minister, how is the development of a permanent scheme for community access to period products progressing?

The Minister for Social Security:

Again, we had the pilot. The pilot scheme went from September until earlier on this year. It seems to have gone well. I was hoping we would have had some numbers about how much ...

Chief Officer, Community and Local Services:

15,000 items.

The Minister for Social Security:

Were accessed. People have taken 15,000 items. It is continuing in those venues. What we are trying to do now is we are analysing both the consultation. I think we had over 800 responses to the consultation process. So we are working through. And the consultation was about what people want in terms of access, in terms of type of products. The products that were available were very traditional products. There is a demand in some quarters for sustainable, useful product, so we are trying to work through that. But I think it will probably still be traditional. We will try to introduce

more sustainable products. So we are working through the consultation. We will look at the data from the venues, what the take-up was in each of those venues, but availability is continuing for now and the scheme will be rolled out officially in October. We are working with one of the ... there is a group who have offered to come along to one of our Assemblies just with a display of sustainable products so that States Members can look and see what they are and what is available in the market because there is a ... I do not really know much about that area. So they will come in and let us look at sustainable products. I think the issue with sustainable products is some of them there is a big outlay to start with. There are lots of things out there, so we are ... but again, I think work is on track with that.

Chief Officer, Customer and Local Services:

We are also, Minister, sorry, planning on doing further promotion of the pilot scheme very shortly.

The Minister for Social Security:

Yes, just to remind people that the products are available.

Deputy B.B. de S.DV.M Porée:

Thank you for that. I was going to ask you a question around the data but you have given me quite a few numbers. My understanding is data is ongoing in terms of being collected, and hopefully you can come back to the panel with further information on data.

The Minister for Social Security:

Absolutely, we will update you on that in terms of our thinking and once we have done all the data analysis and consultation analysis on what our next steps are.

Deputy B.B. de S.DV.M Porée:

Thank you for that. Okay, I was going to ask you the same thing around the scheme and with regards to further expansion of the scheme, say, for example, to include incontinence pads and things like that which are not focused on period but are necessities. Have you been giving any consideration to that or is there any more coming?

The Minister for Social Security:

I think that that would be, I suspect, an even bigger project than period products. I think what we need to do is we are ... our thinking is that we will see how the period product delivery works, how we can manage that, and cost. Once we have an idea ... I think the period product scheme is a very good pilot, if you like, for incontinence products, so once we have period products working we will then look to see, because I think incontinence, that is again a huge issue and possibly very much more costly. So we would have to devise a scheme, look at costing, get funding. We do not have

funding for that, so I think that we would have to try to estimate. I think that is a big project and not for this year. I think that is something that we may look at later in the term.

Deputy B.B. de S.DV.M Porée:

Could we look at it maybe as phase B, the second stage of ...?

The Minister for Social Security:

Possibly. It will not be this year because we have a lot on this year, so I would like to see how the period product rollout goes and then we would have to work out how ... because with incontinence products it is ... well, even with period products people going in and picking things up may not be convenient for people who are using ... if you are looking at a much older demographic and there might be different delivery mechanisms. I am quite keen that we do look at delivery mechanisms anyway and how we would do that. So I think incontinence really would be a huge project. It is on our radar but it is a little way ...

Deputy B.B. de S.DV.M Porée:

But hopefully welcome, because we have even women, pregnant women or women who have just given birth, which also can be at great cost to them.

The Minister for Social Security:

Well, yes, absolutely, but I think the challenges with incontinence ... again, I am not very knowledgeable on it. I know with period products you could be looking at women from 10 to 50, let us say, roughly on average, and with incontinence products you could be looking at men and women from a relatively young age up to 90, so that would be very much more challenging. It would be a much more challenging project, I am fairly certain of that, and it would need a lot of work.

Deputy B.B. de S.DV.M Porée:

You are prepared to consider it at least, to look into that?

The Minister for Social Security:

I am prepared to consider it in another year or 2 possibly.

Deputy B.B. de S.DV.M Porée:

I understand. Thank you for that. Okay. Again, another issue but this time with regards to free contraception. There have been recent conversations with the Minister for Health and Social Services to look into this issue, especially with regards to women's health-strategy. What are your thoughts on it, to introduce free contraception to women?

The Minister for Social Security:

I am astonished we do not. I thought we did. I do not really know anything about that, Deputy Porée. I think it does sit with Health. I am kind of ... I thought it was free.

Assistant Policy Director, Cabinet Office:

All contraceptives are available on the prescribed list, so they are free at the point of use through a G.P.

The Minister for Social Security:

So they should be free, so I am kind of confused by this, sorry, because I thought they were free.

Deputy B.B. de S.DV.M Porée:

Sorry, they are free up until a certain age, I believe early 30s, where women are more fertile and more ...

The Minister for Social Security:

No, I think they are free.

Assistant Policy Director, Cabinet Office:

Okay, there are 3 separate services you have to take into account. Obviously, you have Brook, which supports young women, and there is an upper age limit with that. You have the Le Bas Centre. I am not quite sure what it is aimed at these days but a well women kind of service, which provides subsidised support for women all of ages. Some of the services are charged at a subsidised cost. That is done by the Health Department. But then separately and for the last quite a few years now, probably maybe 8 or 9 years, oral contraceptives have been included on the health insurance prescribed list. A long time ago they were not and you did used to pay private prescriptions to get oral contraception from your G.P. That changed quite a while ago now. So oral contraceptives are available on 90-day prescriptions, which means you can have one G.P. visit a year, which would give you an oral contraceptive supply for a year. So you are paying the costs of one G.P. visit, which you probably need for just the general quick check-up. So those are free. You would pay for some devices which have to be inserted, so there is a charge for those, but those are also available subsidised from Le Bas.

Deputy B.B. de S.DV.M Porée:

That is the implant, is it not?

Assistant Policy Director, Cabinet Office:

Those are the implants. You have coils and implants, L.A.R.C.s (long-acting reversible contraception) and things like that, yes.

The Minister for Social Security:

But then you do need a health professional to fit those, yes.

Assistant Policy Director, Cabinet Office:

Of course you need somebody to do it, yes.

Deputy B. Ward:

Because it has a drug inside. Even with the coil, some of them do have a prescribed element to it. So that would fall under a prescription, even though it is a device?

Assistant Policy Director, Cabinet Office:

Prescription items are available on the health insurance list. What I am saying is that if you have to have something inserted or implanted in some way, then there is often a charge for that part of it. It is different.

The Minister for Social Security:

But some people could go to Le Bas or Brook.

Assistant Policy Director, Cabinet Office:

There is a subsidised charge at Le Bas or you can use your own G.P., who will obviously decide what the price is for that.

Deputy B.B. de S.DV.M Porée:

Maybe we can look into that further because I think there is maybe some information we need to look into deeper as my understanding is ...

Assistant Policy Director, Cabinet Office:

Of course, if there is anything, any issues ...

Deputy B.B. de S.DV.M Porée:

... for young women up until a certain age contraception is free and then you pay for it, but we can always look into that. Things have changed very quickly and I have missed it somehow.

Assistant Policy Director, Cabinet Office:

Oral contraceptives were put on to the prescribed list quite a few years ago, maybe 8 or 9 years ago. I am not aware of any recent changes from the Social Security side of it. The other services that we talk about, Brook and Le Bas, are funded and supported through the Health Department. But we can try and get you some information, or if you have any information about what you think the problem is, if you could let us know that would be really helpful as well.

Deputy B.B. de S.DV.M Porée:

Of course, we will do that. Thank you.

The Minister for Social Security:

Possibly if the issue is people having to see a G.P. to have a prescription, if the work we are doing with the pharmacists, if that allows pharmacists to ... would that take away that ...?

Assistant Policy Director, Cabinet Office:

You normally need a G.P. Sorry, we are getting a bit technical now. You normally need a G.P. first of all to start the prescription going and then the pharmacists can carry them on, but if you have a year's worth of prescription at a time you probably ... I am not quite sure as to whether that would help or not.

The Minister for Social Security:

Yes, okay.

Deputy P.M. Bailhache:

Can we move on, do you think?

The Minister for Social Security:

Yes. I do not really know enough about it. I do not know anything about this, sorry.

Deputy B.B. de S.DV.M Porée:

Thank you. So, Minister, on our last quarterly hearing you said that you would share with the panel a timeline for the progress of the long-term care scheme and carers' benefits once a workplace was formulated ... work plan, sorry, was formulated. Are you in a stage to share anything yet?

The Minister for Social Security:

I know the project is under way. Do we have a work plan?

Assistant Policy Director, Cabinet Office:

I do not think we have a work plan per se. We have some products. So there is a communications product that will be available at the end of the month, I think. So that first section has been completed. There is other work ongoing. There are a variety of different areas.

The Minister for Social Security:

Yes, there are a number of strands to that. We have the communication piece, which is something I feel very strongly about, so we are working on how we communicate and explain the benefit to people. We are doing a review generally of how the benefit works for people. Particularly, we are doing a review into the domiciliary care market because that was in its infancy when long-term care was introduced. That market has developed in a way and we now need to look at how that market is operating in the context of long-term care. So, work is under way. We also have the care needs at home project, which is helping people meet ... working with people to help meet costs of if you have a person in the household who needs care, the additional costs. So we have that project ongoing as well. So there are numerous strands. I am sorry, I may have forgotten I had said that we would do that.

Deputy B.B. de S.DV.M Porée:

That is fine. Thank you.

The Minister for Social Security:

But work is absolutely under way on that, very much so.

Deputy B.B. de S.DV.M Porée:

Okay. Then it will probably be we will ask for further updates as and when you are ready. Thank you.

The Minister for Social Security:

Yes, we are very happy to ... with long-term care, because that is such a big project, we are very happy for someone to come and do a ... one of my officers leading on that to come and do a briefing on long-term care and that project. Equally, the incapacity review we are doing, there is a lot of work being done on the long-term and short-term incapacity benefits, which will result in quite a significant overhaul, I would expect, of those. So we are very happy to give you a briefing on that, a separate briefing on that, in due course.

Deputy B.B. de S.DV.M Porée:

Thank you. It is a question I am not sure if you will be able to answer or not because again it is based on the review of the long-term care, tying up with the cost-of-living crisis. How will you ensure that you have accurately increased long-term care payments to match the rising inflation rate?

The Minister for Social Security:

I think the increase we did in January was inflation. Was it increased? It was 12 per cent?

Chief Officer, Customer and Local Services:

Twelve per cent.

Assistant Policy Director, Cabinet Office:

It was 12, which was higher than the inflation rate we had available to us at the time. So yes, it was a very appropriated increase.

The Minister for Social Security:

The increase we made this year was higher than inflation because we were looking at inflation going up. Hopefully it will not. Hopefully it may be reaching its peak. But yes, we have done that and we have providers who have been very grateful and very happy with it. A provider has said to me: "Thank you" and it made a huge difference and they can give the staff all a pay rise. They were very happy with it. There are always people for whom it is not enough, but it was more than inflationary, that increase.

Deputy B.B. de S.DV.M Porée:

Okay. Thank you for that. My next question is about your delivery plan. So, your delivery plan states that you are considering the ways support is provided to people receiving care in their own home, their carers and young adults in 2023.

[11:30]

Can the panel receive a draft version of the framework being created for clients selected for the planned pilot scheme? Would you be in a position to ...?

The Minister for Social Security:

That would be the care needs at home project. Yes, can we do that? I know one of my officers has been working on that for a long time. I think it started in 2019. Again, it involved a lot of face-to-face contact with families. He has gone to see a lot of families, but again that was interrupted with COVID and going through all that period. So that is going to be launched again this year, but we could provide more information. Can we?

Assistant Policy Director, Cabinet Office:

Absolutely, yes, a bit later on. It is being worked on at the minute, so it is not quite ready yet.

Assistant Policy Director, Cabinet Office:

Yes, it is in hand.

Deputy B.B. de S.DV.M Porée:

Thank you. What updates to benefit rules and new support services are you planning to set up in 2023 and 2024 in order to minimise the impact of health conditions on employees and self-employed people?

The Minister for Social Security:

On health conditions?

Deputy B.B. de S.DV.M Porée:

Yes.

The Minister for Social Security:

I think that will come into our incapacity benefits review, so that will all be swept up in there. That is very much about workplace health and ... or not workplace health but really our current system does not really help people, so we are trying to get to a system where if someone is unwell that they can work if they are able to work. It is generally better for people to not be at home on long-term sick, and our system is very restrictive. So there is a lot of work going on there. We have a very experienced doctor from the U.K. (United Kingdom) advising us on that. We are looking at other examples and we will also have to look at supporting employers to understand that. Because some employers will struggle or will be nervous about bringing people back to the workplace and so on, so it is how we get people back into the workforce on light duties and flexible hours. So, as I say, we would be very happy to provide a briefing on that.

Deputy B.B. de S.DV.M Porée:

Okay. Thank you very much. I have one more long question. So, Minister, at our last quarterly hearing, you stated that you were wanting to create an occupational health-based model to update the benefit rules which would allow Islanders to return to work on a phased basis.

The Minister for Social Security:

Yes.

Deputy B.B. de S.DV.M Porée:

This might include getting, as you mentioned, people back to work after being on long-term care benefit, using a flexible approach or perhaps training and giving them new employment opportunities. Would you be able to update the panel on how this work is presently progressing?

The Minister for Social Security:

Well, I think that will be part of the incapacity review.

Deputy B.B. de S.DV.M Porée:

That was tying up with that.

The Minister for Social Security:

We could provide a briefing on that.

Deputy B.B. de S.DV.M Porée:

Okay.

The Minister for Social Security:

I know it is being worked on very actively. I have been at meetings with the expert and one of the stakeholder meetings with employers, who were very welcoming because employers do not really want ... they would rather people were not signed off for 6, 7, 8 months. They would rather have people working where they can. I believe it is just trying to work through the processes. We will need to make ... in fact, I think very soon we are bringing forward a small legislative change to allow that work to continue. So I think that would all be part of the incapacity review briefing.

Deputy B.B. de S.DV.M Porée:

Thank you, Minister. I think a briefing will be really good. It will help us to ...

The Minister for Social Security:

Yes, we can try ...

Assistant Policy Director, Cabinet Office:

That can be done really quite soon, in the next month probably.

The Minister for Social Security:

We can arrange that if we speak to ... we can get that organised.

Deputy B.B. de S.DV.M Porée:

Thank you.

Deputy P.M. Bailhache:

I think that would be very helpful. Thank you.

Deputy B. Ward:

Just moving on to the topic about the ageing population, Minister. We are aware that you are developing a policy framework for an additional pension scheme and investigating long-term saving products by the end of 2025. Are you in a position to be able to tell us a bit more about that?

The Minister for Social Security:

Yes. We have had several meetings on this and my vision, or the vision we have got to, is that we will try to, rather than ask individual employers ... because it was very clear to me last year that employers were very anxious about having to set up workplace schemes and what the implications of that were. I think taking into account as well I think it is fairly clear now that people rarely leave school at 16, 17, 18, start work with an employer and are still working with that same employer when they retire at 65 or 66 or 67 and that people do move around and that people are building up ... what was happening is that some people are building up lots of little pots, which have their own administrative difficulties. So what I think we are working towards is a system where people can contribute so that they have their account, they can contribute to it throughout their life, whether they are employed, self-employed, and their employer at any given time can contribute. So we are trying to work out how we would make that happen so that the person would be developing their own defined pot. So it would not be a defined benefit, it would be a defined contribution scheme. People would put their money into their pot, employers put the money in, and at the end they have a pot which then would reflect their input to then provide them with benefits in retirement.

Deputy B. Ward:

That will be run by Social Security?

The Minister for Social Security:

To be discussed. We are still trying to get to the models. It may be that Social Security would be the best way of doing it.

Deputy B. Ward:

From an admin point of view, yes.

The Minister for Social Security:

If we were to adopt that type of model, then that would be an obvious solution. Obviously, there are systems issues and staffing issues and admin issues, but that is the general approach. Because I

think we are a relatively small population and what we would not want to do is develop a scheme which becomes unwieldy and burdensome and expensive to administer, which means that we spend so much on administration people do not get very much pension out at the end. So I think that may be the way we would do it. It may be that we would collect through Social Security but have a different administration that is separate from Treasury. So we are still working through all of these things and we have had lots of internal meetings about it. We have some very good advisers and we had our first cross-government meeting with other Ministers last week. Of course, nothing is as easy as I think it is, shall we say? So it is a very active piece of work. We are hopefully making progress. We are engaging a Ministerial oversight team to take it forward and I think the project team would like me to come forward ... we would hope to come forward this year with a policy framework and come forward to the States with a policy framework to seek approval of the framework and further funding for the work. Because the funding we have will only take us so far, so I think we will come to the States later on this year to seek approval for a policy framework and funding to then develop the scheme, and then we would do more development. I would like it to be lodged in 2025. That may be very, very ambitious but that is the target date that we have set. But yes, it is ...

Deputy B. Ward:

So it is looking at an Island pension scheme but it is not an old-age pension scheme, it is an Island occupational pension scheme?

The Minister for Social Security:

It is a kind of long-term pension savings scheme that people ... because self-employed people I think ... I think there is a disparity in the Island. There are some people who have very good pension provision if they are in public service or some of the banks have very good provision. What we do not want to do is do something that would dissuade the banks from providing pensions, so it really is aimed at people who may not have an occupational scheme, who are small employers, who are self-employed, and it is really about - a bit like our tax system - low, simple, efficient in terms of administration. I think simplicity is the key to how we get people to ... we would want people to be contributing. We may allow people to opt out for a time but we would then want them coming back in because the whole rationale is to have people saving for their old age to make themselves more comfortable in old age.

Chief Officer, Customer and Local Services:

It will be complementary, as the Minister said, to existing providers and existing schemes. It would not be nobody else ...

Deputy B. Ward:

It is not a replacement.

Chief Officer, Customer and Local Services:

Yes, exactly, it would be complementary.

Deputy B. Ward:

An add-on, addition, an opportunity for all.

The Minister for Social Security:

Yes, and it would also be additional to the existing States pension, so that will continue as is. That is the basic safety net, hopefully a basic safety net for everybody where everybody will get that benefit. So, this is just to really encourage and facilitate, because I think if you are on a relatively low sum of money it is quite difficult to find cost-effective pension provision because while there are structures you have to be earning or contributing a reasonable amount to make all the administration charges worthwhile at a personal level. So, we are conscious of that and getting something that can be structured at a cost-effective level.

Deputy B. Ward:

Has there been any consultation with your pension industry experts? I do not want to name names but ...

The Minister for Social Security:

Well, we have our advisers who are helping us structure it. We will be going to ... there will be, I am sure, very extensive consultation but we are not at the stage to do that yet. We are still trying to ... we have had quite a number of meetings. We have had quite a big number of meetings to work out what we think the key elements are and to then start working that forward. Because it is a fairly complex piece of work.

Deputy B. Ward:

There is the possible J.C.R.A. (Jersey Competition Regulatory Authority) as well because if the Island is doing it, they may go ... because if it is more cost effective to go down your route than maybe with a private company, you know. We do not know, really.

The Minister for Social Security:

I would hope not because it will not be anti-competitive. It will not stop anyone else. There will still be a place for people to say ... I think there will still be a place for people who are earning a lot of money and who want to manage their pensions through private schemes to do that. We do not want to ... there is a pension advisory industry. There are people who provide pensions. The idea is not

that it would replace that. This is at the moderate to low earning level that we are really aiming this at.

Chief Officer, Customer and Local Services:

Guernsey are further ahead of us in this regard and it is one of the things I think, Minister, on the agenda for when you meet the Guernsey committee so ...

The Minister for Social Security:

Yes.

Deputy B. Ward:

Okay. Is it possible for you to tell the panel how the Older Persons Living Forum is developing?

The Minister for Social Security:

Yes. It was launched at the end of November ... no, the first one, it was launched in the autumn. The first meeting was held at the very end of November and there were 18 people there. I went to the opening at the start of it just to hear the initial discussions. I could not stay for the whole meeting. There has been a further meeting on 1st March. It was a little bit delayed. Again, we had about 17 people attending. That was slightly delayed after the Haut du Mont event because a lot of people who were involved at governmental level running it were ... their time was taken up with Haut du Mont. But again, some matters have been taken forward and they have also asked for speakers and other people to come along and talk to them. So we have a chair. Paul Rendell from Adult Social Care is chairing it, with 2 co-chairs from within the group, and our thinking is that at some point one of the co-chairs will take on running for that. We are very grateful to Age Concern who have hosted the meetings so far at their new premises on Val Plaisant. They have hosted for us and the thing when I went, it was very good. We had a nice, good selection of people there. We had some technology to enable ... there was a lady there who was hearing impaired who uses British sign language and she had an interpreter by laptop, so she was able to participate through technology because an interpreter could not be there on the day but we had someone attending remotely. Then we also had ... I do not know what you call it. Voice capture, so the screen was bringing subtitles up on the screen, which meant that for me I was thinking: "This is all very slow" but I think that was the technology. I think Paul knew better than me to speak slowly to allow the technology to keep up with the discussion. It would be hopeless ... I think the technology would be just saying: "This is just a blur." But Paul was very good at working with that technology.

[11:45]

So I think it is going well. The first thing they said was they do not like online services, so we are aware of that in how we provide services for older people who do not like doing it online. It is not just government, it was everybody, banks, call handling, everybody pushing people on to online. That is an issue we all have to grapple with.

Deputy B. Ward:

The old customer service is not there like face to face.

The Minister for Social Security:

Yes, but we recognise that. I think everybody recognises that.

Deputy B. Ward:

Are there any actions come out yet? It is probably early days but I do not know whether there were any actions that have come from that forum yet.

The Minister for Social Security:

Well, it is listening to the comments because now I keep saying: "Oh, what about the older people, older people who cannot go online." There were other things. I am just trying to think of other things that have been raised. I think I have asked ... that need to go to the community Constables. So, for example, they had asked about resting places in town, all the benches have gone in St. Helier, or not all of them but, you know, lack of resting places, lack of public W.C.s (water closets). These are all things that stop older people getting out and about easily, apparently. So yes, we will be looking to feed back action points.

Deputy B. Ward:

Thank you very much for that.

The Minister for Social Security:

But it seems to be working quite well. The minutes are online; they have been posted online somewhere. We have a budget and it is ongoing.

Deputy B. Ward:

Thank you for that. Moving to the last topic, it is the actuarial review. The actuarial review is due to be completed at the end of quarter one this year. Are you due to publish the results during quarter 2 and are we on track?

The Minister for Social Security:

I believe so, yes. I am assured the draft report will be out by the end of March, so we will see a draft by the end of this month. Then we will look at it, consider it. I imagine we get a chance to comment on it and then the actuaries will do that over the early part of quarter 2. Then the actuaries will publish their final review, the report, and we will then publish at that stage, I believe will be the pattern. But yes, it is on track.

Deputy B. Ward:

I do not know whether it is appropriate but whether we would be able to have some access to the draft and maybe be able to put questions to the actuaries as a panel.

Chief Officer, Customer and Local Services:

The actuaries would normally present the results to States Members so there is an opportunity definitely to ... I think that is still the case?

Assistant Policy Director, Cabinet Office:

Yes, when it has been finalised.

Chief Officer, Customer and Local Services:

When it has been finalised, yes.

Assistant Policy Director, Cabinet Office:

I do not think it would be ... the draft report is more about ...

The Minister for Social Security:

Yes, but I do not think they would be amenable to the draft being discussed.

Assistant Policy Director, Cabinet Office:

Yes, it would be the final report, yes. But you would absolutely get a chance to talk ...

Deputy B. Ward:

Yes, and we would have an opportunity to maybe ...?

The Minister for Social Security:

Yes.

Deputy B. Ward:

Again, it is whether it is appropriate, whether we would have access to maybe a private meeting with the actuaries and yourselves about anything on the review?

Assistant Policy Director, Cabinet Office:

So we have not finalised the arrangements for this year yet, but previously we have had an actuary actually in the Island and we have been able to arrange a series of meetings during the day. So we are very happy to take that on board if we can, yes.

Deputy P.M. Bailhache:

It would be very helpful, I think, if the panel could have a session with the actuary. Thank you very much.

Deputy B. Ward:

Thank you for that clarification and we look forward to that, yes.

The Minister for Social Security:

Yes, we can have a meeting.

Deputy B. Ward:

That would be great. Thank you.

Deputy P.M. Bailhache:

Thank you, Minister. May I just, so as not to allow your Assistant Minister to escape without answering any questions at all from the panel ...

The Minister for Social Security:

Oh, sorry, yes, I am not letting him ... I am not giving him any glory. Sorry.

Deputy P.M. Bailhache:

... perhaps we could ask him what he has been up to during the last few weeks in terms of areas of work.

Assistant Minister for Social Security:

Yes. So, for Social Security I think the main interest has been the workplace pensions or financial well-being in old age. I think that is a really exciting project and I think we have a real opportunity here to make a difference to people's living well in old age. When we look around, and the Minister described the number of meetings that we have had, but when we look around globally, the most successful systems seem to be opt ... so workplace pensions, which are basically auto enrolment. So you would contribute by default unless you opt out because perhaps you are saving or you have just had a child and you need that money for extra things. But after a period of 3 years you are auto

enrolled back into that scheme. So this is something which has been on the previous Minister's agenda for quite some time as well, and I just think it is a great opportunity for us to really secure everyone's future. Of course, there is bound to be a little bit of nervousness about it as regards business because the whole point of auto enrolment is that it is at least matched. So if the individual is contributing, say, 2 per cent, then the employer would do the same and then it would start low and build up slowly over time to allow businesses to absorb that. But it would make a big difference to a lot of people, so that is probably the biggest single piece of work that we have been looking at.

The Minister for Social Security:

Do you want to talk about what you have been doing with charities and some updates on that?

Assistant Minister for Social Security:

Yes, sure. So also I have been doing quite a lot of work with the disability strategy and also working to reinstate a British sign language interpreter, which has been out of the equation for about 4 or 5 years now. So the funding for that is available through Health and that role will be hopefully back in place within weeks rather than months. What we are looking at having is 2 persons doing that role on a job share, one male and one female, because very often people who have severe hearing impairments do not have ... you know, if it is a personal consultation with a doctor they might want someone of the same gender or perhaps of a different gender to interpret for them to avoid embarrassment or whatever. So, you know, that is a big step forward to get that reinstated because I think the deaf community has been a little bit left behind over the last few years. I have also spoken recently to the Association of Jersey Charities and spoke in front of about 100 people who represented all charities across the Island to explain what our plans are to support the sector going forwards in terms of helping them to amalgamate in terms of their H.R. (human resources) facility and their I.T. (information technology) facilities and perhaps even having more charities within one existing building so they can share those resources and work together. Part of that is the community bus scheme as well. A number of charities have their own individual mini buses, which 95 per cent of the time sit on a driveway somewhere. It would make far more sense for any charity that wants it to have access to a community bus scheme. So when I was in my previous role I wanted us to make our buses available for other charities to use and this is exactly what that does. So we are working with EVie to basically have trackers on the van so that they can be booked, on the mini buses so they can be booked through an app, and anyone who needs access to that resource will be able to pay a subscription and have access to that. So it cuts out the need for servicing and just not utilising the resource which is so valuable to move people around who have disabilities.

Deputy P.M. Bailhache:

Excellent idea, yes.

The Minister for Social Security:

We have been looking at ... Deputy Ferey with Paul McGinnety in C.L.S. (Customer and Local Services) have been working on identifying need for funding for charities and a proposal has gone forward and has been accepted for some funding from the Reclaim Fund, which I am not sure how ... whether that is public yet but ...

Assistant Minister for Social Security:

No.

The Minister for Social Security:

... we have secured some additional funding for distribution through the community foundation, I think.

Assistant Minister for Social Security:

In effect, a cost of living ... almost like a community costs bonus for charities so there is an immediate injection of funds for charities at this time.

Deputy P.M. Bailhache:

Well, Minister, thank you very much. Your department and you have obviously been very busy and thank you very much for sharing your work with us. I draw the meeting to a close.

The Minister for Social Security:

Thank you very much.

[11:54]