



Health and Social Security Scrutiny Panel

Quarterly Public Hearing

Witness: The Minister for Social Security

Thursday, 21st September 2023

Panel:

Deputy R.J. Ward of St. Helier Central (Chair)

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

Deputy B. Ward of St. Clement

Deputy A. Howell of St. John, St. Lawrence and Trinity

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, Policy Director, Cabinet Office

[10:30]

Deputy R.J. Ward of St. Helier Central (Chair):

Welcome to the quarterly hearing for the Minister for Social Security with the panel. We will start with the usual introductions because people will be watching. So I will start, Deputy Rob Ward, and I chair the panel.

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

I am Deputy Beatriz Porée and I am a member of this panel.

Deputy B. Ward of St. Clement:

I am Deputy Barbara Ward for St. Clement and I am a member of this panel.

Deputy A. Howell of St. John, St. Lawrence and Trinity:

I am Deputy Andy Howell, District 3, a member of this panel.

Deputy R.J. Ward:

I will just say there are 2 other members of the panel but because of clashes and things going on, we have got enough on the panel to be quorate, which is a good thing about the panel.

The Minister for Social Security:

Deputy Elaine Millar, Minister for Social Security.

Assistant Minister for Social Security:

Deputy 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.

Policy Director, Cabinet Office:

Sue Duhamel, I am a policy director in the Cabinet Office.

Deputy R.J. Ward:

Brilliant. Thank you. We have got up until 12.00 p.m. so we will get through as much as we can. We will start off with some questions on the long-term care scheme. So the panel is aware of significant delays in getting assessed for long-term care following referrals to, it is called the S.P.O.R. (single point of referral). How long is the current wait for assessments?

The Minister for Social Security:

That sits with social work, so that is Health Department, so I do not know. Does somebody know? I do not know how long that wait is. I do not know it myself. I know there are delays in its assessment and it is to do with the social work assessment because long-term care starts with your care or need assessment, which is done by social workers. What has been happening historically is that that happens and then it comes to us and we look at the financial aspects, and that then gets you into the money part of long-term care. I think what we are trying to do in reviewing the scheme, I think they are trying to have those 2 things work in parallel more so that the finance ... so that you do not do one then the other, so that they can work together more to minimise delay. We do know that there are delays in that but ...

Deputy R.J. Ward:

So we can assume that any delays are due to the social work sector bit. If they have completed their assessment and any reviews, any decisions regard the funding, they are quick, are they?

The Minister for Social Security:

I hope so. It will depend on the information we receive, how quickly. Because it is like everything else, we have to collect an element of information from people about their assets to then decide largely what their contribution is because people will be ... if they can. So we are trying to process it as quickly as we can.

Deputy R.J. Ward:

Yes, I understand. It is quite useful in public because this is a good forum for people to understand as well. So once the assessment has been done by the social worker of the actual need itself, then it will come to your department for the assessment of the financial need and that will require assessments of what income and perhaps savings that people have. So what is the sort of waiting time for that part of it? Do you know or do you keep any data on that?

The Minister for Social Security:

I am sure we do have data but I do not think I have got it in front of me.

Chief Officer, Customer and Local Services:

We are within our turnaround times for long-term care currently.

Deputy R.J. Ward:

What is that turnaround time?

Chief Officer, Customer and Local Services:

I think it might be 15 days to look at all the financial assessments. It is either 10 or 15 days, I cannot recall for definite, but I can clarify it for you. The Minister has just announced an improved range of long-term care communications, which does in part spell out exactly what we are talking about in terms of the process.

Deputy R.J. Ward:

Yes, we saw that literally just now, is the first time I saw that, and that is about communicating the information itself, is it not?

The Minister for Social Security:

Yes. One of the big priorities for me this year was to look at the way the scheme is communicated and that was a priority in my Ministerial plan. So what we have done is we have kind of gone through all of the material, we have got hard copies that are a kind of folder with information, and then we

have split it all down into kind of 3 groups, if you like. I think it is called route A, route B, route C which is determined largely by the assets. So we have got packs for you if you ...

Deputy R.J. Ward:

Yes, so that is good because people are clear as to what you need them to produce; that is good. So within that, the turnaround times are not a problem once that is all produced. So with clearer communication, people can get that done quickly, get it to you, and you can turn it around within 15 days?

The Minister for Social Security:

That is what we are aiming to do, yes. As I say, we are aware of the kind of linear and we are trying now to stop it being so linear so that the finance assessment starts earlier to reduce that timescale to timetable.

Deputy R.J. Ward:

I have a little chain of thought here regards those times. Once you increase communications and improve them and people are aware of them more, you may get quicker responses, so you may get a little sort of peak in responses in terms of saying: "Oh, we know what we are doing now. If you make a form easier for me, I will do it quicker."

The Minister for Social Security:

I hope so.

Deputy R.J. Ward:

For a lot of people, because we all hate forms, and then you will get a lot more. Are you confident that your turnaround time will be okay in that because people obviously will be thinking ... because it could be a communication disaster if you tell people what to do and then they do it and then you say: "Now you have done it, we are going to have a bit longer to do it." Do you see what I mean? You do not want that to happen.

The Minister for Social Security:

Well, yes, what we have done is with the pack - and we have got packs for you which we were going to give you at the end rather than get too diverted - you will see there is a ... we have talked to all the stakeholders, we have talked to care providers, we have talked to people who are receiving care. We have, I think, gone into the third sector to get feedback on them and I think the pack you have, there is a survey form in there. We are going to ask everybody in 3 months' time: "Can you do the survey to tell us what you think about the new format?" The one that is in the pack I think is the one for care providers or stakeholders rather than individual recipients and we will again look at that.

One of the things I did in banking, you will test and learn, so for me it is all about put it out there, how does it work, does it need to be improved? Keep challenging it and getting it better.

Deputy B. Ward:

Yes, just to follow on and listening to what you said earlier, the first question, there are 2 streams. If you are in hospital and somebody is looking to go for long-term care, then you have got the discharge team and the social workers attached to that, so that is one pathway. The other one is that if you are outside the hospital you would access social security directly. So there are 2 streams, it is not necessarily a one-stop-shop, if I have understood correctly.

The Minister for Social Security:

I think it is. I think people's needs are the same and it is still basically the social work assessment or the health assessment of your care needs, so whether you are level 1, 2, 3, 4, and then it comes into us for the finance, until such time someone at some point will have an assessment and it will be backdated as soon as the application starts, I believe.

Deputy B. Ward:

Good.

The Minister for Social Security:

As soon as somebody goes in, they say: "We need long-term care" there is a start date. Now even if the process takes longer we will backdate to the start.

Deputy B. Ward:

Excellent.

The Minister for Social Security:

Provided everything goes ... if the person says: "Well I am not going to give you my bank details, I am not going to give ..." so as long as everybody is doing their part, we will backdate it I think for 6 months.

Policy Director, Cabinet Office:

Yes, the date ...

Deputy R.J. Ward:

So that could address the delays in social work as well. So just because there is a delay in the assessment, by the time it takes to assess something or get it right, does not mean people will miss out in the long term, so they could backdate it. Yes, okay.

Deputy B. Ward:

I thank you for that. That is very interesting and it is very helpful, especially when you have got people who are stuck in hospital for ... it is not their fault while they are waiting so, yes, that is good.

The Minister for Social Security:

The long-term care scheme should not, as I understand it, keep people in hospital. If somebody needs care they can be moved out and the scheme will work around that. Am I right thinking that?
Yes.

Deputy B. Ward:

Excellent. Thank you.

Deputy A. Howell:

Can I just ask when that changed?

The Minister for Social Security:

What changed?

Deputy A. Howell:

Well I think in the past we had to wait until you had had the assessment by the social worker and then the department you had to ... when you had applied for long-term care.

Policy Director, Cabinet Office:

That is what the Minister has explained, it is still the same thing.

Deputy A. Howell:

When did it change?

Policy Director, Cabinet Office:

No, it has not changed.

The Minister for Social Security:

I do not think it has ever changed.

Deputy B. Ward:

It has never changed.

Deputy A. Howell:

It has never changed?

Policy Director, Cabinet Office:

They have just tried to streamline the process to remove any unnecessary kind of delays between the 2 departments talking to each other. But at the end of the day there has to be a social worker ... a care assessment; it is not always by a social worker. A social worker, a nurse and an occupational therapist will do the original assessment of care needs. Once those care needs are established then the person can make an application for the long-term care scheme because the long-term care scheme assumes you have got no ... works on the basis of your care needs. But you are absolutely correct about the date of the long-term care claim can be backdated up to 6 months, which gives you plenty of time. So you establish your care needs, you start paying for a carer who can recognise you have got a medical record to show your care needs starts on a certain date. That date will be recognised as long as it fits what the social worker agrees with.

Deputy A. Howell:

Thank you.

The Minister for Social Security:

I think that is possibly part of the misunderstanding because I think sometimes people will start paying for care on their own and they might do that for some time before they come into the scheme. I think if people choose that voluntarily, I think the time of application is important, so we can only backdate so far.

Deputy A. Howell:

For 6 months.

Deputy B. Ward:

So the message is, as soon as you start to think about it, get it done, get that date on.

The Minister for Social Security:

If you need care, you should apply for the scheme.

Deputy A. Howell:

Yes. I think that is a really important message because we did not know about that personally and somebody said to me: "Oh, you must apply." I think that is the message that we need to ...

Deputy R.J. Ward:

Is that the same for reassessments as well because care needs will change, will they not? The level of care might change, so if somebody is reassessed, will that be backdated as well to have to say: "Look, it is a bit obvious"? It could also be that people, you do not want to say that you need more care sometimes and it is a really difficult social situation with people, is it not, that you need that care as you age? I completely understand that, that those reassessments might be ...

The Minister for Social Security:

There is a model for reassessment, I believe, that somebody can be reassessed if they were level 2 and something happens and they go to level 4. That will all be addressed but the actual operations at the moment, I am not sure where operations are there.

Policy Director, Cabinet Office:

If you are in a care home, the care home would be acutely aware of this and they will make sure that people get reassessed if care needs are increasing because this obviously has an impact on how they arrange it at the care home. If you are having a domiciliary package then the social worker will be doing regular reviews to make sure the care is sufficient. So I cannot say exactly how long the reviews are between them but there will be ...

Deputy R.J. Ward:

Yes, I think that is a really important point that they are steering together.

Policy Director, Cabinet Office:

Obviously people can initiate a review themselves if they feel something has happened.

The Minister for Social Security:

Yes. But you would think as well that if you have got a carer going in, a care provider going in, that if they think the person is clearly needing more care than they are getting that they would be alerting the social worker.

Deputy R.J. Ward:

Yes, I think it is a really important point from this steering ...

The Minister for Social Security:

So there are multiple people who could be alerting to the fact that a reassessment is needed.

Deputy R.J. Ward:

Yes, that constant assessment of what is going on from the people providing the care is really important because sometimes perhaps people come in and they are busy and they are going to a

number of different places, that could get missed out. But that is an important point to make and make this a take-away from here, and that is really useful. Since the last quarterly hearing you completed the evaluation of the operation of the long-term care scheme, I believe. Are you able to update the panel and discuss some of the finer points?

The Minister for Social Security:

I think it is kind of ongoing. In terms of the scheme as a whole, what we are doing is, we have done the update of the literature and the communication and there are lots of extra material on the website. We have done videos. I did see one of the videos which I thought was really good; a really good video. What is ongoing is the domiciliary review. So we have engaged a very experienced adviser who has done a lot of work in various local authorities in the U.K. (United Kingdom) and what they are doing is they are talking to our ... we have done various events. We have done a big event at the Radisson with the care sector, with the domiciliary care providers, to tell them about it. The providers are asking them to complete a survey which is done online because the domiciliary care market, it needs work in terms of the rates. So what we are trying to do is look at the domiciliary sector as a whole to try to get the rates because there are some differentials in rates to try and come to a rate that works for everybody. That is ongoing, so we are evaluating that market.

Deputy R.J. Ward:

The evaluation and the operation of the way long-term care, I suppose, fits into how it is meeting those financial needs within the ... you call it the market of care as it is now in Jersey, that is the sort of evaluation that you are looking at undertaking and doing something about, perhaps?

The Minister for Social Security:

It is looking at the actual providers. The way I think the long-term care was introduced, people were principally in care homes and the domiciliary care sector was, I think as far as Jersey is concerned, not quite in its infancy but not what it is now. The home care market has really expanded and we have lots of providers and it has evolved around them. We need to do work on that, so that is ongoing with the advisers. The survey ...

Deputy R.J. Ward:

Just a thing on that, because we deal with health as well, and I know the 2 are often interwoven, particularly when it comes to long-term care, the absence of a care model at the moment, because the Jersey Care Model has been shelved and there are other models coming through, do you think that that is important for this review of long-term care? Unless you know what sort of model of community care is going to be provided, it is really difficult to evaluate whether the service you have got is in the right areas, if you like. So you could be spending money on carers in one area and then

the model comes along and says: "We want to do a lot more in this area." You could quite rightly think: "Well, hang on, we went through this evaluation and did this and then ..."

[10:45]

The Minister for Social Security:

I do not think so because I do not feel that is an issue because the care model is much wider about healthcare in the community as a whole whereas the long-term care scheme is about helping Islanders produce the care they need.

Deputy R.J. Ward:

Yes, I get that, but your point about, and what triggered that, was the point you made about the increase in domiciliary care at home which, if you like, is part of the healthcare model to say: "We can provide more care and keep them at home, keep people in their homes where they are happier, provide the care they need." There is some evidence to say that their health stays good for longer - that horrible phrase "institutionalised" which I do not like, there is another phrase for it - in terms of when they are more reliant upon the care home as their setting, and I know care homes do amazing jobs. It is just the way those things interweave, to be aware of it when you are doing your evaluations. It might feed into the care model as well.

The Minister for Social Security:

It will do. I think what the care model may do, my understanding of it, is that it will help support people in a health ... it may mean that the care model will keep people healthier and independent for longer, that they may not need to come into long-term care until later. So the long-term care scheme I think will always be needed as long as people need to bring people into their homes.

Deputy R.J. Ward:

Or it may be, and this is where the 2 interact, it may be that the long-term care needed is at a lower level and more domiciliary at home which is in terms of what you are talking about.

The Minister for Social Security:

Yes.

Deputy R.J. Ward:

So you may change needs, that is my point. I think that is something to be aware of.

The Minister for Social Security:

Yes. So it is important that we have a market that works for Jersey, I think. We have got lots of providers operating in the sector and I think that it may be because there are so many ... anyway, we are looking at that market to see how it works.

Chief Officer, Customer and Local Services:

Yes, and we are also engaged with the health and working with health around the application technology to help keep people in their own homes.

Deputy R.J. Ward:

Yes, exactly, that is another example.

Chief Officer, Customer and Local Services:

There is a lot of assisted technology that will help make that more realistic.

The Minister for Social Security:

Yes, so health is driving that. As I say, it could be that the care model when it evolves, whatever it evolves into, may be helpful for long-term care.

Deputy R.J. Ward:

To be honest, it is things like this that make me understand why we do scrutinise the 2 Ministers together, it is quite useful.

The Minister for Social Security:

Yes, because there is an overlap.

Deputy R.J. Ward:

Is it right to say that legislative - that great word - changes will now not be developed until quarter 4 this year, as they will consider the outcome of the market review? Is that correct? So this is going to drive some of the legislative changes - got it first time that time - but they will not be until quarter 4 this year?

The Minister for Social Security:

The legislative changes I think are particularly around the care needs at home aspect. The care needs at home aspect, that is about recognising that people in long-term care, they have money for ... when they are at home long-term care gives them money to buy in a carer if they need a carer to come in and help them but also the care needs at home project is also recognising that there are extra costs to being at home if you need care, whether that is having the heating on more or needing special equipment and the extras.

Deputy R.J. Ward:

Yes, that is interesting.

The Minister for Social Security:

So the care needs at home project is designed to help cover some of those costs, the additional costs to being at home. I think we have a group that we have been working with, there was a thought that we would start a pilot scheme and then roll out fully, and we have kind of decided that the pilot scheme is not really worth it so we will just go straight there. So that is advancing very well.

Deputy R.J. Ward:

That will tend to be quarter 4, anything we see there. When is the market review due to be finalised because that will feed into it?

The Minister for Social Security:

Yes, I think we are hoping ...

Deputy R.J. Ward:

We are just trying to get an idea of spacing.

The Minister for Social Security:

Yes, I think the intention was that we would have all the inputs by the end of September.

Policy Director, Cabinet Office:

Yes.

The Minister for Social Security:

So the autumn, the inputs would come in, the advisers will go away, bring it all together, make some recommendations and that will then take us forward in terms of setting things like the L.T.C. (long-term care) rate.

Deputy R.J. Ward:

That sounds about right, okay.

The Minister for Social Security:

Yes.

Deputy R.J. Ward:

Barbara, did you want to ...

Deputy B. Ward:

Yes, if I may. It is about the carers allowance. I fully understand that within the Social Security Law you cannot have an old-age pension and a carers allowance, it is not within your gift to do that because of the law. I am wanting to sort of make a suggestion because we have got over about 500 carers, I call them "informal" carers as opposed to ...

The Minister for Social Security:

I think we have more than 500.

Deputy B. Ward:

Sorry, 5,000.

The Minister for Social Security:

I think even that might be an underestimate, yes.

Deputy B. Ward:

Okay, as an approximate figure. If I may use the word "informal" carers rather than professional carers via your agencies. The long-term care only applies for people who are engaged formally to care for somebody in their own home but it does not apply to the informal carers who are keeping their loved ones out. Is there any way of considering that the carers allowance is applied from the Long-Term Care Fund rather than the Social Security Fund in a way of trying to help them to keep people out because we do not have the staff, the care staff, and it is about keeping people at home and consistency?

The Minister for Social Security:

Yes, I do understand where you are coming with that. I think the thing with home carers allowance is that it has been around for quite a long time, as I understand it, and home carers allowance and long-term care, they operate completely separately. Home carers allowance is paid to somebody of working age who gives up work to care for someone. The person being cared for may not be in long-term care. Some people do not want to go into long-term care because they see it as a bit of a, they are too young. That is often said, they are not ready for long-term care but they may need ... and a family member may stop full-time work. They can still do some amount of work if you are getting home carers allowance and that is a contributory benefit paid for by the Social Security Fund. The long-term care is designed to help keep people at home by paying for formal care, as you say. It will extend to certain benefits for care in terms of respite.

Deputy B. Ward:

Yes, I understand that.

The Minister for Social Security:

So it will pay for carers to have respite. But what it does not do, and I am not aware that anybody else does, is pay family to look after their own relatives, to care for their own family, to pay a family member to look after. It is a huge issue and it comes up and we will have to look at it but I am not sure they are taking ... I am not discounting it by any means but my initial reaction is, you have got a contributory benefit from the Social Security Fund, we would need to take a big chunk of money out of the Social Security Fund and move it into the Long-Term Care Fund to fund that because long-term care does not ... we know we will have to increase contributions at some point in the future. Maybe not immediately but we know contributions will have to increase. To start paying a carers allowance without taking the money from the Social Security Fund would mean contributions will have to go up, I think, quite dramatically. If we want to start paying carers, contributions I think would have to go up dramatically. So we know long-term care will gradually dip unless we do something in 5 or whenever we have to make that decision.

Policy Director, Cabinet Office:

Soon, yes, but not right away.

The Minister for Social Security:

Sooner rather than later we will need to have a look at what we do just to sustain the current models. There will be all sorts of things we do about the model. We have got to look at our increasingly ageing population, how we address that. It is a very, very complex area and I am very aware ... I am going to the carers group this afternoon, no doubt we will be talking about it there as well. So, it is a very complex area but I think it is maybe a mistake to conflate home carers allowance with long-term care because they serve different purposes.

Deputy B. Ward:

It means that they, say, for example, you might have a 90 year-old who is blind and needs somebody there all the time, a person gives up their job but then moves into old-age pension scenario but they are staying in the home with their loved ones. The 90 year-old can apply for long-term care but could get an allowance - forget about the respite - but can be assessed in the proper assessment process, whether it is level 1, 2, 3 or 4, and they can get the money to pay if it is a - forgive me using the word - formal carer.

The Minister for Social Security:

Yes, I understand.

Deputy B. Ward:

But if the relative moves in classed as an informal carer, they do not get it unless they make a choice where they ... and it is that anomaly which concerns me.

The Minister for Social Security:

Well it is not. What it is doing, it is seeing that that person is not worse off; they are not worse off in that situation. If somebody gets home carers allowance ...

Deputy B. Ward:

The 90 year-old is not entitled to get money if they ...

The Minister for Social Security:

The 90 year-old will get long-term care from a professional carer.

Deputy B. Ward:

If they engage somebody from an agency to come in 24/7, assessed using your assessment tool, but if it is a relative that moves in, they do not, because the long-term care does not apply monies to the 90 year-old ...

The Minister for Social Security:

No, it pays for professional carers.

Deputy B. Ward:

Professional staff, yes.

The Minister for Social Security:

It does not pay family members. That is what I was saying, that we do not, at the moment, pay family members.

Deputy B. Ward:

I know that.

The Minister for Social Security:

If you are of working age and you reduce your hours, you can do some work.

Deputy B. Ward:

Yes, I understand that.

The Minister for Social Security:

At working age you will get home carers allowance, which is a contributory benefit. You cannot get that on pension but if home carers allowance is more than the pension, you will keep home carers allowance. That is an anomaly, that people who start on home carers allowance will keep that, so they may get more than other pensioners who are not doing caring and who do not ... but it is 2 different things and I am very aware of the issue and we will be looking at it.

Deputy B. Ward:

You are going to be looking at it? Thank you very much, Minister.

The Minister for Social Security:

We will look at it over the period. I am not sure when because it is a huge issue and it would be ... we hear different various issues of how many carers there are, anything from 5,000 to 10,000 to even more, and there are lots and lots of issues. Because if we pay people to care they are not then working in the banks or the shops and where does the money then come to? It is a very, very complex issue and, with respect, we are not going to solve it now but we will look into it.

Deputy B. Ward:

I think the beauty of the long-term care is that you already have established pathways of assessing individuals, what their needs are, and I think that should be applauded. Just looking at ...

The Minister for Social Security:

What you are doing, again, you are assessing the need, but what you are not doing is assessing whether a family member is capable of meeting that need, and that is part of the issue. If you have got somebody who is level 3, is the family member ... we could pay somebody who is 73 to provide care but are they able to provide the care that that person needs?

Deputy B. Ward:

That is where the assessment comes in.

The Minister for Social Security:

So that is where the assessment ... and you may never get away from a need for a professional carer. There will be some people who family cannot get. It is a really complex issue and ...

Deputy B. Ward:

But you are going to look at that, Minister?

The Minister for Social Security:

It is something that is there that we have to consider in terms of how this scheme continues to operate overall.

Deputy B. Ward:

Thank you.

The Minister for Social Security:

But it will, I have to be blunt about it, cost a vast sum of money. Does that cost less than paying carers? I do not know but the money has got to come from somewhere and it will mean contributions going up dramatically. My anticipation is that contributions would have to go up very, very significantly to pay family members to provide care.

Deputy B. Ward:

But you are going to look at it and I thank you.

The Minister for Social Security:

We will look at it. I have said that a few times, I think, Barbara, sorry.

Deputy B. Ward:

I know, and I thank you for that.

Deputy R.J. Ward:

Right, the next set of questions, Deputy Porée.

Deputy B.B. de S.DV.M. Porée:

I will be asking you questions, Minister, about the closer to home project.

The Minister for Social Security:

Yes.

Deputy B.B. de S.DV.M. Porée:

So how are you measuring the success of those events presently?

The Minister for Social Security:

How do we measure it? Well they have been, I think it is fair to say, very successful. I am trying to find my notes.

Assistant Minister for Social Security:

We have taken some feedback from people who have attended the event. All the feedback has been very positive. A little bit of history for you. So, the first closer to home event was in January 2020, which was incredibly well attended at St. Clement's Community Centre. Obviously then COVID came after ... there was one more and then COVID came along, so put it on the backburner for a while but now we are back into full swing. Every 6 to 8 weeks we have an event either in one of the Parishes or sometimes the focus is in town. They tend to have a theme. Sometimes it is older people, sometimes it is about younger people but the best thing about it is it is low cost. It is a bit of officer time obviously to organise it. There are 30-plus charities that get involved as well as outreach services from government, so you can come and talk about your tax assessment, come and talk about social security issues. The last one at St. Ouen there was P.A.T. (portable appliance testing) testing for electric blankets, so it is the little things that can make a big, positive difference to people's lives.

The Minister for Social Security:

They did blood pressure testing in Trinity.

Assistant Minister for Social Security:

Blood pressure tests we did, yes, which the Minister took.

Policy Director, Cabinet Office:

That is very good.

Assistant Minister for Social Security:

What it is, it is our early warning system for what is happening in the community. So the next one coming along will be in St. Helier and hopefully we might be able to get a little flu surgery there, a flu jab surgery, so people could rock up and have their flu jab but we are trying to see if we can work on that.

Deputy B.B. de S.DV.M. Porée:

That is really good. So have you got an average figure of how many people have been attending? You say it is really well attended?

Assistant Minister for Social Security:

It is.

Deputy B.B. de S.DV.M. Porée:

That is good. What about in terms of numbers ...

The Minister for Social Security:

We do measure the numbers. I do not have them here but we do calculate the numbers of people attending. But I think some of the feedback that I have been given is, yes, members of the public come along and they may come along to talk to someone about, I do not know, benefits, and then they end up talking to somebody else.

[11:00]

They realise that there is other support that is available to them through some of the other third-sector agencies, so I think members of the public can find it very useful. But some of the feedback that I have got it is from the agencies, it is from the charities. The charities are saying it is great for them because they come along, they get to network with each other, there is a bit of information sharing and it is useful for them to meet each other. So I think it is one of these things it is almost difficult to say, how do you measure it, because you cannot always capture ... somebody may have a conversation with someone and then end up talking to ... come to talk about one thing, end up talking to EYECAN, for example, then realising that EYECAN can support them with things to help with their vision. We might never know that because it leads to other conversations but I think it is absolutely worth doing.

Deputy B.B. de S.DV.M. Porée:

But you did mention I think that they are being very well attended, so that I suppose in itself is a way of measuring the diversity of the groups of people who come to those events. It is also a way of measuring the success of it and how many people want to take part. So would you be positively pleased with the situation right now?

The Minister for Social Security:

I think so. I have been to a few of them. Deputy Ward, you were at the one in St. Clement, I think, earlier in the year.

Deputy B. Ward:

Yes, it was fantastic.

The Minister for Social Security:

That was really well done.

Deputy B. Ward:

We had queues outside the door, it was wonderful.

The Minister for Social Security:

Yes, so we are seeing more than a 100-plus. The Royal Square one was difficult because of the footfall out there. States Members went out, I saw the Deputy Bailiff out having a wander around, so there were lots of people out there just seeing. So I think when it is in a big area you have not got somebody at the door counting them in and counting them out, but, yes, over 100, often 50 to 100 people.

Policy Director, Cabinet Office:

You cannot. But it is obviously in a difficult location.

Deputy B. Ward:

They have asked can that be repeated because things change, yes.

The Minister for Social Security:

But they are local, they are in the Parishes, so they are meant to be accessible. As Malcom said, they have themes. I am so very troubled by the fact that the older persons one starts at over-55 which is just not old in my book but I cannot persuade them otherwise.

Deputy R.J. Ward:

When you say about themes, it is quite interesting because if you have a theme, you want to target young people, you have got to be careful where you set that. So, for example, a lot of people are at work or they are at school, they are at college, and so on. So, when these are done, are they targeted at specific times and in specific places?

Assistant Minister for Social Security:

Yes.

Deputy R.J. Ward:

So, for example, if you wanted to target young people, a classic one would be just to go up to Highlands because you have got Highlands, Hautlieu and you have got all the schools up there, and that would be a real area to target. Is that the type of thing that you would do?

Assistant Minister for Social Security:

Yes. So we have done them in school settings themselves or right next door to the school - that was one of the first ones - and they will run on into the evening. So sometimes they start mid-afternoon and run into the evening so you can catch people on their way back from work.

Deputy B. Ward:

Yes, they have done at St. Clement.

Deputy R.J. Ward:

That is good.

Assistant Minister for Social Security:

The media paid a lot of attention to them, particularly at first, because it was such a good-news story.

Deputy B. Ward:

Excellent.

Assistant Minister for Social Security:

It does what it says on the tin; it brings services closer to people's homes. So one of the ones we are looking at next year is a well-being event at Le Moye Prison to help people; when they come out they have got contacts that they have already made.

Deputy R.J. Ward:

Very much needed.

The Minister for Social Security:

Obviously that will not be open to the public. But we did one specifically for, just on the themes, the St. Clement one was looking particularly at cost of living and well-being. The Trinity one was focusing on older persons. There was one specifically for care leavers. The one out there was being healthy and living longer and well-being generally, so we are looking at various ...

Deputy R.J. Ward:

That is good. Have you finished?

Deputy B.B. de S.DV.M. Porée:

Yes, I have.

Deputy R.J. Ward:

Deputy Howell, do you want to ask some questions about the G.P. (general practitioner) charges?

Deputy A. Howell:

Yes. Can you give us an update on the implementation of reduced general practice fees, please?

The Minister for Social Security:

I am just trying to find my notes on that. Well it seems to be going very well, as far as we know. All general practices have signed up to it to take the £20 off. The first 7 weeks of the scheme there were 33,500 consultations that would have benefited from that. I think feedback is that doctors are not overwhelmed on numbers. It has not particularly changed numbers of people going to the doctors but certainly all the feedback I have received. We did this particularly with a view to helping people on lower incomes but not necessarily on income support. But people who you would think would not worry about it, a lot of people have said: "That is great, we are really pleased you are taking £20 off." All sorts of people have appreciated that, so it has been positive. I think with possibly, it would be fair to say, a couple of little hiccups, there has been a bit of misunderstanding. I had some emails at the start saying: "Well I went to the doctors and I was charged this." I think this is where we are still trying to work on the whole transparency on pricing, that people do not understand always that they go to the doctor and they pay the doctor's fee, but the doctor may then charge them if they refer them to a consultant or if they do a blood test or if they do another service, an E.C.G. (electrocardiogram) that there are additional things that they charge for. That is why we are working on ... I think we have on our website, we do have a list now of all the surgeries and their visit fees, if you like, and I think we are trying to expand that as much as we can. We are certainly working with the G.P.s to make sure that their fees and charges are clear and transparent on their websites. If they are not on websites, that they are displayed in the surgeries so people understand why they are ... if you think: "I am going to the doctors, it is going to cost me £35" and you get a bill for £55, that you understand why you are paying £55 and not £35.

Deputy R.J. Ward:

£35 to the doctors? Where do you go?

The Minister for Social Security:

No, well some of them are; some of them are under £30. If you look at the list on the website I think the cheapest one is £29 ...

Deputy R.J. Ward:

Sorry to interrupt here but the issue is ... do you mind me saying this because I know you have got some other questions? I get the idea that by being transparent you can shop around but shopping around for a doctor is not as easy as that because you form a relationship with a doctor. They know your past, they know your background. It is like your bank, you do not change your bank because you just cannot be bothered half the time and it is also a nightmare with the million direct debits that you have got going out. With your G.P. you have a relationship. My G.P. retired, I had to move to another one, and that was bad enough within the same surgery. I have to get used to someone

new, et cetera. But just to say that, I think that is quite important, that I get the transparency. What it might do is put downward pressure on some doctors who are charging more perhaps.

The Minister for Social Security:

You would like to think that. I looked at the range last night and I think it was from £29 to £44. Not that I have been, I do not go very often at all, but there is quite a wide range of practices, and there are advantages. In fact, in Jersey, because we are also a small community, people can go to another doctor. Someone online was saying somebody had said to them: "Go to this doctor there because she specialises in X" and she had completely transformed his treatment and he was really happy with it. So, I think the ability to go to other doctors can be useful if there are specialists. But, yes, I do understand, but some of the small practices are charging less but the doctors set their own fees.

Deputy A. Howell:

But you have got your website and you are doing your comparison?

The Minister for Social Security:

We have it on the website, yes. It is there on our website with links to their websites I think where they have ... a couple of them do not have websites.

Policy Director, Cabinet Office:

So just to give a bit of information, the Consumer Council's current newsletter, which is going out to all doorsteps now, does have quite a big article about the change, the impacts of the change, and showing that the great majority of doctors have put down by £20. They have also gone back to those doctors and asked where there has been a differential in the prices what would be the background to that, so it is clear. I think the Consumer Council makes a point about shopping around if you want to. I appreciate there may be reasons why you do not want to but they also are trying to get good information out to people so you can see what the differential prices are.

Deputy A. Howell:

Thank you. I am just wondering, has any consideration been given to increasing the rebate for home visits, remote consultations and out-of-hours consultations.

The Minister for Social Security:

Not at this stage, no. No, I think we have to be cognisant of what we have got to spend and I think dealing with the majority is to create the best and also what is most efficient for doctors for people to go in and see them.

Deputy A. Howell:

I understand that but do you think that might not be unfair on patients who cannot get to the doctor, you know, people who really are in a nursing home or people who just cannot get to a G.P. surgery?

The Minister for Social Security:

I think of some of the nursing homes, I imagine, I do not know how those people are ... they either get care in the home or people will go to them. But I think we are not looking at that specifically at the moment.

Deputy A. Howell:

Thank you.

The Minister for Social Security:

Because the reduction, as it is, is going to cost £6 million, so to start bringing in more and more and more, it just becomes difficult.

Deputy R.J. Ward:

Just to move on then. Are you finished with that?

Deputy A. Howell:

I am.

Deputy R.J. Ward:

The free G.P. services for children. Within the resource implications in the Ministerial Decision, a likely budget increase was proposed of over £200,000 for inflation and additional services, what are those additional services?

The Minister for Social Security:

The additional services, the proposition I think suggested £800,000 just for the G.P. consultation. So what we have done is that the scheme will also cover blood tests, urine analysis, referral letters, E.C.G.s, swabs, spirometry, ear syringing, pregnancy tests, regrettably. Yes, that is the list. So again you do not have the situation where you take a child to the doctor, expect it to cost you nothing, and you get a surprise bill because they have taken bloods. So it is the routine things that adults will still pay for some of these things.

Deputy R.J. Ward:

No, that makes sense.

Chief Officer, Customer and Local Services:

It is the same as the Health Access Scheme. So we already had those additional value-added items agreed with the G.P.s.

Deputy R.J. Ward:

We have got some questions on that coming.

Chief Officer, Customer and Local Services:

We have extended that same principle.

Deputy R.J. Ward:

We'll save that because we have got some questions coming on that in a minute. We have heard that health inflation is accepted as 8 per cent; do you accept that figure?

The Minister for Social Security:

I have not been told it. I do not know.

Deputy R.J. Ward:

We see it is called "health inflation" and I recognise your notion about that is hospital-based services. But I think there could be an argument to say that all health services face an inflation figure of 8 per cent, particularly seeing as G.P. services are doing more things that perhaps might be done in hospitals like blood tests, et cetera, et cetera. Have you thought about that? Is that something for you to consider as a take-away from here?

The Minister for Social Security:

One of the times I met the primary care body last year they said health inflation was higher than other inflations but that is why we are giving some of the support to bring prices down. Because we are, what we have not talked about, as well as G.P.s will get £20 to reduce the cost of you and I going to the doctor but they also get £5 against their own costs. So there is an additional £5 going to the doctor, directly to the doctor for their costs, recognising the inflationary pressures they are under as well.

Deputy R.J. Ward:

In the same section a requirement of £15,000 is noted for systems development. Can you explain what systems development are required?

Policy Director, Cabinet Office:

That is just the I.T. (information technology) system so as we can differentiate between the children's visits and an adult visit.

Deputy R.J. Ward:

They do not do that already?

Policy Director, Cabinet Office:

No, not in the way ...

Deputy R.J. Ward:

Every time we talk about I.T. we realise those things after and, I have got to say, it has become a theme.

Policy Director, Cabinet Office:

Not in the way which would create a different payment, so you have got to be more specific about it now than ...

The Minister for Social Security:

Yes, I think your system will develop to do what you want it to do and if you decide to do something different, your system has to be adapted to do something different.

Policy Director, Cabinet Office:

But that cost has given us a lot more functionality so it will make it easier to do more with different services in the future. So we were struggling a wee bit beforehand, quite honestly, and so that kind of gives an upgrade across the interim period anyway.

Deputy R.J. Ward:

Again, when we talk of how often - the 2 Ministers - we see that all the time about information that it helps drive, and hopefully it will become an exponential change and we will see that quicker.

The Minister for Social Security:

Absolutely.

Deputy R.J. Ward:

Minister, we learnt that the free G.P. child services have been agreed for 2 years, can you confirm what factors will determine whether this scheme will continue?

The Minister for Social Security:

It will be a renegotiation to renew. I was not directly involved in negotiations but I think doctors ... I think that the rationale of this was that we have an agreement that doctors may feel that this is kind of binding their hands in terms of what they charge and what they get. They will say: "Well we need to be able to increase prices because when inflation goes up we went to increase it." So, because of the volatility when we were negotiating this, it is difficult, doctors do not want to tie themselves. I can understand that, they do not necessarily want to tie themselves to a deal that may not work for them in 3 years, it will work for the first 2. We will just go in and negotiate on the same basis as to what we want, what can they provide, what can we pay for?

Deputy R.J. Ward:

What about other factors like successes, improvement of children's health, are they being measured? Because one of the things about any early diagnosis, be it a cold or something much more serious, going to the G.P., if you have got evidence to say that the free G.P. for children has meant that more children are going earlier to their G.P., being treated earlier, and not being treated as long, they improve their life, that is a really important factor. So where will those - I know it is difficult but then Ministerial work is difficult - where is that balance between the 2 or 3 or 4 or 5?

[11:15]

The Minister for Social Security:

Do you know, that is a really, really good question.

Deputy R.J. Ward:

That would be something to take away?

The Minister for Social Security:

Lots of good questions, Deputy.

Deputy R.J. Ward:

Sometimes we ask good questions, I think.

The Minister for Social Security:

I do not know how we in Social Security would measure that. We would not, I do not think, ever have a system to capture health outcomes. So whether we ask Public Health about that or Health, it is a very interesting question. You would certainly hope that by children going and by ... it is the same as having the reduction in adult fees. If it means people go earlier rather than wait until they are really, really, really poorly then that is a good thing.

Deputy R.J. Ward:

Exactly, yes, and it is long term, is it not? Because you might get less of a cost longer term because of the ...

The Minister for Social Security:

Yes.

Deputy R.J. Ward:

In terms of Public Health, what is your link with Social Security in Public Health? Because Public Health seems to be trying to find out where it has its responsibility and those things that help it.

The Minister for Social Security:

I think it is kind of independent. I think Public Health seems to me to operate quite independently.

Deputy R.J. Ward:

It is the Cabinet Office as well, and we are trying to work out where the Cabinet Office interweaves with all of these different areas like Public Health and where that comes into it. Do you think that is clear or could that be clearer for yourself as well?

The Minister for Social Security:

I probably just look at the departments and not where they kind of sit. I think I see the rationale of Public Health being separate from Health because Health is there to provide a service, to provide services when people need them. Public Health, I suppose, is sort of the measuring aspect of it, so they are almost ...

Deputy R.J. Ward:

Well I would have thought Public Health exactly would have come into the point about the effect of the G.P. fees for children, to be that measuring link for yourselves and provide a service to you guys to say that when we negotiate with doctors we can provide them and say: "Look, this is doing really well, we do not want to lose it" and that can help with the negotiations, so that is where the link is.

The Minister for Social Security:

Yes, I see that.

Deputy R.J. Ward:

I am conscious of time, so do you want to talk about some zero-hours contracts? Thanks for that, it is really useful.

The Minister for Social Security:

Yes, some interesting points. Thank you.

Deputy B. Ward:

Thank you, Chair. Minister, you recently published your response to the J.E.F.'s (Jersey Employment Forum) report on zero-hours contracts. Within the response you propose holding round-table discussions with the employer and employee organisations in the second half of this year 2023. Can you confirm whether any of these discussions have taken place as yet?

The Minister for Social Security:

Planning is underway to make them happen to make sure that we have got the right people there so that we have got the right balance of employers. So it will include Chamber of Commerce, various particular sectors, so hospitality, agriculture, I imagine will be there. Also people like Citizens Advice and Jersey Community Relations Trust. I would expect J.A.C.S. (Jersey Advisory Conciliatory Service) will be involved in that as well, they are not on my list, but we are working on bringing those together in the very near future.

Deputy B. Ward:

Excellent. Thank you for that. Also you request that the forum, this is the Employment Forum, begin a targeted consultation exercise on the issue of the compensation regime for breaches of the employment and discrimination laws. Will these consultation results be published?

The Minister for Social Security:

We will feed back on it in some form. Well, the forum, I imagine, will give me a report and it is normally published, they are not secret, so I think we have asked the forum to do that. When we asked them to do the annual minimum wage review and consultation, we also asked them to look at the compensation limits, so I expect they will report separately on that.

Policy Director, Cabinet Office:

They are going to report separately on that, yes.

The Minister for Social Security:

They will report separately, so we will have the report from them and that will be public like all their ... it will be published in the same way as all their other reports.

Deputy B. Ward:

Thank you very much for that.

The Minister for Social Security:

I am kind of guessing what they are going to say.

Deputy B. Ward:

Not that you want to pre-empt.

The Minister for Social Security:

Not that I want to pre-empt but I think I know what that could be.

Deputy R.J. Ward:

Is it still the intention to move the minimum wage to the living wage?

The Minister for Social Security:

No. Well, the minimum wage, we currently have a statutory process to increase the minimum wage which goes through the Employment Forum, so I instructed the Employment Forum to do a consultation on what the minimum wage should be. They talk to employers, unions, employee representatives, so they cast a net, they take in views and they make a recommendation which normally the Minister follows. Last year we went to a bigger rate than they recommended, so I am waiting for that this year. Separately there is work going on to look at, following the proposition, Deputy Mézec's proposition last year, which we discussed and agreed with them, there is work going on to look at how a living wage for Jersey could be calculated, what would be the way of doing that, because it means different things in different jurisdictions. The way it is worked in Jersey is that Caritas, I believe, look at the London minimum wage and add 2 per cent broadly to create one for Jersey. Now that may not be right because what people need in London may be vastly different from what they need in Jersey. So, what is the right way of measuring a living wage and what do you then do about it? So that work is ongoing and we will be reporting to the Assembly on that before the end of the year.

Deputy R.J. Ward:

So are you saying that there has not ever been a commitment to make the living wage and the minimum wage the same thing?

The Minister for Social Security:

I am not sure there has been as such. I think the States Assembly, the last ...

Policy Director, Cabinet Office:

The commitment was to consider the feasibility.

The Minister for Social Security:

Well, there are 2 things. There is the proposition last year which was to consider the feasibility of how you measure it and how you would introduce it over what period of time because it would have to come in over a period of time. Most jurisdictions who are moving to what they call living wages are doing it over 3 or 4 years. The previous Assembly set out an aim to try to move to ... it did not use the term living wage, to move to a minimum wage that is two-thirds of the median by the end of next year.

Deputy R.J. Ward:

Yes, that is one indicator for a minimum wage though, is it not?

The Minister for Social Security:

One indicator is two-thirds of median. Some people ...

Deputy R.J. Ward:

I know there have been comments from organisations who have said they have been disappointed to not see that link or commitment to it and I think there is a bit of a semantic argument to be had here that perhaps we will come back to.

The Minister for Social Security:

I think the difficulty is what living wage means because I think some people think that living wage means you can live on it and you do not need benefits. But even in the U.K. their living wage still encompasses a degree of benefits being payable which is why it gets complex because their benefit system is different to ours. So what we will look at is the feasibility of what it is, how you bring it forward. In a way, if you make the minimum wage the living wage, you have just got a minimum wage that is bigger. So the terminology gets ...

Deputy R.J. Ward:

Yes, but I think there is a really important concept there in what you are speaking too and that I think is what the argument is about. I think that is a debate that will be ongoing but we have to come back to. I am conscious of time. Do you want to ask some stuff about the Health Access Scheme?

Deputy B. Ward:

If I may, thank you, Chair. Under the Health Access Scheme, I have to admit I do not really understand the process and the access, and I do not think I am alone in that out in the wider public. At some point maybe I will be able to explain it better but please can you provide an update on the consultation phase of the Health Access Scheme, please?

The Minister for Social Security:

Well the first thing to say is the Health Access Scheme is basically available to income support households. If you are on income support, you can be part of the Health Access Scheme, and that means for ... previously it meant child visits were free, that is now caught up elsewhere, and it means for adults they pay to see the G.P. at a much-reduced cost. So someone on the Health Access Scheme pays £12 to go to the G.P., they pay £9 to see a nurse, and £6 to see another health professional within a surgery, and they also do not pay for things like urine tests, blood tests, and so on. So, low-income people can see the doctor for much less, that is the essence of it. It does reduce the costs of home visits and remote consultations and on call, and I think all general practice is a part of it.

Deputy B. Ward:

Is there any thought by the department to extend that Health Access Scheme to people who are ...

The Minister for Social Security:

Well this is what I was going to move on to, if I can go back to your first question.

Deputy B. Ward:

Oh, right. Am I jumping?

The Minister for Social Security:

Well, if I can answer your first question. Your first question was about the consultation. So what we have done ... I do not know if we have had a consultation as such, have we? We have done consultation with various groups. The first part of the year we looked at the analysis of people who are in the Health Access Scheme, usage of the scheme, how often they went to the doctor. That basically showed that people on the scheme do go to the doctor more often than other people and that they go to the doctor more often than we would have expected them to go. So that may mean that they have poorer health but it does mean they can get to the doctor. The averages are still relatively low in terms of: total population, people might go 3 times a year. If you are not in H.A.S. (Health Access Scheme) you go 2.88 times and H.A.S. members are going 4.79 over the ... so people are going to the doctor more often, and those are very broad averages obviously, so we have got that data in terms of usage. We have now, in quarter 2, we have been talking to practitioners and users on their experiences, and I will have a report next week on next steps. I believe I will have a report next week on our proposals about the Health Access Scheme.

Deputy B. Ward:

Yes, it was looking at, like we did with the community cost bonuses, that anyone who pays £2,700 in tax that we widened it to them and whether you would widen that Health Access Scheme to that group of ...

The Minister for Social Security:

I think the officers have got recommendations and I think we will see what the officer recommendations are in terms of how you ...

Deputy B. Ward:

Thank you for that update.

Chief Officer, Customer and Local Services:

Just before you move on, just to clarify, the Minister is absolutely right, income support is the majority of people, but it also covers Pension Plus as well. Obviously the Minister has expanded the criteria of Pension Plus, so extra people will be able to join Pension Plus and benefit from the Health Access Scheme.

The Minister for Social Security:

Sorry, I had forgotten that aspect, yes.

Deputy B. Ward:

Yes, they may not be on income support but they are still ...

Chief Officer, Customer and Local Services:

Yes, they are on Pension Plus.

Deputy B. Ward:

But they are in that twilight area where it is still very tough for that group.

The Minister for Social Security:

Well they will have lower income. They may have income or assets that means they do not get income support but they would not have huge assets, so we have increased the asset disregard. Instead of saying: "You cannot have more than £30,000 of assets" it is now up to £64,000. So people who have low incomes and have £64,000 of assets can still get on to Pension Plus and we have expanded the benefits. I do not know if I am jumping on, if you were going to ask questions about that; I am very proud of it. We have expanded the benefits available in Pension Plus.

Deputy R.J. Ward:

Do those assets include their home?

The Minister for Social Security:

No.

Deputy R.J. Ward:

I always ask that question because the way housing is here, no way I am qualified for anything.

The Minister for Social Security:

The home does not come into it.

Deputy B. Ward:

Because certainly in the Parish they say: "Well, I own my own house, I do not get anything" or: "I own my own flat" but they are property rich and cash poor.

The Minister for Social Security:

Yes, but if they have no money ... if they own their own home and have £100,000 in the bank then, no, we will not cover them.

Deputy B. Ward:

I understand.

The Minister for Social Security:

But if they have £50,000 in the bank they can now get Pension Plus. I think it is always worth people asking.

Deputy B. Ward:

Good to ask. That is good to know.

The Minister for Social Security:

Because I think people seem to make assumptions about: "I have got a house, I will not get anything" and they will get something.

Deputy R.J. Ward:

I am increasingly dealing with that at drop-in, so it is interesting to know.

The Minister for Social Security:

So there is support there.

Deputy R.J. Ward:

Perhaps I will pick some information up for you to have. Perhaps we should do that more, have some of your leaflets and I will take them with me. That would be really good if you have got those but we can talk about that after.

Deputy B. Ward:

So just the last thing is: when can we expect publication of the consultation results? Have we got a timeframe for that?

The Minister for Social Security:

Well I do not know if it is necessarily a ... it was not a public consultation so I am not sure if we would necessarily publish the results of it because it is more ...

Policy Director, Cabinet Office:

It was a focus group of actual providers so ...

The Minister for Social Security:

A focus group, so it is not like a public consultation, so I am not sure we would publish that. But the outcome of the consultation will come into how we then decide to take it forward and we would presumably ...

Deputy B. Ward:

There must be some themes that have come through that you may say: "We are working from that."

The Minister for Social Security:

I have not seen the report yet, so I do not want to pre-empt because I do not know.

Deputy B. Ward:

No.

The Minister for Social Security:

So we will be able to update you on that next time.

Deputy B. Ward:

Thank you very much, Minister.

Deputy R.J. Ward:

I am going to ask some questions on women's health. In our last hearing you advised that a political group has been set up with regards to the women's health strategy. Can you confirm that the consultation has begun with that group and whether or not free contraception should be provided in all circumstances, including coils, implants and injections?

The Minister for Social Security:

I think the Minister for Health and Social Services is looking at contraception. I think the actual items are free. I think we are all satisfied that the actual ... whether it is pills, patches, whatever. So the medications themselves, I believe, are free but if you need a medical procedure, so if you have to go and see a doctor to insert, they are not free, you have to pay your doctor if you are over 23. The Minister for Health and Social Services is looking at this.

Deputy R.J. Ward:

Yes, I do not think that is the information that we got, if I can put it politely.

The Minister for Social Security:

Well, I believe the Minister for Health and Social Services is looking at contraception.

Deputy R.J. Ward:

That is the polite way because I do not think that is correct but I think we do need to ... I can see you itching there. I can feel it. I can feel you moving about ...

Deputy B. Ward:

There are a few of us itching.

The Minister for Social Security:

I cannot really answer your questions because the information I have is that the prescribed ... the H.I.F. (Health Insurance Fund) pays for the medications, if you like. Contraception is on the prescribed list.

Deputy B. Ward:

When you go to your doctor or whatever, it is a £100-and-something to have ...

[11:30]

The Minister for Social Security:

That is a procedure.

Policy Director, Cabinet Office:

That is the cost of the procedure.

The Minister for Social Security:

That is not the actual. If you are having a coil fitted, you do not pay for the coil, the H.I.F. pays for the coil, but you pay for the doctor's time to fit it.

Policy Director, Cabinet Office:

Correct.

The Minister for Social Security:

Unless you are an under-23 and you go to Le Bas, so under-23s.

Deputy B.B. de S.DV.M. Porée:

The free contraception products, they are limited to the age of the person?

The Minister for Social Security:

Under-23.

Deputy B.B. de S.DV.M. Porée:

Yes. Anybody else after that has to pay for the consultation and for ...

The Minister for Social Security:

They do not pay for the item, you do not pay for pills or injections or the coils. You do not pay for the device but if you are over 23, I believe you have to pay for the procedure to have it fitted, and the Minister for Health and Social Services is looking at that.

Deputy R.J. Ward:

So in the consultation, was that sort of issue addressed?

The Minister for Social Security:

I think the consultation is ongoing.

Policy Director, Cabinet Office:

The consultation has not ... so this is the Minister for Health and Social Services' area rather than the Minister for Social Security. The Minister is on the steering group but the steering group has not ... I think it is due to meet quite soon. It has not met for a while.

Deputy R.J. Ward:

So you would not be able to give us any feedback yet from the consultation?

The Minister for Social Security:

No. I think what is happening is that there are various ... there is a political adviser group which I think is meeting this week. I think I have got it in my diary for this week or next week for that group. Is it Friday?

Policy Director, Cabinet Office:

It is pretty soon, yes.

The Minister for Social Security:

It is in my diary; very soon. Then there is an officers' group and the officers are doing some work on things like: what is the strategic needs analysis? So, there is no point piling off thinking: "We need this" when we do not. So, we know the U.K. strategy when it reviewed, what they were looking at, so we are trying to look at those areas to see what people need in Jersey. The U.K. list included menstrual health and gynae, pregnancy and fertility, menopause, mental health, cancer, health surveillance, ageing, and so on, so those may be the themes that come out in Jersey. So, there is some officer work going on at the moment, and then I think the consultation has been delayed, the public consultation, which will go out to women and girls saying: "What do you feel you need?" That has been delayed slightly to see what the themes emerging from the officer work is, I believe, so that we kind of target it in a better way to say: "Well, of these things, what do you feel?" But it is mainly being driven by Health and I am there as a kind of support and interested party.

Deputy R.J. Ward:

But you see, again, it is the interaction between the 2, it is important to get those views from the both, that is great. Deputy Howell, do you want to ask the next questions about menstrual products?

Deputy A. Howell:

Topic of the week. We note that the consultation for free period products pilot scheme has closed and we wondered if you could explain what stage the scheme is at now, please.

The Minister for Social Security:

We are still technically in a pilot phase. In terms of a formal report and consultation, I have not seen that, but I know the officers are working on that and they have ... where themes have come out of the consultation they have acted to address that. So, for example, early results from the consultation was that people wanted a degree of sustainable product, so we have started offering sustainable products, and we have also been gradually increasing the venues. So we started off with 5 venues

in buildings, we now have 14. We recently, because of a conversation I had with the Magistrate Court Greffier over in my garden. We have now put them in the Magistrate's Court Greffe; the Greffier said she would take them so we have got them in the public toilets in the Magistrate's Court. We have an ever-widening number of buildings where people can go and collect them. We have also recently put them into 20 public toilets. That was never intended to be a kind of main source of supply. The toilets were there really to cover weekends; it is an extra channel, it is not taking over from everything else. It is an extra channel. Unfortunately that went live on the website sooner than we were ready. That was really unfortunate. But they were all rolled out from Friday and despite what people say it must be working because they are being regularly emptied so people are going and taking the products they need.

Deputy B.B. de S.DV.M. Porée:

Some people say it is not being replenished rather than emptied.

The Minister for Social Security:

They are being stocked twice a day. They are not huge; if someone goes in and takes everything that is there, and we cannot stop people doing that, but that is the deal, take what you need and if someone wants to go in and take what they need, which is everything that is there to get them through their next cycle or another cycle we are trying to ... they are being stocked up daily, if not twice daily.

Deputy B.B. de S.DV.M. Porée:

But that in itself is an indicator; if you stock up certain areas and very quickly it becomes emptied ...

The Minister for Social Security:

But it is constant monitoring. We need to monitor it. We will be monitoring it all the time in all the venues, so I think there are now 32 venues. We have a total of 32 venues where people can go to get them and we will be working continually; I would like to find another mechanism, so it is trying to find something that works. As I said, when I was in Scotland it was the same thing in Scotland, the free product dispensers either had very limited stock, they had one item or there were limited stocks of what there was. It is a difficult thing to do.

Deputy A. Howell:

Could I ask how many people are being employed to go around these 32 venues?

The Minister for Social Security:

It is being done by the facilities providers. We are not employing anybody.

Chief Officer, Customer and Local Services:

The public toilets, for example, the cleaning company will stock up when they attend to clean the toilets at no extra cost.

Deputy A. Howell:

How are we preventing holidaymakers taking them?

The Minister for Social Security:

Well, you would think there is a limit to how much a holidaymaker would take. You would like to think that the type of holidaymakers we have in Jersey are possibly no longer using those products; sweeping ages generalisation sorry. The policy is to provide them for people who need them. Things like that, if you put something there and tell people they can take what they need there will be people who abuse it, and hopefully those people will be in the minority. But they are there to address need.

Deputy B.B. de S.DV.M. Porée:

Therefore, would it be fair to say maybe the scheme is not working if that is the situation?

The Minister for Social Security:

No, I do not accept that the scheme is not working. The scheme is working because people are able to go and take products if they need them. We cannot stand and say to someone: "Why are you taking this product?" There has to be an element of honesty and Jersey works in lots of ways on an element of honesty, so we are saying to people: "If you need products, take them." That may be your need for your entire cycle, it may be an immediate need where you just miscalculated and you have run out of products. If you are on holiday and you take a couple of tampons or a couple of pads you are contributing to our economy by being here so ... we are monitoring, we will monitor abuse. I mean, what is really disappointing right from last weekend we were told that in the men's toilets people had just gone in and trashed them. They are there to help single ... if you have got a father, if it is a single parent, to help them, to help male carers, and we have had a couple of reports of quite ... well, I would call it petty vandalism in male toilets. So we need to monitor that, and if that does not work then we can review.

Deputy A. Howell:

Do you think we are targeting the people who really need them.

Deputy B.B. de S.DV.M. Porée:

It is not working.

The Minister for Social Security:

Well, how do you do that? There are other ways you could do it; you could just give people ... there are lots of ways you could do it but this is ... what we have done is we tried to follow the model that worked in Scotland. Scotland is being held out as the forerunner, but we are only the second jurisdiction in Britain to try to provide free products. We are following the Scottish model; it may be that that does not work well and there are other ways of doing it and there are other things we could do possibly and we just need to think about how we do it.

Chief Officer, Customer and Local Services:

It has only obviously been a week since they have been in public toilets so it is very early days in terms of understanding the usage, do those dispensers have enough capacity, and all the other aspects of it. As the Minister said, we will be monitoring it very carefully and making adjustments as we go along.

Deputy A. Howell:

Do we have a definite budget for how much you are going to spend on this?

Chief Officer, Customer and Local Services:

The budget in the Government Plan is £400,000 for the programme.

Deputy A. Howell:

It was £300,000, was it, for this year?

The Minister for Social Security:

No, it has always been £400,000.

Deputy R.J. Ward:

Can I just ask how you are consulting with users of the scheme? Because you can say it is successful because the things are being put out and the cleaners are filling it up and they are being emptied, but what about the people who are using ... I mean, is there any consultation with people to say: "Is this working for you? Is this what you need? Is that what you want? How do you feel about having to use this facility?"

The Minister for Social Security:

Well, we could do another consultation ...

Deputy R.J. Ward:

I get a bit tired of this “people misuse” things, whenever you set anything up they may well be misused but I think the vast majority of people ...

The Minister for Social Security:

I am not saying that. That is not what I am trying to say.

Deputy R.J. Ward:

No, I am not saying that you are, I am saying in terms of what we reflect in our society. There is a genuine need there ...

The Minister for Social Security:

Yes, I agree.

Deputy R.J. Ward:

... that as a society we should be addressing. I mean, it is not optional for women.

The Minister for Social Security:

No, and it has become a very ... I think it has become more controversial than it needs to be. We are trying to provide a service for people who need it and for some reason people seem to be quite opposed to it or are not supporting it, which I find ...

Deputy R.J. Ward:

I do not think it is that, personally.

Deputy B.B. de S.DV.M. Porée:

I would not say that is the case. I think ...

The Minister for Social Security:

We are trying to do a good thing and it cannot be perfect - I said that in the Assembly - it cannot be perfect right from the start. We are trying to review it and we will make it best. I mean, we could just say: “Do you know what, we will not make them free, if you are woman on income support we will give you X amount a month, if you tell us you are menstruating we will give you X amount a month.” You could do it that but we decided to follow the Scottish model. I have just thought about that now, you know, and that might be ... who knows.

Deputy B.B. de S.DV.M. Porée:

It is not so much about the fact that people on low income support cannot afford it; it is the fact that a menstrual cycle is not something that women have choice over.

The Minister for Social Security:

No, I agree.

Deputy B.B. de S.DV.M. Porée:

Okay, and so we menstruate monthly and we have to pay for that and we pay tax, and companies and business make money out of those products women pay. So as a society then the Government has looked into how can you make sure women are not supposed to be penalised for something that is biological and they have no control. The scheme itself that currently is in place, I know it is very new and it is only the second country, but I suppose it would be really good if Jersey could be seen as an innovative country leading this pathway, so then you have to kind of take chances. All we are saying is presently the scheme is not working and I ...

The Minister for Social Security:

I absolutely do not accept that.

Deputy B.B. de S.DV.M. Porée:

... was just going to say that the feedback that is allowing us to say that is coming from the people who need to access those products. It is not just people on low income, it is women in general in our society.

The Minister for Social Security:

I am sorry, Deputy Porée, I do not accept that it is not working. We have given over 100,000 items out, 100,000 that women who need them have had here. We are trying to address a need. You cannot produce a period product for nothing. Now, yes, business has gone in and they have probably put a lot of research and development into producing products that help us get on and live our lives when you are having a period, whatever that is, and they are constantly evaluating. They are not going to do that out of the goodness of their heart but we want those because the alternative to not having those products is staying at home because you cannot leave the house. So that development is not a bad thing; it is like we develop things in all sorts of areas and I think we cannot criticise business because they have produced a product we need.

Deputy B.B. de S.DV.M. Porée:

But this initiative does not come from the business point of view, it comes from the Government so it is to make sure it actually is fit for purpose and it is working so ...

The Minister for Social Security:

Well, if people would like to give me alternatives I am very happy to listen to them but I do not accept that this scheme is just not working because it clearly is working because we have products ... and it has become particularly intense around the public toilets, and again that is meant to be helping people. It is meant to be helping.

Deputy B.B. de S.DV.M. Porée:

People should not have to go to the toilets to access those products, they should be provided to them by different means, and the option of the toilet ...

The Minister for Social Security:

How do you want me to do that?

Deputy B.B. de S.DV.M. Porée:

I mean, we could have looked at the G.S.T. (goods and services tax) exclusion for those products, we could have chosen to really take it strongly and give those products for free to women, but those options were not taken into consideration and the offer was to have them in toilets so people could access or places where women normally go, public places. We are just looking at how the scheme is functioning. I am sorry it sounds like a criticism, I know it is really new but I believe ...

The Minister for Social Security:

I do not mind ...

[11:45]

Deputy B.B. de S.DV.M. Porée:

... there is a lot more room for work for improvement right now because we are having feedback from people in the community saying they cannot find it. They are having to think: "Okay, if I go to that public toilet there will be period products for me" but you arrive in that toilet and if you are a person who tends to use say, for instance, Tampax, and all you have large sanitary towels, what is your feeling about your needs, or the other way around. So it is about the variety of the products in offer and the quantity of them to be able for you to say this scheme is working successfully. Until then I suppose there is quite a bit of room for improvement, if I can say that.

The Minister for Social Security:

I have not denied that. What I am saying, I do not accept that it is not working. I do not accept it is not working because it is working. The public toilets I think have become an unhelpful distraction, if you like. Public toilets can only provide a limited stock. That is what they are there to do. They are kind of there for emergencies, if you like. But there are numerous other locations where people can

go and pick up a box, numerous locations where it is not a public toilet. You could be going to the library, you could be coming to C.L.S. (Customer and Local Services), the Fort, Communicare; there are lots and lots of other places where people go and get them. If people would like to come and give me suggestions I am very open to listening to them. But I said last time I wanted to do delivery and you told me that that would not work for some people. It is trying to get something that works for everybody.

Deputy B.B. de S.DV.M. Porée:

Thank you, Minister.

The Minister for Social Security:

But we are thinking about it.

Deputy R.J. Ward:

That is good because it is good that you are open to new ideas and that is ...

The Minister for Social Security:

They are looking into it. There are lots of other options and we are looking at all the options and I just find it very frustrating that we are trying to meet a need and we are doing our very best to do it and people just seem to be opposed to it as a matter of principle because of the G.S.T. issue. I just find that ...

Deputy R.J. Ward:

I think that is an interpretation and there are frustrations that come from everything. Shall we move on then a little bit to the disability strategy. We have got about 10 minutes left.

Deputy B. Ward:

Thank you. I will try to be ...

The Minister for Social Security:

Deputy Ferey will tell you about this while I contain that. I will calm myself.

Deputy B.B. de S.DV.M. Porée:

Me too. I have got rosy cheeks too, I can feel it.

Deputy B. Ward:

Yes, because we both work on the Disability Forum, which is great. The Community Transport Scheme; you were due to begin a 12-month pilot of this Community Transport Scheme in quarter 2, but because of recruitment issues that has just been paused. Do you have any update on that?

Assistant Minister for Social Security:

We do, yes. So what we have done is we have recruited a manager to manage the fleet of 5 vehicles, and this is in conjunction with EVie Cars, so they will be fitted with trackers and the whole concept is that charities in particular can utilise these vehicles and instead of each individual charity having one vehicle which sits on the drive for 90 per cent of the time, they will have access to a pool. So this is the pilot phase of decarbonising or reducing the carbon in a lot of charities' work and make better use of the existing vehicles that are in circulation. At the moment charities who have got a vehicle and want to be part of the pool get an EVie tracker fitted and then go into the scheme. Going forwards the longer-term vision is there will be a pool of vehicles that charities would subscribe to on a monthly fee-paying basis and have access to that. What that means is obviously they do not have to fundraise to buy new vehicles every 5 years, they do not have to pay for maintenance and the logistics around that is doable.

Deputy A. Howell:

Can I just ask, are these vehicles electric vehicles?

Assistant Minister for Social Security:

They are not at the moment. Again, the longer-term vision is all of those vehicles would be electric. What they are at the moment are existing minibuses within the sector that, in effect, are being shared and even ...

Deputy A. Howell:

And are EVie happy about having non-electric vehicles?

Assistant Minister for Social Security:

What they are doing is they see it as a longer-term vision to be able to move it to an electric fleet. So what it allows them to do is get in at an early stage and obviously have a handle on it, and I am sure that in the short term they would like to move to electrics.

Deputy R.J. Ward:

So what does that involve? Just to provide the tracker?

Assistant Minister for Social Security:

Yes, they provide the tracker so that people can book the vehicles, know where they are ...

Deputy R.J. Ward:

Are they being paid for that service?

Assistant Minister for Social Security:

There is a service contract with EVie Cars, yes.

Deputy R.J. Ward:

Are they expensive?

Assistant Minister for Social Security:

I do not have the actual amount with me at the moment.

Deputy R.J. Ward:

Because when you say EVie, I agree with Deputy Howell, I was expecting it to be access to the EVie cars. The government scheme is for £25 you get £100 use, I thought it might be that but this is just using the EVie tracker to use the vehicles that already exist so that they can share them and book them?

Assistant Minister for Social Security:

Yes, exactly; book them, share them and use them.

Chief Officer, Customer and Local Services:

These are obviously minibuses with accessible features, so not just normal minibuses.

Deputy R.J. Ward:

That is what I was going to say; if it is the EVie cars it might not be accessible but it is obviously not so that makes sense.

Deputy B. Ward:

I think you would agree, Deputy, that when charities go and buy a car they are under very strict guidelines about the servicing, the insurance, how often they have to change those cars every 3 to 5 years. It is a very welcomed provision but it is also very expensive, so this is more cost effective so what the charity would save by using this is, it would more than balance out I think.

Assistant Minister for Social Security:

Yes, it is a great initiative.

Chief Officer, Customer and Local Services:

I think it is funded, is it not, from the Bosdet Foundation?

Assistant Minister for Social Security:

Yes, there is some money coming from ...

Deputy A. Howell:

So is the manager's salary who is managing the 5 non-electric vehicles paid by the Bosdet Foundation?

Assistant Minister for Social Security:

There was a sum of money from Bosdet to get it ...

Deputy R.J. Ward:

Is there any government money in it at all?

Chief Officer, Customer and Local Services:

We will clarify it but I think Bosdet are paying for the scheme, but I think actually the officer is paid for by government.

Deputy R.J. Ward:

The manager?

Chief Officer, Customer and Local Services:

Yes. I believe so.

Deputy R.J. Ward:

Is paid for to manage the vehicles?

Chief Officer, Customer and Local Services:

We will clarify that.

Deputy A. Howell:

Who pays for the insurance and the servicing?

Assistant Minister for Social Security:

Yes, so again at the moment the charities that have agreed to pool their resources, they get a contribution towards the ongoing costs. That is the benefit for them is they get a sum of money for

making their vehicle available. Again, longer term it would go into a pool which was owned by everybody and everyone would have access to.

Deputy B. Ward:

How are you progressing with the analysis and development of the recommendations for improving transition through education into adulthood? It was due for completion I think in quarter 3.

Assistant Minister for Social Security:

So there are a couple of things that we are doing there, is trying to reach out to the community more, assisting people. So one of the things that we have done is we have got a community engagement officer and that officer will be predominantly working with people who have got hearing disabilities, but also people who have perhaps got visual impairment or other disabilities. What that person's role is to do is to help them with anything which is a barrier to them progressing. Whether that is to a doctor's visit or an interview process or information that they are trying to access. So that person will have access to the video relay service where they can interpret through a third party, and just help generally with smoother communications.

Deputy R.J. Ward:

I was going to ask some things on legislative updates, but I think I have already done it about the living wage workstream and the minimum wage workstream to date. Where are we with those?

The Minister for Social Security:

Minimum wage; we will be announcing that early October.

Deputy R.J. Ward:

Okay, and the living wage work has finished ...

The Minister for Social Security:

Living wage we will bring someone by the end of the year. That was what our commitment under the proposition was.

Deputy R.J. Ward:

Okay, and the Discrimination Law so as to include religious belief, I think it is, I think that falls under your ...

The Minister for Social Security:

We are waiting on a survey, there is ...

Policy Director, Cabinet Officer:

Yes, the general survey this year will produce some results, and from the results the Minister will either put something in her 2024 plan ... so the 2024 plan talks about responding to the results of the survey. There was never any plan to do any legislation this year; the plan this year was to identify the feeling of the general public as to whether it was something to do or not.

Deputy R.J. Ward:

So that will come through in 2024 at some point?

Policy Director, Cabinet Officer:

Yes, it is in next year's plan.

Deputy R.J. Ward:

Okay, and then the final thing, which we might just get through, is the parental bereavement leave. Bea, do you want to ask a couple of questions on that?

Deputy B.B. de S.DV.M. Porée:

Yes. So first question: the panel is aware that the parental bereavement leave amendment was lodged on 16th August. Minister, have you received any concerns about the amendment since it has been lodged?

The Minister for Social Security:

No, that will be debated ... it is as we discussed last time and it will be debated on ... it is lodged for sitting on 3rd October so we will be discussing it at that sitting.

Deputy B.B. de S.DV.M. Porée:

Are you confident then that the legislation provides adequate support to the bereaved parents? Are you happy with that?

The Minister for Social Security:

Yes, well, it reflects what the States Assembly agreed last time and it is as we discussed that are people are guaranteed bereavement leave and a payment so, yes, we are happy with that.

Deputy R.J. Ward:

That is the regulations, if you like, that came from the principle vote, is it?

The Minister for Social Security:

Yes, there was a proposition brought by Deputy Ahier, so this is now the ... it is an amendment to the Employment Law it will come forward as.

Deputy R.J. Ward:

Yes, it is always important to know what it is doing because that is why I asked that question.

The Minister for Social Security:

We are amending ...

Policy Director, Cabinet Office:

Providing a right to statutory unpaid leave.

Deputy R.J. Ward:

That is right, because when you said it was on the Order Paper I looked forward, because you do tend to look forward, and I thought all of this is an amendment to something, and that is what you are talking about, okay.

The Minister for Social Security:

So it gives people, as Sue says, bereavement leave and there will be a non-statutory scheme which will allow a payment to be made for the time off.

Deputy R.J. Ward:

Okay, that is great. I think we have covered everything we were going to do, unless there are any other questions anyone has. We are just about smack bang on time, which is really good. But I always say give us a chance, so if you have got anything you want to ask or raise.

The Minister for Social Security:

No, we have got 2 things. The first thing, we are announcing today ... has the press release gone out, do you know?

Assistant Minister for Social Security:

Yes.

The Minister for Social Security:

We are announcing today the income support rates will go up by 8.6 per cent from January.

Deputy R.J. Ward:

Yes, I just got an email about that.

The Minister for Social Security:

You just got that; it has just come in. I just signed that press release off yesterday, so that will go up by 8.6 per cent broadly across the board, there is one exception which I think is set out in the press release, and that is it is the highest point of what the low income R.P.I. (retail price index) has done this year. That has come down but we have been stuck with the highest point to continue supporting, so that is ... we are pleased about that. So there will be regulations coming forward, we will be lodging regulations shortly to do that, we will be also lodging regulations for the Christmas bonus I think. So that was just the benefit uprate, and then ...

Assistant Minister for Social Security:

I am wearing a sunflower lanyard, so we are giving them out over the weekend, Friday and Saturday in King Street, Queen Street and Charing Cross, to promote awareness of hidden disabilities, which might be autism, might be dementia, might be anxiety or pain, so people can have honest conversations about what makes their life easier and to talk about those issues. So that is a big campaign that we are pushing forward on at the moment.

Deputy R.J. Ward:

Good to see. With that we are smack bang on 12.00 p.m. and it is always nice to ...

The Minister for Social Security:

Brilliantly chaired, as usual.

Deputy R.J. Ward:

Well, it is the teaching background; I like to finish the lesson on time before the bell goes. So I would just like to say thanks to everybody.

[11:58]