

# **STATES OF JERSEY**



## **BUDGET 2005: FOURTH AMENDMENT**

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**Presented to the States on 7th December 2004  
by Deputy R.G. Le Hérisier of St. Saviour**

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**STATES GREFFE**

BUDGET 2005: FOURTH AMENDMENT

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*In the estimates of revenue expenditure of the Health and Social Services Committee –*

Increase the estimate for 'Grants and Subsidies' by £79,000 from £7,359,700 to £7,438,700 in order to increase the amount of grant to Family Nursing and Home Care (Jersey) Inc. by reducing the estimate for Administration Costs from £4,166,400 to £4,087,400.

DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR

# REPORT

## Introduction

The contribution of Family Nursing and Home Care (FNHC) is well known to all Islanders and it essentially runs the bulk of the community support services which enable Islanders (who might otherwise be in hospital or care) to stay at home, or to leave Health and Social Services Committee facilities, secure in the knowledge that appropriate support services exist.

Rather than go through detailed arguments, key questions are posed and answered, while more detailed data is contained in the Appendices and will be drawn upon in the debate.

## What is the proposed cut?

1.6% (£79,000) of next year's proposed grant (£5.6 million) It should also be noted that there are further pressures on the budget. In 1993 £120,000 was granted for a free urinary/colostomy scheme. It currently costs £180,000 (2004). FNHC have subsidised it over 7 years by £270,000. This matter is the subject of separate negotiations between Health and Social Services (HSS) and FNHC.

## How was the cut arrived at?

The Health and Social Services Committee proposed a series of cuts at the FSR process, with cuts to voluntary grants being offered up, in the early stages.

## Did consultation occur with FNHC, prior to the FSR?

No.

## Was a value-added analysis done of the impact of the cuts?

Not evident. FNHC saves massive amounts of money because it means people are not kept in the Hospital and other very expensive care facilities.

## Why should FNHC be treated differently to other voluntary agencies?

### Do they not have to take a similar cut?

It should not be treated differently except in the sense that, while classed as a charity, it operates as by far the biggest charity working with HSS and is its biggest provider of services.

Furthermore, because of the sheer size and complexity of its operations, cuts not only impact on FNHC but also on other statutory, parish and voluntary services with whom it is linked, e.g. the Hospice, Age Concern, Les Amis, Brook Advisory Service.

The bigger question is that of why the agencies' grants were considered for cuts in the first place. For example, the Hospital Car Service has had its grant cut. Given that it represents enormous value for money with free drivers and cars, it seems a strange cut.

It should be asked, given the comparatively small sums involved, why cuts were not sought in high-expense areas or those where more enduring and/or immediate efficiencies could be achieved, relatively easily.

## What makes FNHC special?

Aside of its sheer size and role s a virtual, indispensable "arm" of HSS it is dealing with an increasing workload and one which is becoming much more complex.

As the Health and Social Services Committee moves people into the community, be they people with special

needs or the elderly, so FNHC is picking many of their nursing and associated needs.

It is the major contractor for community nursing and support to Health and Social Services.

**Should FNHC be immune to efficiency drives?**

No. The Board are prepared to sit down with Health and Social Services to look at savings. A Working Party exists and has not produced significant areas of savings. However, FNHC remains open to all possibilities. It is continually reviewing its own operations. Furthermore it is stepping up fund-raising activities-in other words, it is using fund-raising to provide a subsidy to the States! (the current aim is to raise £1.5 million).

The management structure is currently under review. Staff visiting homes are increasingly multi-skilled, as are senior staff. Highly skilled staff are used sparingly and only where there is an actual requirement.

Infrastructure costs are kept at a minimum – partly because of some service help from HSS.

The continued growth in service demand and the vital role FNHC plays in helping people move out of very expensive care to the community produces savings and other benefits which totally eclipse “penny-pinching” exercises. FNHC is much more than a provider of physical and/or nursing services. Its staff often deal with people who are isolated, lonely and afraid. Staff perform a role of support well beyond their formal job description.

**Conclusion**

The early identification of grant-aid as a way of savings costs was mistaken. A massive operation like Health and Social Services requires a major analysis of all areas in order to identify where real savings can be made.

Relatively small (but to the agency, damaging) cuts have an entirely disproportionate effect and take no account of the enormous “value-added” of their work.

**FAMILY NURSING AND HOME CARE  
FINANCIAL INFORMATION**

YEAR	TOTAL SPEND	STATES GRANT	MEMBERSHIP SUBSCRIPTIONS	DONATIONS	FEES	%
1999	£4.594 m	£3.429 m	£161,539	£161,506	£387,652	74.65%
2000	£4.698 m	£3.662 m	£173,195	£150,416	£501,351	77.94%
2001 *	£5.125 m	£3.973 m	£184,529	£148,739	£450,865	77.52%
2002 *	£5.633 m	£4.425 m	£198,032	£187,926	£475,156	75.26%
2003 *	£6.184 m	£4.959 m	£210,299	£223,015	£500,511	80.2%
2004 *	£6.595 m	£5.386	£235,254	£178,564	£487,584	81.67%

**N.B.** % indicates the percentage of Health and Social Service's grant to total expenditure.

\* Additional funding of £100,000 per year provided by Employment and Social Security for subsidised product scheme, with no additional funding for resources to deliver service.

**FAMILY NURSING AND HOME CARE  
SERVICE ACTIVITY**

	<b>DISTRICT NURSES</b>	<b>HOME CARE LEVEL 1</b>	<b>HOME CARE LEVEL 2</b>
<b>1993</b>	60,160 (1)	37,592 (2)	17,179 (3)
<b>1999</b>	56,348	28,402	86,007
<b>2000</b>	59,825	27,466	80,688
<b>2001</b>	54,857	26,749	73,164
<b>2002</b>	59,649	25,461	73,551
<b>2003</b>	60,535 (1)	24,832 (2)	78,968 (3)

**Key Notes**

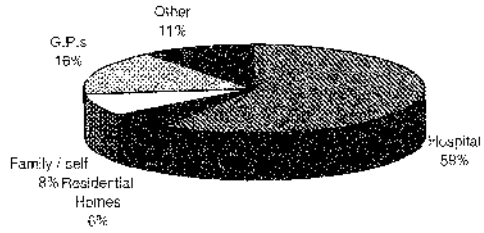
- (1) Stability in District Nurses figures due to concentration on skill mix and transfer of some personal care to Home Care Level 2 staff, at lower cost. (3) Also specialist district nurses now concentrating on higher dependent, specialist visits.
- (2) Reduction in Home Care Level 1 visits is due to staff now undertaking generic care (between Level 1 and Level 2 care) to maximise efficiencies and reduce duplication.

**KEY FACTS**

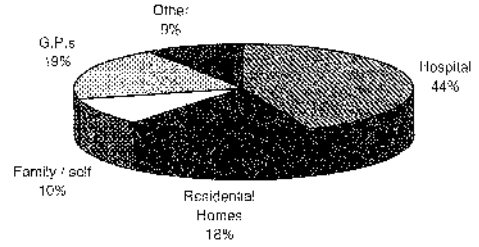
1. Appendix 2 concentrates mainly on the Nursing and Home Care divisions. Demand for School Nurse, Child Health and Paediatric services area also increasing.
2. Paediatric team, developed in December 2002, are seeing steady increase in referrals from chronically sick and special needs children in community.
3. District Nursing service has seen steady increase in 2004 in learning disability referrals, due to transfer of patients into group homes in community, with reduced nursing provision.
4. 2003 and 2004 referral graphs show marked increase in referrals from residential homes due to the increased dependency of resident patients.
5. Increase in referrals to West Community Occupational Therapist service on West, due to ageing population and need for falls reduction (due to lack of funding, Family Nursing and Home Care unable to commence service for East Locality).
6. Increase in referrals to day and night sitting service.

2004 Referral Graphs

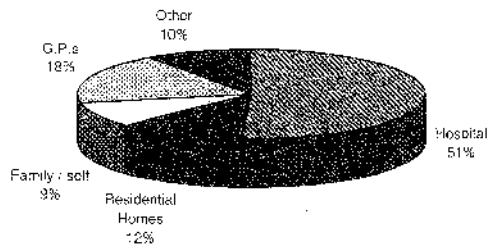
East 2004 - 1st Quarter



West 2004 - 1st Quarter



Combined 2004 - 1st Quarter







2004 Referral Graphs

<b>EAST</b>	<b>1st Qtr</b>
Hospital	170
Residential Homes	17
Family / self	24
G.P.s	47
Other	31
<b>TOTALS</b>	<b>289</b>

<b>WEST</b>	<b>1st Qtr</b>
Hospital	139
Residential Homes	56
Family / self	32
G.P.s	62
Other	30
<b>TOTALS</b>	<b>319</b>

<b>COMBINED</b>	<b>1st Qtr</b>
Hospital	309
Residential Homes	73
Family / self	56
G.P.s	109
Other	61
<b>TOTALS</b>	<b>608</b>

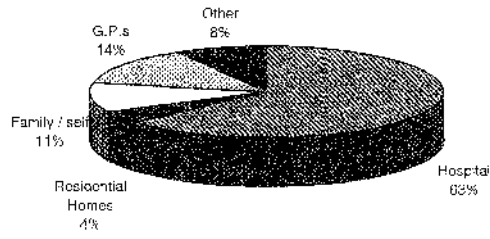
<b>EAST</b>	<b>2nd Qtr</b>
Hospital	
Residential Homes	
Family / self	
G.P.s	
Other	
<b>TOTALS</b>	

<b>WEST</b>	<b>2nd Qtr</b>
Hospital	
Residential Homes	
Family / self	
G.P.s	
Other	
<b>TOTALS</b>	

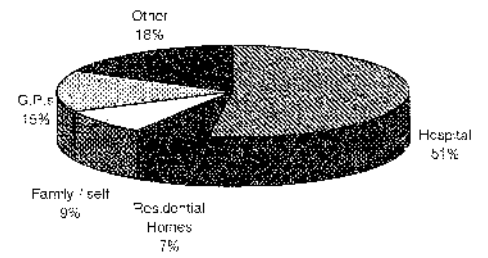
<b>COMBINED</b>	<b>2nd Qtr</b>
Hospital	
Residential Homes	
Family / self	
G.P.s	
Other	
<b>TOTALS</b>	

2003 Referral Graphs

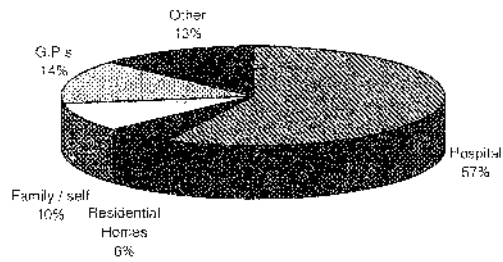
East 2003 - First Quarter



West 2003 - First Quarter



Combined 2003 - First Quarter



## **FAMILY NURSING AND HOME CARE**

### **INFORMATION BRIEF FOR MIKE POLLARD** **CHIEF EXECUTIVE - HEALTH AND SOCIAL SERVICES**

**JUNE 2004**

#### **1. Background History**

- 1.1 Jersey District Nursing Association believed to be established in 1897, by Reverend Falle, with nurses funded through subscriptions in each Parish. Jersey Family Welfare established in 1907 for Health Visiting and School Nursing. Organisations amalgamated in 1987 to form Family Nursing Services due to budgetary concerns and need for improved co-ordination. In 1993 this body amalgamated with Jersey Home Helps Society to form Family Nursing and Home Care.
- 1.2 Possibly the largest Non-Governmental Organisation on Jersey, and main provider of Community Nursing and Home Care. Current grant of £4.95 million from States of Jersey subsidised by charitable status, with Association to raise £1 million from membership subscriptions, home care and medical supplies fees, donations, fundraising and legacy (see Appendix 1).
- 1.3 Committee of Trustees appointed by members at A.G.M. with non-salaried non executive posts of Chairman, Vice-Chairman and Treasurer. Current organisational chart as attached (Appendix 2). Representative from Health and Social Services Committee on board, as well as Director of Public Health (non-voting).

#### **2. Policy Information**

- 2.1 Main aim is to provide skilled nursing to the sick in their homes, advice and assistance on health matters, and to provide other caring services.
- 2.2 Philosophy is to provide a timely and comprehensive range of high quality Community Nursing and Home Care Services which are cost effective, accessible, appropriate and sensitive to the needs of the population.
- 2.3 Guiding principles include consolidating partnership arrangements with Health and Social Services, Parish, Statutory and other Voluntary organisations to deliver care in community as per H&SS Strategic Plan.
- 2.4 Locality format established following Jurat Herbert's report on Social Care in Island. Originally 4 Locality Teams, when Association transferred to Le Bas in 1991 (rented from H&SS for peppercorn rent in exchange for Gloucester Lodge's use by Drug and Alcohol and Health Promotion). New management structure also developed. Reduced to 2 Teams (West / Town West and East / Town East) due to Island demographics.

#### **3. Operational Information**

- 3.1 Organisation provides majority of services that would be provided in UK by Community Care Trust e.g. District Nursing and Home Care Health Visiting, Paediatric Care, School Health, Specialist Nursing (Continence / Stoma, Special Needs, Hospital Liaison, Infection Control), Health Care Advisors, Child Accident Prevention, Medical Supplies, Stores and Laundry Service.

3.2 Currently 243 staff employed, with 122 staff, mainly part-time in Home Care (46%).

#### 4. **Main Achievements in Last 6 Years**

4.1 Moving from reactive to proactive Organisation through change in systems, structures and processes.

4.2 Acquisition of additional premises through links with Housing, Parishes, Church groups. Now have 7 satellite centres to decentralise staff and bring services closer to the community. Largest of these is the joint partnership with St Brelade's Parish at Gervaise Le Gros, with newest at Bethlehem Centre, St Mary.

#### 4.3 **Service Initiatives**

- 1996
  - i) Use of skill mix in School Health.
  - ii) Post-natal Depression Project (now firmly established in conjunction with II&SS specialist nurse).
  - iii) Formation of Child Accident Prevention (Jersey).
  - iv) Home Care Service Audit.
  - v) Management Audit.
- 1997
  - i) Health Care Advisor Audit.
  - ii) Establishment of Portuguese Link Worker.
  - iii) Pilot Night Sitting Service (now permanent).
  - iv) Establishment of Education and Development Co-ordinator.
  - v) Improved induction course for Home Care.
- 1998
  - i) Appointment of Health and Safety Co-ordinator and Fundraising Posts.
  - ii) Post Natal Depression Project gains third place in National Training Awards.
  - iii) NNEB appointments in Health Visiting thanks to Children in Need.
  - iv) Further skill mix in School Nursing.
  - v) Day Sitting Service implemented.
  - vi) Expansion of Stores premises.
  - vii) Acquire Gervaise Le Gros Centre.
  - viii) Transfer of Family Planning Nurses from H&SS due to contract reasons.
- 1999
  - i) UK Training Awards Commendation for Induction Programme for NVQ2 Training.
  - ii) Health Visitor standard and audit tool developed and involvement with Jersey Library in Bookstart.
  - iii) School Health quality award for Enuresis programme.
  - iv) Mens group and French speaking established for SO plus age group.
  - v) Development of Pilot rapid response scheme - 3<sup>rd</sup> place in H&SS Quality Awards (funding discontinued after completion).
  - vi) Acquisition of delivery van from Association of Jersey Charities.
- 2000
  - i) Audit of School Health.
  - ii) Health Care Advisors involved in Falls Project with II&SS.
  - iii) Appointment of part-time OT and physio on West Locality as pilot project.
  - iv) Restructuring of Twilight and Home Care.
  - v) Pilot subsidised project scheme with E&SS and H&SS.

- 2001
  - i) Establishment of behavioral therapy groups by Health Visitor's.
  - ii) Further development of link nurse role.
  - iii) Establishment of Community Liaison Sister Post.
  - iv) Employment of Cancer Backup Information Nurse in partnership with Cancer Backup.
  - v) Stores refurbishment.
  - vi) Continuation of Subsidised Product Scheme.
  - vii) Establishment of further district nurse clinics in community.
  - viii) Appointment of Continence / Stoma Nurse (due to needs of vi).
  - ix) Permanent appointment of Community OT and physio - West Locality.
  - x) Establishment of Community Paediatric Team.
  - xi) Appointment of Project Officer Position.
  
- 2002
  - i) Guidelines for leg ulcers established with H&SS.
  - ii) NVQ training for staff.
  - iii) Institute of Psychiatry 3 year research project with Maudsley Hospital, thanks to funding by T.E.P.
  - iv) Expansion of Community Paediatric Team.
  - v) Funding provided by Loyds TSB and Jersey Headway for part time Child Care Accident Prevention Co-ordinator.
  - vi) Human Rights policies established by Project Officer.
  - vii) Vulnerable adults procedures and Child Protection Strategy.
  - viii) Appointment of clerical assistant to improve Management Information.
  
- 2003
  - i) Involvement in Integrated Care Strategy and Statutory / Voluntary Interface Group.
  - ii) Expansion of Community Paediatric Team with funding from Children in Need.
  - iii) Decentralisation to Bethlehem Centre.
  - iv) Early assessment in IIP process. (IPA's now in all departments).

#### 4. Strengths

- i) Independent charitable status and potential to support H&SS's States grant to further develop services.
- ii) Ability to be flexible, proactive and rapidly respond to change due to the independence and lack of hierarchical structure. Currently only 3.5% of total budget on Senior Management posts.
- iii) Networks and partnerships with Statutory, Parish and Voluntary organisations.
- iv) Reputation in community for high quality service provision leads to success in grant applications.
- v) Community Nursing and Home Care integrated under one umbrella with one central budget.
- vi) Low overheads and administration costs with contract with regulation of undertaking allowing growth.
- vii) "Subsidised" service in theory for States of Jersey.
- viii) Ability to fundraise for specialist equipment which is currently not provided through H&SS grant.
- ix) Already supporting areas of States of Jersey Strategic Plan 2005 - 2010 and Health draft Strategy document for Community Care.

5. **Challenges**

- i) Uncertainty regarding States grant from year to year makes business planning extremely difficult.
- ii) Poor communication and involvement in strategic planning cause uncertainty and duplications or gaps in service planning.
- iii) Lease for current base at Lc Bas Centre and Gloucester Lodge not yet finalised (9 year wait).
- iv) Continuation of SLA process with relationship management issues outstanding.
- v) Marketing campaign proposed to increase membership - current negotiations in house to clarify membership and also Parish support via H.I.E. / grant system.
- vi) Premises issue in view of staff growth and proposed Integrated Health Care Premises.
- vii) Increased service requests without new growth funds e.g. Special Needs Children, Community Paediatrics, Learning Disability.
- viii) Involvement in Care Package transfer from H&SS (pilot transfer to be implemented).
- ix) Increase in residential care home support.

**Karen Huchet**  
**Director**

**16.06.04**