REVIEW OF RESIDENTIAL CARE PROVISION FOR OLDER PEOPLE IN JERSEY

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PREFACE AND ACKNOWLEDGEMENTS

The review was carried out by Terry Strettle of Strettle Associates, at the request of Graham Jennings, Chief Executive of Jersey Health & Social Services.

Terry Strettle wishes to record his appreciation of the active co-operation, help and goodwill of the managers and staff in Health & Social Services and Jersey Family Nursing and Home Care. He is especially grateful for the co-operation shown by the owners and managers of the private, voluntary and parish residential care homes for older people who gave their time for interviews and for completing the review questionnaire.

He would also like to thank those who organised the timetable, visits, travel and hospitality without whose cheerful assistance and support the review would have been impossible to complete in the time available.

Terry Strettle

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1. INTRODUCTION

1.1 On 4 August 1997 the Health and Social Services Committee considered a paper prepared by the Chief Executive for Health & Social Services on residential care facilities for older people. The result of their discussion was recorded as follows: "The Committee having recalled that a number of concerns had been raised by States members in respect of services available for elderly persons, agreed that an independent review should be carried out to determine whether: (i) current policies were appropriate and in keeping with the provision of high quality services for elderly people, and (ii) public money was being used to best effect to achieve that goal".

1.2 Following discussions between the Chief Executive and Mr T Strettle of Strettle Associates, it was agreed that the review should be undertaken as soon as possible and should address the issues set out above with particular reference to the concerns of the owners of private residential homes for older people.

1.3 The review would examine the following questions:

1) Does the current H&SS Committee policy in respect of services for older people represent best practice?

2) How has that policy influenced the demand for, and cost of, home care support and does expenditure of this component of service represent good use of public money?

3) How do the figures for the provision of private/voluntary/parish residential care beds and occupancy compare with the figures for those available from Local Authority areas in the UK?

4) Does the provision by some parish authorities of residential care represent good value for money?

5) In the light of current H&SS committee policy in respect of care for older people and demographic trends, is the demand for residential care places likely to increase or decrease in the short/medium term?

6) Given current policy and what is happening in the residential care market, is the Island's future need in respect of elderly residential care provision likely to be met by the private/voluntary/parish sector in the future?

7) In the light of the answers to the above questions, what measures might be used to support the private sector in ensuring their important contribution to elderly care provision is maintained in the future?

2. METHOD

2.1 The reviewer studied a range of policy and resource documents and other background reports provided by the H&SS department in Jersey.

2.2 Interviewing schedules and questionnaires were prepared to obtain the views of relevant people and supporting evidence to these views.

2.3 Meetings were held in Jersey with the following:

a) The owners of five private residential homes for older people. Three of the five owners were active members of the local home owners association and spoke on behalf of other members. Visits were made to four private residential homes.

b) Connétable Mrs Enid Quenault and Mr G Macrae of St Brelade parish.

c) Connétable Len Hamel of St Clements parish.

d) Mrs Stephanie Medder, Head of Community Care Services, St Helier parish.

e) Mrs Judith Pallot, Matron of Maison St Brelade.

f) Meetings were held with relevant managers and key workers in the H&SS department including the Chief Executive, the Medical Officer of Health, the Director of Community Health & Social Services, the Manager and Deputy Manager for Rehabilitation & Elderly Services, the Senior Hospital Social Worker, and the Residential Homes Inspector/Nursing Homes Adviser.

g) The Director of Family Nursing and Home Care.

h) Visits were made to Maison St Brelade and St Ewolds, residential care homes for older people.

2.4 A questionnaire was sent to thirty-three residential care homes and nursing homes for older people including private, voluntary and parish homes (the two dually registered homes were counted in both the residential home and nursing home list of homes). The questionnaire is shown as Appendix 2 and was designed to give all providers the opportunity to express their views on the issues facing residential care provision in Jersey. Total confidentiality was maintained for owners or managers by providing for the completed questionnaires to be returned directly to the review team in London.

2.5 The information collected from reports, from meetings and visits in Jersey and from the questionnaires returned by owners/managers was collated and analysed by the review team. Comparisons were made where possible and where appropriate with similar information and statistical returns from English Health & Social Services departments.

2.6 The report based on the analysis of the material collected addresses the main issues contained in the project brief and for the purposes of clarity, readability and brevity does not attempt to record every subject, item or piece of information raised or presented during the review or arising from the statistics collected. For example, it was agreed with the Chief Executive of H&SS that at this stage the Committee's Capital Programme and the need for residential nursing care places would not be examined in this review, although references are made in the report which draw attention to the need for more analysis of this area in the future.

FINDINGS

3. **Does the current Health & Social Services Committee Policy in respect of services for older people represent best practice?**

3.1 The current H&SS Committee Policy objectives 1997-2000 for Older People are reproduced as Appendix 3 to this report. 15 statements are made which clearly demonstrate a theme of promoting health and equal opportunities for older people. through providing information and support to enable older people to remain active and independent and able to access services. Consulting and involving users and carers in planning and providing services is stated policy.

3.2 Three important components of H&SS policy which have particular reference to the review are:

- To provide prompt diagnosis, treatment and rehabilitation to assist those with medical problems to return to as healthy a life as possible in the community.
- To develop, in partnership with voluntary, charitable and parish authorities a flexible range of community support services which enable older people to maintain their independence.
- To provide support to private residential and nursing home proprietors to help them offer a high quality service.

3.3 The range of policy issues concerning the health and social care of older people is both extensive and complex. This brief introduction to them is intended to be a scene setting exercise against which the more detailed issues the review team has been asked to address can be set.

3.4 The following key policy statements about services for older people are from the 1996/97 Community Care Plan of Surrey County Council Social Services Department:

We want to achieve that elderly people:

- Live independently and safely within their own chosen lifestyle.
- Have choice and control over their lives.
- Continue to live in their own home if they wish, or other accommodation of their choice.
- Have access to a range of social services health promotion services, general and specialist health care, social, and leisure opportunities in their local community.
- Know about the full range of services and opportunities, and how to access them.

The plan goes on to say the policies will be achieved by identifying individual needs of older people and their carers, producing individual care plans based on full assessments of need and making it possible for the user and carer to make informed choice and if necessary challenge decisions.

They will plan and commission services in partnership with other statutory and independent agencies, users and carers including:

- A full range of social and community services to enable the user to stay in their own home.
- A full range of health services including general and specialist services. acute and community services.
- Permanent residential or nursing home care for those elderly people needing daily help with personal care and who are unable or do not wish to live at home even with the full range of family and community support.
- Advice and support services to enable carers to continue caring if they wish.
- A system for the feedback of users' and carers' views with particular reference to service preferences.

Surrey Social Services Department (SSD) has a sound reputation for the quality and presentation of its community care plans. The policies set out in the plans are representative of the statements common to community care plans expected by the Department of Health in the UK, and reflect best practice as understood in Health and Social Services in England.

3.5 There are clear similarities in the stated policies in Jersey and Surrey and both are considered to accord with best practice. The main differences lie not in the policies, but in the delivery of services.

English authorities like Surrey have arrived at these policies partly in response to serious pressure on resources. The continuing growth of residential care for older people mainly in the private sector caused increasing financial problems for central government in England. The call for the rapid development of community care was designed to combat the increasing cost of residential care. The approach resulted in a major change in funding residential care in April 1993 when the responsibility for funding individual places was transferred to Local Authority SSDs from Central Government Social Security Offices. From this point SSDs became the gatekeepers for access to residential care and introduced their own assessments for older people wanting residential care funding

The SSDs saw the development of assessments and community care packages as the best approach to controlling their residential care budgets. The no growth restrictions placed on English SSDs led to the introduction of strict eligibility criteria being set out for all services.

3.6 The latest Community Care Plan for Surrey SSD states "Services will be provided to elderly people who are in high need as defined as follows:

High Need: People who need daily or continuous help, for example, people who are unable to do one or more of the following personal tasks safely or independently, i.e. without help or equipment:

- get in and out of bed
- eat and drink
- prepare light snacks
- go to and use WC/commode
- get dressed
- wash hands and face
- strip wash

and/or who are unable to function safely and independently because of :

- moderate or severe mental infirmity
- visual or hearing disability and who may be incontinent

Moderate Need: People who need help several times a week, but less often than every day.

Low Need: People who need help not more than once a week.

Surrey Social Services are only able to provide direct services for older people assessed as being in **high need.**"

3.7 In order to meet the demands upon them, English SSDs have been given comprehensive guidance by central government for the development of assessment and care management of individual users' care packages in the community and the development of a mixed economy of care in which the local authority encourages and facilitates the development of services by the voluntary and private sector both in residential and community care provision.

They have been encouraged to devolve budgets to care manager or team leader level to allow the maximum freedom for care managers to create imaginative and value for money care packages to meet the individual service users' needs and choices.

3.8 Jersey's H&SS policies are aiming for best practice in line with developments and thinking in the UK about choice, individual care packages and giving older people the opportunity to remain in their own homes. The services are provided under less financial restraint than in England. At present they are resource led rather than needs led although this is an issue currently being addressed by the Community and Social Services Management Team. Levels of eligibility for services have not been set.

3.9 The most significant factors in the delivery of services in England are:

- Social and health care is financed, managed and delivered by two separate bodies (NHS and local authorities).

- The intense pressure to reduce the length of stay in hospital and the reduction in the number of continuing care NHS beds has resulted in a pattern of hurried discharge arrangements from hospital of older people, with limited opportunity for rehabilitation or a full assessment of their ability to return to their own homes. Placements in residential or nursing homes at short notice and with very limited choice are common.

3.10 By contrast, Jersey has developed rehabilitation services and continuing care beds at Overdale and the Limes which enable acute hospital beds to be used efficiently and give more appropriate time for assessment for patients either returning home or moving to residential care.

The integration of the Jersey Family Nursing Service and Home Care Society has enabled one service to provide nursing and social care thus avoiding the demarcation difficulties experienced in England over the responsibilities for the support of older people living in or returning to their homes.

4. How has the Health & Social Services Committee policy in respect of services for older people influenced the demand for, and cost of, home care support and does expenditure on this component of service represent good use of public money?

4.1 It is clear from policy documents that supporting older people in the community is a core objective of H&SS strategy. The main agency for supporting older people in the community is the Family Nursing and Home Care service. Unlike local authority social service departments in England, H&SS in Jersey has only three social workers appointed to work in this area and their main function is arranging residential placements for patients leaving hospital or people referred from the community.

4.2 H&SS has very little directly managed social services provision for older people in the Island. Its main provision is through the grant aiding of the FNHC service but the latter as a voluntary organisation has its own constitution and policies and its own views on health and social care practice and value for money issues. Whilst it is important to make this distinction between H&SS and FNHC, it is also important to praise both organisations for the quality of the close working that exists between them.

4.3 **FNHC Services for Older People:** FNHC provides both nursing and home care to older people in the community. The nursing service also provides nursing for older people in residential homes. For the purpose of analysing the question posed for the review, the home care elements of the FNHC service are addressed separately below:

4.4 In September 1997 FNHC had the following number of clients by age range receiving home care:-

65-74 years	147 clients
75-84 "	346 "
85+ "	264 "
Total	757 clients

Of the 757 clients, 40 receive two visits per day i.e. 14 visits per week from a Level 2 Care Assistant, and 55 clients receive one visit per day i.e. 7 per week. 494 clients receive only one visit per week and the remainder receive between two and six visits per week.

4.5 Approximate annual costs of home care support are:-

1 visit per week x 52 weeks	= £610
7 visits per week x 52 weeks	= £5,000
14 visits per week x 52 weeks	= £10,000

These are only approximate costs as the Home Care Assistants' costs vary per hour depending on their grades and the tasks performed. Care Assistants are paid from £5.98 to £6.72 per hour.

Care Assistant Level 1 costs £11.79 per hour *
Care Assistant Level 2 costs £13.81 per hour *

* These costs include travel, administration, management, training, uniforms, holidays and sick pay.

TABLE 1
HOME CARE STATISTICS 1995 & 1996

Home Care Statistics	1995		1996	
	Clients	Visits	Clients	Visits
Care Assistant Level 1	670	32,315	549	30,791
Care Assistant Level 2	468	44,975	452	53,201

4.6 The FNHC service had 757 clients aged over 65 years out of a population of 11,960 aged over 65 years. When broken down these FNHC figures can be compared by age band with English Local Authorities provision per 1000 of the population over 65 years.

TABLE 2
HOUSEHOLD/1000 POPULATION RECEIVING HOME CARE

Age	Household/1000 population receiving home care				
	Jersey	England (average)	Kingston on Thames	West Sussex	Jersey Population
65-74 yrs	23	21	15	30	6,435
75-84 yrs	86	83	64	71	4,042
85+ yrs	178	180	162	139	1,483

Source: Jersey Census 1996
Department of Health England Statistics October 1994

Although the table above shows a remarkable similarity between rate/1000 of households receiving home care compared with the England average, only 40 of the 757 clients receive 14 visits per week. It is a matter of interpretation to convert this figure of 40, or the 55 who receive 7 visits per week, into a number of clients who, without the service, would be in residential homes for older people. Some FNHC clients also receive nursing care at home on a regular basis which can increase the

number of weekly visits and annual costs to levels in excess of the charges in residential homes, but very few people over 65 years are in receipt of these services.

4.7 The FNHC home care service appears to be working in accordance with H&SS Committee policies for older people and, as the statistical comparison indicates, in a similar service delivery pattern to local authorities in England.

4.8 The FNHC home care service is seen as following best practice because it:

- gives clients the choice to remain in their own homes for longer (and sometimes for the remainder of their lives) before a move to residential accommodation
- provides a valuable monitoring of the welfare and safety of older people living alone
- supports carers who provide the main care for older people at home
- provides a valuable component in care packages which may also include day care, respite care and nursing care

4.9 Jersey FNHC has a membership for its district nursing service with an annual cost of £25 per person or £35 for a couple, and £40 for a family. People in receipt of HIE benefits join free. The nursing service provided to members is free whether at home or in a residential home. Home Care Assistance is charged at a standard rate of £5.95 per week, irrespective of the number of visits made.

4.10 **Conclusion:** The policies of the H&SS Committee and of FNHC appear to be in accord. There is no evidence of a major change in FNHC approach to accommodate the H&SS Committee's policy.

In the future H&SS managers may be looking to FNHC to increase the level of support to a small number of older people in their own homes, in order that the pressure on rehabilitation places may be reduced following a hospital stay.

There appears to be a substantial number of older people in relatively low need who choose residential care. This view is based on anecdotal information and cannot be substantiated without an audit of the levels of care needs of older people in residential homes. If this assumption is true, older people do not appear to be exerting influence on FNHC to increase services to allow them to remain at home.

The cost of home care services is clearly unlikely to deter usage and the H&SS Committee may need to examine the justification for such relatively low charges for such a valuable service. The views of the representatives of some of the private residential owners on the "subsidising" of this service by the H&SS Committee appear to have some substance.

5. **Examine the provision of private/voluntary/parish residential care places and occupancy and compare with the figures for those available from Local Authority areas in the UK**

5.1 The questions posed for the review concerning the provision of residential care places for older people inter-relate to such an extent that it is appropriate at this stage of the report to map out these relationships before examining the individual questions in detail.

5.2 As the review's main catalyst was the concern with the position of the private providers of residential care for older people, this is the chosen starting point. The following figures were compiled in September/October 1997:

TABLE 3
RESIDENTIAL HOME PLACES FOR OLDER PEOPLE

Provider	Homes	Places	% and Comments
Private Sector	19	410	48% (incl. 2 dual registered homes)
Voluntary	6	224	26%
Parishes	4	217	26%

5.3 In September 1997 there was a total of 1052 places provided in Jersey for people (in the main aged over 65 years) in residential, nursing or continuing care establishments. Occupancy of these places on 8 September 1997 was as follows:

Residential care places	96%	(29 homes)
Nursing home places	84%	(5 homes)
Continuing care places	100%	(Overdale and The Limes)

TABLE 4
VACANCIES ON DATES SHOWN IN PRIVATE RESIDENTIAL CARE HOMES FOR OLDER PEOPLE IN JERSEY

Date	Private			Parish		Voluntary Homes		Total Vacancies
	S-Bank Vacs *	Vacs	Places	Vacs	Places	Vacs	Places	
7 Mar 96	6	36	455	3	217	5	224	44
27 Jun 96	10	39	455	51	217	3	224	93
8 Nov 96	15	47	455	38	217	0	224	85
3 Apr 97	23	69	455	16	217	9	224	94
19 Jul 97	closed	28	410	7	217	1	224	36
4 Sep 97	closed	29	410	1	217	0	224	30

* Springbank vacancies

TABLE 5
PRIVATE HOMES COMPARED WITH PARISH HOMES
(when the figures are adjusted to exclude Springbank, the private home which had closed by 10 July 1997)

Date	For Private Homes			For Parish Homes		
	Vacancies	Places	% places vac	Vacancies	Places	% places vac
7 Mar 96	30	410	7.3	3	217	1.4
27 Jul 96	29	410	7.1	51	217	23.5
8 Nov 96	32	410	7.8	38	217	17.5
3 Apr 97	46	410	11.2	16	217	7.4
10 Jul 97	28	410	6.8	7	217	3.2
4 Sep 97	29	410	7.1	1	217	0.5
	Average = 32.3		Av = 8%	Average = 19.3		Av = 9%

Table 4 shows the number of vacancies in private residential homes on selected dates between March and September 1997. The level of vacancies between June 1996 and April 1997 of 93, 85 and 94 shown in Table 4 corresponds with the period which caused the greatest anxiety for some of the owners of private residential homes. They recalled having very few enquiries for places between November 1996 and April 1997.

Table 4 also shows that as the vacancies in the private sector rose over this period from 39 to 69, the vacancies in the parish homes fell from 51 to 16.

5.4 The concerns by a proportion of private home owners about the pressure on their businesses led them to make the following criticisms. They consider that:

1) The provision by the parishes of St Brelade and St Helier of residential homes for older people represents unfair competition.

2) The provision by the Jersey Family Nursing and Home Care Service of nursing care and home care to older people in their own homes is unfair competition.

3) Those dealing with applications for care viz social workers and parish welfare staff recommend to applicants or their carers the provision of home care by FNHC or placement in parish homes rather than placement in private residential homes.

These three concerns expressed by private residential home owners will be considered in detail and discussed. The wider implications of these issues as illustrated in the project brief will then be examined.

5.5 **The Private Sector and the Parish Homes**

Tables 3 and 4 show that in addition to private and parish sectors, Jersey has a large (26%) provision of places for older people in the voluntary sector and that for voluntary homes, vacancies have been low over the period in question. No issues have been raised by the other sectors over the role played by the voluntary sector and managers of the voluntary sector have not raised issues themselves in response to the questionnaire.

Table 4 appears to support the concerns of the private owners in relation to the parish homes over a short period. The increase in vacancies in private homes between June 1996 and April 1997 does appear to correspond to the reduction in parish home vacancies during the same period. This period was unusual and untypical for the following reasons. A series of major changes took place in St Helier parish as follows:

- St Ewolds opened in April 1994
- St Helier House was closed in May 1994
- St Helier House was re-opened in June 1996 with a capacity of 56 places

This meant that 56 extra places were available in the Island from June 1996 and the balance between the needs of older people and the supply of placements did not return to their previous ratio for over 12 months i.e. by September 1997 when occupancy rates had reached over 90% in all sectors.

The second factor in the equation was the closure of Springbank Residential Home for Older People in the Spring of 1997. Springbank had 45 places and on 3 April 1997 had 23 vacancies. The vacancies for Springbank are shown in Table 4 as they represent an important component of the private sector vacancies.

Table 5 shows vacancies over the same period in private homes excluding Springbank and comparing them with vacancies in parish homes. The results show a very close similarity of 8% vacancies for private homes and 9% for parish homes over the period, but also a difference in the rate of decrease in parish vacancies from a maximum of 23.5% in June 1996 to 0.5% by September 1997 compared with an exact figure of 7.07% for private homes on the same dates. The figures suggest that with their present capacity the private sector can expect vacancies to average 8% across the sector i.e. approximately 32 places out of a total capacity of 410 or 93% occupancy.

Although St Helier parish appears to be a major player in the market over the last 18 months, the longer term view shows a less dramatic picture. Between 1987 and 1997 the parish increased its residential care places for older people by only 28. Given the increase in population in the Island and the general recognition of the increase in longevity of the population, this may be seen as a relatively modest increase over 10 years.

The action by the parish of St Helier appears to have had an effect on admissions over the last 18 months, but no parishes are said to be planning increases in their provision of residential care places for older people in the near future.

The private sector owners interviewed all agreed that a private provider could influence the market in the same way by opening a new home or extending existing provision and produce a similar effect on occupancy in their sector. They accepted this possibility as normal business competition and said they would not wish regulations to be introduced to restrict developments by private providers.

5.6 Local Authorities in England who have adopted a tight regulatory approach to expansion by the private sector on the grounds that the market will not support additional changes have had to face two problems. Firstly, how to raise and maintain standards when competition is reduced, and secondly, setting up and operating a complex machinery to deal with appeals by private providers whose requests for permission to expand their businesses have been refused.

5.7 The private sector owners made the point that they had not been involved in any consultations by the parishes or the H&SS department on the needs of the Island community for residential resources. The evidence suggests that there may be merit in this approach and that such consultation would enable all sectors to plan their developments accordingly.

5.8 **Elements of Competition:** There are two important aspects of residential care for older people for which information is not easily available. These are:

- the level and type of need of older people requiring residential places
- the level and type of service provided in the range of homes offering places

This information cannot be made available without a comprehensive audit of older people's needs and of the services which homes provide.

5.9 Some of the arguments presented in the report have had to be based on the views of those interviewed and the reviewer's understanding of the overall levels and types of services provided in the Island.

5.10 The parish homes are described as providing for levels of dependency as follows:

St Helier House	Residents must be mobile and have the least needs
Maison de Ville	Residents who need more support than at St Helier House
St Ewolds	Residents require more than at Maison de Ville, but do not require nursing care. FNHC are called as required.
Maison St Brelade	Residents are described as being older and more frail than in the past although they do not require nursing care. It is accepted that residents may spend the rest of their lives in the home. There are three trained nurses on the staff and Family Nursing service is seldom called to the home.

5.11 The residents in these four homes appear to have a level of dependency from low to medium compared with local authority homes in England in which the corresponding scale would be medium to high need.

5.12 In English LAs admission to a home requires a comprehensive assessment by social services staff in conjunction with health professionals. One result of this procedure is that older people with lesser dependency needs who have private finance have no option but to choose private residential homes.

5.13 In Jersey a freer and wider choice is available with people choosing parish, voluntary or private homes. One consequence of this freedom of choice is that the public will choose the homes with better facilities or with aspects of provision which appeal to them. The majority of professionals interviewed stated that applicants choose single rooms and maximum mobility.

5.14 The advantages for attracting custom appear to lay therefore with newer purpose built homes which offered single rooms and other purpose built facilities e.g. lifts and purpose built bathrooms. The pressure on homes to provide higher standards of accommodation and facilities has led to a reduction in the number of places available in some homes with a consequent pressure on the level of income.

5.15 Put very simply, the operating of free choice by the public means that some homes cannot attract the same numbers of privately funded residents as others, and are dependent on the placement of residents funded by the parishes or the States through Health & Social Services. It is believed by all those interviewed as part of the Review that an unfortunate result of this arrangement is that many residents with higher needs are placed in less suitable accommodation and that a larger proportion of residents in the higher quality accommodation have comparative low levels of need. This presents a problem not only for residents but also for the owners of the less popular homes in that they are likely to carry more vacancies as well as having residents who require a higher level of staff support and monitoring.

5.16 **Financial Implications**

Some private owners were concerned that the competition from parish homes was not based on a level playing field. Parish homes in St Brelade and St Helier have been financed partly with start up capital loans borrowed at 4% interest over 15 years from the States. Private home owners are likely to have borrowed capital at higher rates.

Revenue costs between the two sectors fall into two categories. Payment by private residents - those who pay for their own care - varies according to the charges levied by the private homes. Payments by parishes or the States is less variable.

5.17 Charges at Maison St Brelade are £265 per week. The parish pays £265 p.w. to the home for parishioners unable to pay for themselves. This figure is said to be the break even point for operating the home. (The outstanding States loan on the home at 30 April 1997 was £79,054.) Funding of residents at Maison St Brelade:

- Themselves 53%
- Parish (St Brelade) 13%
- The States 19%
- Other parishes 15%

5.18 Charges at St Ewolds are £222 per week for residents supported by public funds, and £367 p.w. for privately funded residents. Funding of residents at St Ewolds:

- Themselves 37%
- Parish (St Helier) 30%
- The States 25%
- Other parishes 8%

Cost of providing an average residential place per week in St Ewolds is £367.

5.19 Charges at St Helier House and Maison de Ville are £234.50 per week for private places and £222 p.w. for parish and States funded places. St Ewolds received a States loan of £3.35 million at 4% over 15 years to help finance the capital cost.

5.20 **Private Residential Homes Charges**

As in parish homes, charges vary between privately and publicly funded residents. Private homes receive £261.50 per week per resident from the resident's home parish or from the States if they do not meet parish residential qualifications. The figure of £261.50 (September 1997 figure) is made up of £222 + £39.50 provided by the States for a nursing element in the care provided. This addition appears to have been consolidated into all payments without the monitoring of what nursing care is provided.

The parish homes do not receive the additional £39.50 per resident per week, and representatives of St Brelade and St Helier thought they should receive the addition in respect of Maison St Brelade and St Ewolds (the latter has the higher dependency level of the three St Helier homes). The bottom line figures for comparison are:

Payments by:

	States	Parishes
Private homes	£261.50	£261.50 per resident per week
Maison St Brelade	£222.00	£265.00 " "
St Ewolds	£222.00	£367.00 " "
St Helier House	£222.00	£222.00 " "
Maison de Ville	£222.00	£222.00 " "

Charges by homes:

Private homes	Charges range from £261.50 to £490 per resident per week according to the returns from the confidential questionnaire
Maison St Brelade	£265 per resident per week
St Ewolds	£367 " "
St Helier House	£234.50* " "
Maison de Ville	£234.50* " "

* Charge contains £20 p.w. for the reserve fund for major refurbishment

5.21 The figures show that at Maison St Brelade 53% and at St Ewolds 37% of residents fund themselves. These homes could be regarded as being in competition with private sector homes.

For the parish or States funded residents the price difference favours the parish for St Ewolds, but the private homes for St Helier House and Maison de Ville. For Maison St Brelade the rates are comparable.

In a free market, privately funded residents are likely to be attracted by price to Maison St Brelade and two of the three St Helier homes. For public funded residents, the competition is likely to be on the quality of the accommodation and of care.

5.23 The occupancy figures suggest that the public find the parish homes attractive on these counts. It has also been suggested that residents often prefer their own parish provision because of its location and their attachment to their native or adopted parish. The argument has also been advanced that large homes (all the parish homes have 50+ places) gain from economies of scale and are able to offer higher standards of care than smaller homes as a result.

5.24 Although staffing costs are higher in parish homes, because higher rates are paid, staffing levels are at, or on occasions below, the required minimum of one staff member to ten residents during the day, and one staff to fifteen residents at night.

5.25 **Admission Procedures**

A forcefully put argument by the private homes owners was that parish staff and H&SS social workers channelled applicants into parish homes in preference to private homes.

If a member of the public wishes to live in a parish home they make an application or are referred by hospital staff or their GP, or FNHC staff. Parish staff will agree an assessment of their needs with the applicant and discuss which parish home would suit them.

Applicants for homes other than parish homes are assessed by hospital social workers. Representatives of parishes, hospital social workers and FNHC staff all said they and their staff operated on the basis of free choice by applicants of the homes they wished to live in. They insisted they were careful to give unbiased information about homes in the different sectors.

This argument is supported to some extent by the following figures which show the number of residents funded by St Helier parish at 30 April 1997:

Residents in private homes	60
Residents in voluntary homes	48
Residents in St Helier parish homes	43

The figures show the parish supporting 108 residents in the independent sector and only 43 in its own homes.

The role of hospital social workers assisting with placements is similar to parish staff but with an important difference. They are more likely to be under pressure to find places for applicants with greater needs than are catered for in parish homes. As mentioned earlier in the report, parish homes provide low and medium need

care. Residents requiring a higher level of care because of chronic sickness or disability or because they are confused, but not to a degree that they require nursing home care, or present challenging behaviour are considered to require greater need than the parish homes can provide.

5.26 **The effects of parish homes on the residential homes sector**

The figures above suggest that the opening of St Ewolds had an impact on the level of occupancy in some private sector homes. This effect was less marked in the occupancy rate for September 1997.

The four parish homes have an important share (26%) of the market, the effect of which it can be argued has been to provide:

- Greater choice for both privately and publicly funded residents.
- Competition with the private and voluntary sectors.
- Standards of accommodation and facilities which reflect present day expectations and possible future needs.
- A caring culture which is popular with parishioners.

The choice by people of different types of home varies according to personal preference. Some people prefer smaller and some larger homes, others favour a country location and others want to be in town. Some want to continue to live in their own parish. However, most people and their relatives will choose:

- high quality attractive accommodation
- good facilities
- an attractive location
- the care culture that appeals to them - usually caring, safe and stimulating

The funding of residents by parishes and the States across a range of private, voluntary and parish homes provides a range of choice and competition which should help to raise and maintain standards.

The present balance of provision meets the concept of a mixed economy of care which is advocated in the UK to provide choice, competition, and development and innovation in care provision.

A less desirable feature of the present arrangements concerns the availability of the appropriate care for varying levels of need. The care provided in Maison de Ville and St Helier House as described earlier in the report is based on a low level of need by residents. Maison St Brelade and St Ewolds cater for medium need. The consequence of this, according to private owners and H&SS professional staff, is that many residents with higher levels of need, but reliant on public funding, are being placed in homes which are less able to meet their needs because the homes lack adequate space for special baths, hoists, etc., and have difficulty in meeting the costs of extra staff and staff with higher skill levels. When private homes have

vacancies, financial pressures may lead them to accept residents whose needs are very difficult for them to meet.

5.27 **Comparison of the provision and occupancy of residential care beds in Jersey and different areas of the UK**

Jersey has a population aged 75 years and over of 5525 people. Jersey has 851 residential care places, which give a ratio of 154 places per 1000 of the population.

Comparisons with English local authority areas, English regions, England, Scotland and Northern Ireland are set out below in Table 6. Where available, occupancy levels are shown.

TABLE 6
COMPARISONS WITH ENGLISH STATISTICS

Location	Places/1000 pop aged over 75 yrs	Occupancy %
Jersey	154	96
Lancashire	125	83
Isle of Wight	122	87
West Sussex	92	88
Dorset	90	86
Newcastle on Tyne	75	90
Surrey	68	91
Kingston on Thames	46	97
Shire counties (average)	82	88
Metropolitan districts (average)	69	90
Inner London (average)	49	91
Outer London (average)	50	92
England (average)	75	89
Scotland (average)	55	N/A
Northern Ireland (average)	63	N/A

The calculations for Jersey are based on the places available in September 1997 and the population data from the Jersey Census 1996. The England and Scotland data is based on 1994 figures, and the Northern Ireland data is based on 1992-93 figures.

The data used for the comparative material is for people aged 75 yrs and over because over 90% of people in residential homes for older people are aged 75 yrs and over.

The local authorities shown for comparison are a sample of the 108 that were available. Dorset, Isle of Wight, Kingston, Surrey and West Sussex have all been mentioned for comparison in this or an earlier report. Lancashire and the IOW are

the two local authorities with the highest ratio of places in England. Newcastle on Tyne corresponds with the England average for places.

The table shows Jersey has over twice the places per 1000 of the population of people aged 75 and over than the average for local authority areas in England. The figures shown for all authorities in the table represent the total of local authority private and voluntary residential home places compared with the population of the local authority for people aged 75 yrs and over.

One would expect that this difference of over 100% between Jersey and England and the even higher differences between Jersey and both Scotland and Northern Ireland would have a simple explanation, but there is no obvious explanation. The reviewer's explanation given in a report examining the comparatively high level of places in the Isle of Wight some years ago was that the IOW had a traditional abundance of hotels and guest houses, but a declining tourist industry. Retirement to the Island was common, and the use of residential care appeared to be part of the culture. Residential homes were more likely to be known by local people and within easy travelling distance for relatives and friends. Moving into a residential home appeared to be more acceptable than in other parts of the UK.

It is only possible to speculate to what extent these factors affect the level of provision in Jersey and to what extent they apply to Lancashire which has a slightly higher ratio than the Isle of Wight. In contrast to the Isle of Wight, Jersey is very prosperous and probably has much more acute pressure on accommodation than either the IOW or Lancashire. The ratio shown for Kingston-on-Thames and Surrey which are two of the wealthiest areas in England with relatively high housing costs are only 48:1000 and 68:1000.

The common features for high ratios appears to be related to the readily availability of hotel and guest house accommodation in seaside resorts with a culture of using residential homes for retirement. This model fits Jersey, the IOW and coastal areas of Lancashire.

Table 6 shows that current (September 1997) occupancy levels in Jersey (96%) are higher than the examples shown, including the England average (89%), except for Kingston-on-Thames (97%).

5.28 Future trends in the Residential Care Market

The residential care market in the UK can be affected by demographic trends, the policies of Central Government, and the implementation of the policies by local authorities. The effect of these factors has been studied in a comprehensive analysis by the North West Business Management Working Group over the period 1993-96. Their report *Managing the Community Care Market* provides the following picture of what has happened to the residential care market for older people across 17 local authority areas following the major community changes in England in 1992. Tables 7, 8, 9, 10 and 11 are reproduced from the report with the original interpretation of the results. The particular significance to the issues under discussion in Jersey is suggested.

Quotation and tables from *Managing the Community Market*:

"In the run-up to the community care changes in April 1993 a great deal of anxiety was expressed by home owners on the effect of the transfer of funding responsibility from the DSS to local authorities, the introduction of assessment procedures and the shift to domiciliary care

- would it lead to a reduction in the volume of residential and nursing home care and subsequently the viability of their businesses?
- would it effect nursing homes more than residential homes or vice-versa?
- what part would local authority homes play in the changed system?

The actual position after three years is that there has been only minimal change in the volume of beds but significant changes in the type of provision (Tables 7 & 8)

TABLE 7
RESIDENTIAL & NURSING HOME STOCK AT MARCH 1993 & 1996

	1993		1996	
	Homes	Beds	Homes	Beds
Nursing	742	28,972	666	27,170
Independent Residential	1,390	28,034	2,267	26,174
Dual registration	72	2,612	155	6,844
L.A. Residential	246	8,940	206	7,098
Total	**2,450**	**68,558**	**2,294**	**67,286**

TABLE 8
CHANGE IN BED NUMBERS MARCH 1993-1996

	1993	1996	% change
Nursing*	30,278	31,953	+ 5.5%
Independent Residential*	29,340	28,235	- 3.8%
L.A. Residential	8,940	7,098	- 20.6%
Total	**68,558**	**67,286**	- 1.9%

* dual registration beds included

- the number of both local authority homes and beds have reduced substantially through closures and reduction in size of homes.

- although the number of nursing homes has gone down, the number of beds in nursing homes together with those registered for nursing in dual-registered homes has increased, influenced by the opening of larger homes in parts of the region.

- independent residential beds have decreased steadily over the three years mainly due to closure of smaller homes of 4-25 beds in areas of high provision e.g. seaside resorts. Reductions in residential beds have, to some extent, been tempered by the increase in dual registered homes, most of which have been nursing homes diversifying their businesses.

The result of these changes on the market share of the respective sector providers is shown in Table 9 below.

TABLE 9
MARKET SHARE BASED ON BEDS

	Nursing %	Independent Res. %	L.A. Residential %
1992	41.9	43.8	14.3
1993	44.9	42.2	12.9
1994	45.9	42.0	12.1
1995	47.2	41.6	11.2
1996	47.5	42.0	10.5

The numbers of actual home closures and the effect of change on the viability of smaller homes are shown in Tables 10 & 11. Some homes in all sectors have changed the nature of their business or client group and are not included in the figures. There is a marked swing towards larger size homes which are beginning to influence the shape of the social care market in most local authority areas in the Region. The changes in the 25-50 bed range are linked to local authority closures or reduction in size of homes.

TABLE 10
HOME CLOSURES 1993/94 TO 1995/96

	Nursing	Ind. Res.	L.A. Res	Total
1993/94	9	33	6	48
1994/95	12	53	11	76
1995/96	27	48	9	84
Total	48	134	26	208

TABLE 11
TRENDS IN HOME SIZE 1994-96

No. of beds	March 1994	March 1996	% change
4-15	590	519	- 12.0%
16-25	702	645	- 8.1%
26-35	479	487	+1.7%
36-50	477	453	- 5.0%
51-70	91	123	+ 35.2%
71-90	26	29	+ 11.5%
91 & over	33	36	+ 9.1%

This Northwest study shows that fears about the viability of the residential and nursing home sectors have not been borne out. Although the number of homes has fallen by just over 5% in three years, their bed capacity has risen by 1%.

Nevertheless, the important finding for Jersey is the effect of the trend towards a high closure rate of residential homes with less than 25 places (Table 11).

These findings add weight to the view that economies of scale are an important factor in the viability of residential homes.

6. **In the light of current H&SS Committee policy in respect of care for older people and demographic trends, is the demand for residential care places likely to increase or decrease in the short/medium term?**

6.1 **Demographic trends in Jersey:** Projections based upon the assumptions of no population growth arising from net inward migration show a proportionate increase in the over-working age population from 141 per 1,000 population in 1996 (Census actual) to 159 per 1,000 in 2011. This proportional increase reflects a similar age structure change throughout Europe.

TABLE 12
AGE DISTRIBUTION OVER 65 YRS IN JERSEY PROJECTED FOR THE 15 YEARS 1996-2011 PER 1,000 OF THE TOTAL POPULATION

	1996	2001	2006	2011
Aged 65-79 yrs	102	106	113	119
Aged 80 yrs & over	39	37	38	40

Source: Report on the Census in Jersey 1996

The implication from these figures is that the pressure for places for those aged 80+ will decrease slightly in the next ten years and then increase slightly in 2011. This is significant as over 90% of admissions to residential homes for older people are for people 75 yrs and over. Although there is a steady increase per thousand in the age group 65-79 yrs over the next 15 years, there is no indication of a dramatic change and appropriate increases can be planned for as required.

6.2 If the policies of the H&SS Committee as set out earlier in the report are carried through in respect of increasing the options for older people to remain in their own homes, then this should reduce the demand for residential places or at least keep pace with any increase of older people in the population. The development of assessment and care planning by the H&SS should ensure that the needs of older people are met. Other developments such as sheltered housing schemes, may affect the position over the longer term.

6.3 The comparison of residential places for older people provided in Jersey with areas in the UK suggests strongly that demand is unlikely to increase in the short or long term. There are no indications that there will be upward pressure on residential home places. The combination of H&SS policies and the evidence from elsewhere of places per area are likely to outweigh the demography projections of a small increase over a 15 year period.

7. Given current policy and what is happening in the residential care market, is the Island's future need in respect of elderly residential care provision likely to be met by the private/voluntary/parish sector in the future?

7.1 The arithmetic of the current provision of residential care for older people and possible future trends has been detailed in the earlier sections of the report. What needs to be considered is the quality, level and variety of care that will be needed. The change in bed numbers in the North West Project shows a 5.5% increase in nursing places and a 3.8% decrease in independent sector residential places, plus a 20.6% decrease in local authority places over three years to March 1996. The tables also show the rapid increase in the numbers of dual registered homes.

7.2 These changes reflect the changing need of older people. They are likely to be older, more frail or confused, have more need of nursing and be at more risk than in the past.

7.3 This picture from England suggests strongly that although Jersey is unlikely to need more places overall, more will be needed for people in higher need. In the next five years the H&SS department may have difficulty in assisting people to find suitable places in residential homes and may need to negotiate care packages with residential home managers to meet the needs of residents. It is likely that the purpose built homes with suitable equipment and sufficient staff, including a proportion with nursing qualifications, will be better placed to meet these needs. The parish homes are likely to fit this category.

An increase in dual registration is likely, with the H&SS Committee wishing to budget so as to be able to have the flexibility to purchase nursing care in the private sector to relieve pressure on its continuing care places. This trend towards high level care will need to be responded to across all sectors including Family Nursing and Home Care services.

8. In the light of the answers to the above questions, what measures might be used to support the private sector in ensuring their important contribution to elderly care provision is maintained in the future?

8.1 The answers to the above questions suggest that all those engaged in the care of older people in the Island should be consulted about the future needs of the older people and the contribution they would wish to make in the shaping of plans and in future provision. All sectors need to be informed about developments which may affect their businesses. This would help to dispel some of the misunderstanding that has been revealed by this report.

8.2 The private sector needs to consider how it can respond to the development of community care, for example, as to whether it can contribute to the supply of day care, respite care and possibly home care.

8.3 All residential sectors need to consider their response to the greater age, frailty and confusion of many older people coming into residential care in future, when the level of personal care, nursing care and level of risk will be greater.

8.4 Some private sector homes could be offered advice, training and support for their managers and staff, including how to meet the standards laid down by H&SS.

8.5 The H&SS managers may need to consider whether individual care packages should be negotiated for clients with very high levels of need with residential homes or nursing homes.

9. CONCLUSIONS & RECOMMENDATIONS

9.1 The current Health & Social Services Committee Policy for older people represents best practice. The combining of health and social care services for older people in one department makes Jersey a leader in best practice development and in the most efficient and cost effective structure for delivering services.

9.2 The H&SS policy of supporting the growth of FNHC has facilitated growth of district nursing and home care services, but strategies to further the policies have only been introduced on a very modest level. There has been no targets set for reductions in hospital stays, rehabilitation placements or support of placements in residential homes. The review shows that only a small number of older people receive high level support in their own homes and suggests that a large proportion of older people in residential homes have only moderate levels of need which elsewhere are more likely to be met by community care.

This view is strongly supported by the calculation that Jersey has considerably more residential care places in proportion to the relevant population than any authority in the UK.

Home Care supports best practice and is good value for money. It helps monitor the welfare of older people living alone. It encourages carers to continue the major and unpaid role of supporting older people in the community who would otherwise need more costly home or residential care, or longer periods of hospital care.

The conclusion from the review was that expenditure on home care support represents good value for money to H&SS but that the charges levied by FNHC to the public should produce more revenue for the running of the service.

9.3 Jersey has a mixed economy of residential care places with a balance between the sectors within the average parameters for local authorities in England. Occupancy levels in all sectors are higher than those in England.

The higher standards of care and accommodation expected by residents and in some cases the higher levels of need are increasing the pressure on some private homes. Some private homes have the added problem of being smaller than the average and therefore do not benefit from economies of scale.

The ratio of residential care places to the elderly population in Jersey is greater than anywhere in the UK and therefore any future developments may have a detrimental effect on some existing residential homes.

9.4 The parish homes are an important factor in the residential care provision of the Island. They help to ensure that there is a mix of provision and choice for the public. They provide competition which assists the development of standards and innovation.

They may need to increase the level of care they provide in the future to meet the increasing frailty of their residents.

In view of the high ratio of residential places for the elderly population in Jersey, future parish development may need to be targeted on sheltered housing schemes rather than residential care homes.

Parish Homes appear to provide good value for money in meeting the objectives of a mixed economy of care. It is not possible to fully evaluate their value for money per resident without an audit of the needs of residents and the level of care provided.

9.5 Demographic trends in Jersey to 2011 suggest the increase in the population aged 80 years and over will be very slight and that for those 65 years and over will be sufficiently slow to allow appropriate plans to be made in advance of need. Therefore the current high level of places relative to the rest of the UK and the scope for the development of community care alternatives to residential care suggest that existing provision will be sufficient.

The evidence from the study by the North West Management Group on 17 local authority areas in England suggests that future needs are more likely to be for nursing care places with the private sector favouring the development of larger residential and nursing homes and particularly dual registered homes.

9.6 A clear conclusion of the review was the need for on going consultation between all those providing for older people in the Island.

The report shows how developments by one sector can affect the business of other sectors and also how each sector needs more information in order to understand the work being done by other providers.

All sectors should take advantage of the information, advice and training opportunities available from H&SS. Improved consultation over planning and development by all sides should increase the efficiency and effectiveness of all sectors to the overall benefit of the community.

APPENDICES

DETAILED BREAKDOWN OF RESIDENTIAL, NURSING AND CONTINUING CARE PLACES IN JERSEY

1. Residential Homes

a) Parish

Name	Beds	
Maison de Ville	50	
St Ewolds	60	
St Helier House	56	
Maison St Brelade	51	
TOTAL	217	217

b) Voluntary/Charity

Ridout House	9	
Cheshire Homes	21	
Glanville	34	
Jeanne Jugan	80	
Maison Le Corderie	52	
Stuart Court	28	
TOTAL	224	224

c) Private Homes

Admar	7	
Cambrette	19	
Cranworth	27	
Field House	15	
Glenferrie	10	
Greenwood La Rocque	18	
Ingleby	15	
La Haule	55	
La Villa Rothesay	21	
Les Houmets	33	
Longfields	22	
Mintgate	3	
Morley House	20	
Pierson House	35	
Pinewood	49	
Ronceray	20	
Tendercare	12	
Bon Air (dual registration)	14	
Guardian (dual registration)	15	
TOTAL	410	410

GRAND TOTAL 851

2. Nursing Homes for Older People

a) **Parishes** - none

b) **Voluntary/Charity** - none

c) **Private**

Name	Beds	
Bon Air (dual registration)	20	(+ 14 Residential)
Clifton	25	
Palm Springs	21	
Guardian (dual registration)	20	(+ 15 Residential)
Littlegrove	20	
TOTAL	106	

Residential Homes + Nursing Home places (851 + 106) = 957
Percentage of total: Residential Homes = 89%; Nursing Homes = 11%

3. Occupancy

As on 8 September 1997:

Residential places =	96%
Nursing places =	88%

Note: These figures do not include any Health & Social Services establishments

4. **Total of Nursing Home places and Continuing Care places in health establishments**

Nursing Homes	106			53%
Overdale) continuing care	62	) Not including		
The Limes) places	33	) Respite		47%
TOTAL	201			

5. **Total of places in Residential Care Homes compared with Total of Nursing Home places**

Residential Homes	851	81%
Continuing Care + Nursing Homes	201	19%
TOTAL	1052	

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RESIDENTIAL CARE REVIEW 1997

Management of Residential Care

The details provided about individual homes will be strictly confidential to the Review Team and used only to show average costs and cost ranges; individuals or homes will not be identified.

For each home:

1. Number of places available: _____

2. Occupancy at 22 September 1997: _____

3. Number of rooms available:

   a) Single rooms _____

   b) Double rooms _____

   c) Triple rooms _____

   d) 4 person _____

   e) 5 person _____

4. Ages of Residents:

   Under 65 yrs. _____

   65-74 yrs. _____

   75-84 yrs. _____

   85+ yrs. _____

5. Charges per place: _____

6. What percentage of residents are funded by:

a) Themselves _____ %

b) The Parish _____ %

c) The States _____ %

d) Other - please specify

_____ _____ %

7. What percentage of residents were admitted from:

a) Hospital _____ %

b) Community _____ %

c) Other - please specify

_____ _____ %

8. What was the cost of setting up the residential home (capital cost) ? _____

9. How was capital raised and how is loan serviced ?

_____

_____

10. Maintenance of building p.a. _____

11. Insurance of building p.a. _____

12. Staffing p.a. (salaries + on costs) _____

13. Staff training cost p.a. _____

14. Heating/Lighting p.a. _____

15. Cost of food p.a. _____

16. Cost of Laundry p.a. _____

17. Cost of providing an average residential place on:

a) a weekly basis _____

b) an annual basis _____

18. Average occupancy in last 12 months _____ residents

19. Current occupancy _____ residents

20. List any major costs not listed above which affect the weekly and annual costs

_____

_____

Note: The larger the sample and the more accurate information you can provide will increase the value of the information the review will provide for all participants.

Please hand the completed questionnaire to Mr T W Strettle during his visit to Jersey on 23-25 September 1997 or post it to him as soon as possible at the above address.

Additional information or views are welcome but need to reach the review team (at the above address) by 5 October if they are to be considered in the analysis of the findings and the subsequent report.

Thank you for your co-operation.

T W STRETTLE

ELDERLY AND REHABILITATION SERVICES

Policy Objectives 1997-2000

- To provide specialist health promotion services for older people.
- To promote equal opportunities and the reduction of all forms of discrimination against older people and those with physical disabilities or sensory impairment.
- To encourage a review of benefits.
- To provide comprehensive information which identifies how older people can maintain and improve their health, and how those who need support can access the health and social services they require.
- To establish a Carers' Helpline and a general Health & Social Services helpline to disseminate information about services available.
- Joint policy and co-ordination groups to be formed.
- To consult and involve service users, relatives and carers in the planning and provision of services.
- To help ensure that transport services meet the needs of older people and those with a physical disability or sensory impairment
- To provide prompt diagnosis, treatment and rehabilitation which assists those with medical problems to return to as healthy a life as possible in the community.
- Further development of rehabilitation services, with a purpose built assessment and rehabilitation unit at Overdale, speech and language therapy and a new consultant in rehabilitation and neurology.
- To ensure that residential nursing care for more dependent people is readily accessible and is offered in an environment which permits privacy, adequate space and a good quality of life.
- A new residential nursing home and day care centre to be built on the Sandybrook Hospital site, with a similar facility at Lesquendes.
- To develop, in partnership with voluntary, charitable and parish authorities, a flexible range of community support services, which will enable older people and those with physical disabilities or sensory impairment to maintain their independence.
- Comprehensive community care programmes for younger physically disabled people to be further developed through joint funding with States, FNHC and parish authorities.
- To provide support to private residential and nursing home proprietors to help them offer a high quality service.