



## **Health and Social Security Scrutiny Panel**

### **Adult Respite Care**

**MONDAY, 9th FEBRUARY 2015**

**Panel:**

Deputy R.J. Renouf of St. Ouen (Chairman)  
Deputy G.P. Southern of St. Helier (Vice-Chairman)  
Deputy T.A. McDonald of St. Saviour  
Deputy J.A. Hilton of St. Helier

**Witnesses:**

The Minister for Health and Social Services  
Assistant Minister  
Director of System Redesign and Delivery  
Director of Adult Services

[10:00]

**Deputy R.J. Renouf of St. Ouen (Chairman):**

This is a public hearing held by the Health and Social Security Scrutiny Panel, and we have asked the Minister for Health and Social Services to come along this morning and answer questions on adult respite care in connection with the review that the panel is undertaking at the moment. I

think we will start with introductions, please. I am Deputy Richard Renouf and I am the Chairman of the panel. On my right?

**The Minister for Health and Social Services:**

Yes. Senator Andrew Green, Minister for Health. I must say that I will be accompanied by another officer later on, Mr. Dunne, but unfortunately his wife has been involved in a road traffic accident, so he is delayed.

**The Deputy of St. Ouen:**

Yes, I understand.

**The Deputy of St. Ouen:**

Yes, thank you. I understand Mr. Dunne would have been a crucial part of your team and whether he is able to join us obviously depends on what his finding is.

**The Minister for Health and Social Services:**

I am sure we will be able to answer most of your questions, Chairman, and if there are any gaps we will refer it back.

**The Deputy of St. Ouen:**

Yes, we will see how we go, but first of all, thank you to members of the public and media who are here. Can I remind you of the general rules concerning public hearings? There is a code of behaviour which is printed on the wall. Minister, can I begin just by asking you generally what the current provision for adult respite is?

**The Minister for Health and Social Services:**

I have only been Minister a short time, but in the past couple of years or so, we find ourselves in a much better position. There is 2 factors that have gone on behind - having said that, I will come back to that; there is work to be done - the provision of the long-term care funding, which has made it possible for carers to access services. Of course that funding is important if those services are available and I am pleased to say that there are services available. My officer here will go into detail if you want, but we have both day facilities now in terms of activities by a number of providers approved by our scheme, and I believe that that is working very well. There is some residential and that is again approved, but there is more work to be done, I think, on the residential side of things. That said, we are in a much better position than we were a year or 2 ago, and if you want details, I would refer you to Rachel.

**The Deputy of St. Ouen:**

Can you perhaps, Rachel, give us some of the history? The Minister said we are in a much better position now. What has been the services available in the recent past?

**Director of System Redesign and Delivery:**

Respite for adults comprises 3 main areas: day services, residential respite and community or outreach respite provided in an individual's home. As the Minister said, in the last year to 18 months, we have had 2 main factors. One of them was the introduction of the long-term care benefit, which means that individuals now effectively commission their own services based on their needs and their preferences. What we have been keen to do is to make sure that there is the right range of choice for those individuals to choose from and that we can assure individuals as to the quality of services that they will be receiving and the safety of those services. That is where the changes have really happened. It has been part of a building development that does not only include adult respite, but includes all services that are provided for health and social care. In terms of residential respite, we have tendered for what is called an approved provider framework, which is a number of organisations that have said they would like to provide those services. They have to go through a rigorous process to prove to us that they have the right services that are being provided by the right people, so with things like D.B.S. (Disclosure and Barring Service) checks to make sure that they are not withholding ...

**The Deputy of St. Ouen:**

Just for the record, D.B.S. is?

**Director of System Redesign and Delivery:**

It is the Barring Service. It used to be called C.R.B (Criminal Records Bureau); it used to be the criminal records. It is now called D.B.S. To make sure that their staff have passed those requirements and that their services are safe and high quality and that they have a certain set of policies and procedures in place which you would expect of any care provider, they have to prove that to us and then go through a panel interview, which usually includes a service user. That has been a change as well in the last couple of years. Residential respite, we now have 2 organisations that are part of the approved provider framework and are providing those services. Similarly, on the home care respite or the outreach respite, we went through an approved provider framework process in August last year and we now have 10 organisations that are on the approved provider framework. Similar to residential respite, they have to prove to us to go on to that framework that they have the policies and procedures in place that we would expect of a high-quality care provider and that their staff have the right level of competency and have passed the right checks. Again, that panel was run with a service user representative, and it is really

important that we get the views of the people that are using those services when we make those selection decisions.

**The Deputy of St. Ouen:**

How are those people chosen to be a service user representative?

**Director of System Redesign and Delivery:**

From the contacts that we have, so we are regularly in touch with a number of service users or carers or families as part of our general business and we generally ask them if they would like to be involved.

**The Deputy of St. Ouen:**

Who else is on the panels that interview and select?

**Director of System Redesign and Delivery:**

The panel will always include a procurement expert from the States, a finance person - so obviously we have to keep our eye on the value for money - and someone from my team, from the commissioning team; generally someone from the service provider, so someone from Chris Dunne's team, who understands how the services should be provided, and as I say, a service user. The panels can be anything from the minimum of 5 up to 10 or 12 people.

**Deputy J.A. Hilton:**

Could I just jump in there? You mentioned about the commissioning team. You had 2 commissioners last year. I understand both of them have left the service of the Health Department now. How are you covering the work that they did, especially the chap who was commissioning services for the third sector and in the community?

**Director of System Redesign and Delivery:**

Yes. There were more than 2 commissioners last year. As you know, we have got 3 commissioners and then other people who are supporting them. As you say, 2 individuals left last year, one to another job on-Island and one went back to the U.K. (United Kingdom). We have brought on a quality assurance officer, whose role is specifically around the home care respite and home care providers, so she is the one that is going out and doing the regular inspections of those services, because it is important to make sure that not only did people pass the test, if you like, when they applied to be on the framework, but that they continue to be safe and provide high-quality services. I have got her inspection regime, which we can provide to you after the meeting if you would like that.

**Deputy J.A. Hilton:**

That particular person you are talking about, the quality assurance officer is the one who has taken over the role. It is not exactly the same as the role that ...

**Director of System Redesign and Delivery:**

It is not exactly the same. We will be recruiting for a replacement for those commissioners. In the interim, I am picking up the responsibilities, which just means that some of my other responsibilities have gone on the backburner somewhat.

**Deputy J.A. Hilton:**

Will the job description remain the same for the 2 new commissioners that you are bringing in?

**Director of System Redesign and Delivery:**

Yes.

**Deputy J.A. Hilton:**

Will they be the 2 new directors of commissioning?

**Director of System Redesign and Delivery:**

Yes, the deputy directors of commissioning, yes.

**Deputy J.A. Hilton:**

Deputy directors of commissioning, okay. So they have been replaced in their entirety?

**Director of System Redesign and Delivery:**

Yes.

**Deputy J.A. Hilton:**

When are you expecting that to happen?

**Director of System Redesign and Delivery:**

I am hoping to go out to advert this week now I am back from holiday.

**Deputy J.A. Hilton:**

Oh, right. But in the meanwhile, you are covering that work on top of what you are doing?

**Director of System Redesign and Delivery:**

Yes, in the meantime I am covering that. Some of my other responsibilities have gone on the backburner slightly, but as we all do, I have to prioritise where I put my effort and this is important.

**Deputy J.A. Hilton:**

Has that had a negative impact on your day-to-day work? What has slipped?

**Director of System Redesign and Delivery:**

Yes, it is more about slipping timescales rather than ...

**Deputy J.A. Hilton:**

Is that on delivering services?

**Director of System Redesign and Delivery:**

No. I am not responsible for delivering any services. My job is system redesign and then the delivery of the system redesign, not the delivery of services.

**Deputy J.A. Hilton:**

Okay. What is slipping?

**Director of System Redesign and Delivery:**

Oh, gosh. What is slipping? I have managed to delegate some of my responsibilities to some of the other members of my team and also some of the other staff within Health and Social Services, so rather than being very heavily involved, for example, in things like the forthcoming carers strategy, somebody else has been heavily involved and I am taking an overview. I have not dropped anything, I am just taking a different role.

**Deputy J.A. Hilton:**

I am just a little bit surprised that considering the very important role the commissioners were undertaking that it has taken 4 months to get to the point where you are starting to advertise.

**Director of System Redesign and Delivery:**

I have been out to try to find some interims to cover the responsibilities, but I will not bring anybody in who I do not feel is up to the mark in terms of quality. I do not just want a body, I want somebody who I am assured can do the job. We did go out and interview for people to cover short term, but were not able to appoint because I did not feel that the quality of the individual was there.

**Deputy J.A. Hilton:**

Okay, thank you.

**The Deputy of St. Ouen:**

Thank you. Coming back to the 3 areas of the service, day services, residential services, outreach, can you describe in more detail particularly what is involved in day services and what is involved in outreach and the distinction between the 2? I suppose residential services we can understand is overnight provision, is that right, residential?

**Director of System Redesign and Delivery:**

Yes. The difference is day services are for individuals who will go to a specific place to receive respite services during the day, and they are provided at Le Geyt, so they will come from their normal place of residence and they will go to a day service during the day and then go back home at night. Residential service is when an individual will leave their normal place of residence and go to a place for a period of time and stay there day and night. The outreach services is when the individual stays in their own home and the service goes into their home and looks after them to give their carer a break.

**The Minister for Health and Social Services:**

Typically that would be for a holiday or something like that, possibly.

**Director of System Redesign and Delivery:**

Yes, it can vary, anything from a couple of hours so that the carer can go shopping or go out with friends to a longer period of time so that the carer can have a short break themselves.

**Deputy J.A. Hilton:**

You just mentioned holidays, so outreach would involve somebody going into a person's home to enable that family to go away on holiday, say for a week, or go to the U.K. to attend family business?

**Director of System Redesign and Delivery:**

It could do, if that is what was needed.

**Deputy J.A. Hilton:**

Has that happened historically?

**Director of System Redesign and Delivery:**

I do not know. You will have to ask Chris that.

**The Minister for Health and Social Services:**

I asked that myself in our briefing. I do not think many people have taken advantage of a week, but certainly a couple of days has been used, yes. We can give you those figures, yes.

**Deputy J.A. Hilton:**

Yes, okay.

**The Minister for Health and Social Services:**

I did ask that particular question in anticipation of this.

**The Deputy of St. Ouen:**

Yes. Are there figures? How are you monitoring the demand and the usage of your services?

**Director of System Redesign and Delivery:**

At the moment for day services, we have places for up to 61 people a day. We have 33 people attend on an essential respite basis, so they are people who generally live at home with their parents or carers and 28 people attend who live in a supported environment, so they might live at Les Amis, for example. In terms of residential short breaks, we have 23 individuals or families who have been using the residential short-break services. In terms of the community short breaks, I do not have numbers with me, but I would expect that they would be increasing significantly now that we have that approved provider framework in place.

**The Deputy of St. Ouen:**

Sorry, the community short breaks are?

**Director of System Redesign and Delivery:**

That is the outreach services, yes.

**The Deputy of St. Ouen:**

Outreach, yes.

**Director of System Redesign and Delivery:**

Yes, people who will go into an individual's home to provide that care, because up until the last couple of years, I suppose there was also a lack of awareness in terms of what services individuals could access and how they could access them and who would pay for them. Now that we have got the approved provider framework for the outreach short-break services - and that information is all available on the Jersey Online directory - when individuals have their long-term care benefit assessment, they can be given that sort of information.



[10:15]

They are assured as to the quality of those services, which is really important if you are handing your loved one to someone else to look after; you want to be absolutely clear and absolutely assured that they are going to be safe and they are going to get the right quality of services. As I said earlier, with the long-term care benefit, those individuals can make those choices and there are 10 organisations for them to choose from now.

**Deputy G.P. Southern:**

What sort of take-up have you received on those outreach services?

**Director of System Redesign and Delivery:**

I will check on that and get back to you with the figures.

**Deputy G.P. Southern:**

Because one of the things that was said to us recently was that that is quite a difficult process for people to negotiate in the sense of: "We have now got a sum of money which we can use to allocate to our needs and picking that particular provider." How does that work? What assistance, what support is in there to make sure that people can feel confident to make those sort of choices?

**Director of System Redesign and Delivery:**

Individuals are assessed under the long-term care benefit and that assessment usually takes place by a social worker. They will be involved in understanding what their needs are and obviously they will have their own wants and their own preferences and their own choices. The social worker can then help the individual to think through what type of services they might want to access and where those services are, or alternatively any individual can go to their Citizen's Advice Bureau and they can help. That is part of what we call the carers support service that we funded through the White Paper money a few years ago. The Jersey Online directory is part of that, but it is not the only part of it, so information is available online for people, but they can also go and talk to somebody. It can be quite difficult to navigate through what often seems like quite a complex system with lots of different choices. I think we all know from our daily life that when you are given choice, it can be quite difficult to make that choice. If someone makes a choice for you, sometimes it feels easier. We are trying to get into that middle ground of helping people to make the choices that they want to make, rather than imposing something on them, and also to give them the choices rather than believing that it is one size fits all, because we are all individuals and we all want different things.

**The Deputy of St. Ouen:**

Is the only access to the system through the long-term care scheme and a social worker, because if in mid-life an adult suddenly develops a long-term condition, was involved in an accident which leaves them disabled and they need access to respite services, therefore they are not immediately coming on to the long-term care scheme, are they, because that only kicks in once you have funded a certain amount yourself, am I correct?

**Director of System Redesign and Delivery:**

If an individual may need ongoing long-term care, then they should be assessed as soon as those needs are obvious. What you are referring to is the long-term care funding element of it, so if someone has had an accident, for example, they will be assessed as to their long-term care needs and then there are different levels in the long-term care benefit where that individual will be able to access different levels of funding after they have funded the first amount of money. But there are also - this is an important point - some individuals who will not necessarily meet the bottom level of the long-term care benefit but who still have ongoing needs, so it is important that we continue to assess those individuals and help them to access funding through us, help them access the right level of services for them. The minimum level for a long-term care benefit is around 3 to 4 hours of care a day.

**The Deputy of St. Ouen:**

Yes, so they will be assessed. Will they have a social worker appointed to them if they are assessed as being in any kind of need?

**Director of System Redesign and Delivery:**

That is an operational issue which when Chris arrives he will be able to answer for you in detail, because that is his area rather than mine.

**The Deputy of St. Ouen:**

Okay, but they may have to initially fund the cost of the service they need? The respite in that case they are looking at, they may have to fund that because the benefit will not be available at first, is that correct?

**Director of System Redesign and Delivery:**

I think that is a part of the long-term care benefit. It is part of the provisions of the long-term care benefit. Again, for that level of detail, you may need to ask Social Security colleagues.

**Director of Adult Services:**

My apologies.

**The Deputy of St. Ouen:**

Yes, that is right. Mr. Dunne has just arrived, so we will give him a chance to settle.

**Deputy G.P. Southern:**

The first question has just been pointed your way.

**Assistant Minister:**

Your timing is perfect, Chris.

**Director of System Redesign and Delivery:**

Is everything all right?

**Director of Adult Services:**

Yes, as right as it can be under the circumstances, so thank you.

**The Deputy of St. Ouen:**

Mr. Dunne, thank you very much.

**Director of Adult Services:**

My apologies.

**The Deputy of St. Ouen:**

I am sorry to hear about difficulties and I hope they are going to resolve themselves.

**Director of Adult Services:**

Yes, thank you.

**The Deputy of St. Ouen:**

We were just talking about access to respite services and I was trying to find my way through what is provided under the long-term care scheme. It is my understanding that funding does not kick in under the long-term care scheme until you have self-funded a certain amount, so if somebody has developed a condition in mid-life and it is worsening and their carer may need some respite, how do they access respite services and how do they fund it and realise what they have got to do?

**Director of Adult Services:**

Yes. Obviously the focus of the review is to look at adults under 65, so there is a slight difference in regards to adults who are over 65. But the process very simply is that individuals who are in need are predominantly the individuals who require short-break services and are people who have

long-term conditions in terms of disabilities. The assessment is completed within Adult Services and there will be a social worker appointed to complete the assessment. Now, we have, as you know, recently moved to the long-term care benefit scheme. At the moment, the short-break services that are provided are still provided and funded through Health and Social Services. There is an expectation that there will be a move to transfer existing costs under the long-term care benefit scheme, but initially the long-term care benefit scheme is focusing more on residential and nursing care and what we would refer to as supported living for those adults with needs but living more independently in the community. The short-break service is what will follow, and so today the assessment process would remain the same, but it is based on the individual and the family's requirements. That is processed through the adult service now and we have a respite co-ordinator who then facilitates and brokers the services that are required to provide that. Does that help?

**The Deputy of St. Ouen:**

Yes, but who funds the provision?

**Director of Adult Services:**

Today? Health and Social Services fund the provision for short-break services for adults under 65. The expectation is that it will be incorporated as a part of the long-term care benefit scheme. The big advantage of that is that this is probably the closest that we are, as an Island, going to get to personal budgets, where an individual and their family will receive an amount of money that reflects the assessed need. What we have been doing is developing the market further, and Rachel's service in terms of commissioning has certainly helped in regard to encouraging more providers out there, that enables individuals and families to have more choice. If we go back in time, certainly 6 years ago there was very little choice. The emphasis is about enabling choice.

**The Deputy of St. Ouen:**

I do not know if the panel is interested in ...

**Deputy J.A. Hilton:**

Yes, I just wanted to come in there. My understanding of the long-term care fund was that it was to help individuals retain their homes, not lose their homes, that you basically paid £50,000 towards your care, not ...

**Director of Adult Services:**

If you are a home owner.

**Deputy J.A. Hilton:**

If you are a home owner. What I am slightly struggling with at the moment is where you have an individual aged under 65 who has a very serious stroke, for instance, and is not able to work, who would fund any care that they required in the way of respite? Would they still be expected to pay up to the £50,000 cap, because that is what the rules are saying at the moment and I am not understanding that part of it?

**Director of Adult Services:**

No. Without sounding as though I am deflecting your answer, because ...

**Deputy J.A. Hilton:**

Because you are.

**Director of Adult Services:**

... I think we ought to have colleagues from Social Security to be able to define that.

**Deputy J.A. Hilton:**

Oh right, okay.

**Director of Adult Services:**

But I have to say I would assume that under the regulations now that it is correct that an individual would have to pay their first element of that if we transfer the whole provision across under the long-term care benefit.

**Deputy J.A. Hilton:**

That is just what I do not understand.

**The Minister for Health and Social Services:**

Unless of course they are of modest means.

**Director of Adult Services:**

Yes, and only if they meet the criteria in regard to assets.

**Deputy J.A. Hilton:**

But currently, if somebody, a younger person, had a very serious stroke and were incapacitated, were not able to work, required 24-hour care at home, those respite service or day services or whatever help would be provided free of charge at the point of delivery, would they not, today?

**Director of Adult Services:**

Today. So that same person would today receive a free service.

**Deputy J.A. Hilton:**

Yes, absolutely. If there was a service available, there would not be a charge for it, but it seems to me what you are now saying is that by moving short-break services into or under the umbrella of the long-term care fund, we are going to come into a situation that if by pure chance they happen to be a home owner that they are going to have to pay up to that £50,000 cap.

**Director of Adult Services:**

I think that is correct, and what I would really appreciate is the opportunity to double-check that with my colleagues in Social Security.

**Deputy J.A. Hilton:**

That could have a massive impact on families where there are children, dependant children still at school or university.

**The Minister for Health and Social Services:**

Again, I would have to check, but I think all that has changed is the date on which they would become eligible for that commitment, because ...

**Deputy J.A. Hilton:**

It is the £50,000 cap that is bothering me.

**Director of Adult Services:**

Yes, but if you are going to say at 65 then the £50,000 kicks in, if they are a younger injured, they do not pay it until they are no longer around. As you know, it is just a commitment against their asset. All you have done is changed the date, you have not changed the commitment, but I would need to get advice.

**Deputy J.A. Hilton:**

Yes, I think ...

**Director of System Redesign and Delivery:**

I think we are getting into the policy aspects of the long-term care benefit.

**The Deputy of St. Ouen:**

We will investigate that, but can I ask, has a policy decision been taken to move the funding of adult respite care to the Social Security Department?

**Director of System Redesign and Delivery:**

That is my understanding.

**Director of Adult Services:**

I understand that is correct, that the ambition is that all health and social care in the community would be funded through the long-term care benefit, where it obviously applies in terms of the assessment of need. There are a number of people who will have shorter-term situations where there will be other needs in place.

**The Deputy of St. Ouen:**

Yes, but what I am asking, is that ...

**Director of Adult Services:**

In terms of long term, yes, I ...

**The Deputy of St. Ouen:**

Is that an intentional aspiration or has a decision been taken that from a certain date it will move, that the budget will move perhaps or whatever? Has that structurally been put in place?

**Director of Adult Services:**

No, no. The final bit that you have talked about in terms of a decision around a date for that to happen has not been confirmed. The first agreements, as I understand it, were in regard to the bigger portion of work, which is around residential care, nursing care and supported living and we are still working through that process of transition at the moment.

**Deputy G.P. Southern:**

The Minister has stopped frowning now, but I just wondered what that frown was about.

**The Minister for Health and Social Services:**

The frown was about if somebody is receiving a benefit, I do not see that we have transferred the budget to Social Security. The frown was about if someone is receiving a benefit, they are using the benefit to buy their service. That is what my frown was about.

[10:30]

**The Deputy of St. Ouen:**

Except the benefit will kick in after they have spent a certain amount currently.

**Director of Adult Services:**

I do think what is really important in this is the introduction of a long-term care benefit is to try and determine as fair a process as possible for all adults, regardless of age. There are some situations today where there may well be older adults - your example of having a stroke - who may end up having to pay for care. The fact that somebody is younger, if they have the assets to contribute, I understand that it is about trying to have a fair approach regardless, because once somebody has paid their £50,000, if in fact they have the assets to cover that, then for the rest of their life, they will get free care. If there is a younger person, they probably will benefit more by having a longer period of access to that free care than an older person coming into the system. I think what is really important - because I would not dismiss the example that you gave of the stroke - in actual fact, the vast majority of people who access our short-break services have life-long conditions, and so therefore benefit immediately, because virtually all of those adults in their own right, once they become adults at 18, do not have their own assets, so will immediately access the benefit system.

**Deputy J.A. Hilton:**

We used that as an example, because people do have strokes aged under 65.

**Director of Adult Services:**

That is absolutely right, that is right.

**Deputy J.A. Hilton:**

We were talking about it previously and we were interested to know how that group of individuals might be dealt with. It would seem to me now, from what we are saying - and obviously we need to have that discussion with the Minister for Social Security - that those people currently receiving services now, today, in the future could have to pay for them.

**Director of Adult Services:**

The cap, yes. Up to the cap, yes.

**Deputy J.A. Hilton:**

Yes, up to the cap, up to the £50,000.

**Director of Adult Services:**

That would be equitable for all adults.



**Deputy J.A. Hilton:**

I know, but I think the comment I would make is that when the States Members debated the long-term care fund, it was all around older people who owned their own homes not having to sell their homes to pay for their entire care through their much older years, not people maybe in their 30s, 40s or 50s being in an unfortunate position of having a life-changing stroke. We used a stroke as an example, but there are lots of other examples.

**The Minister for Health and Social Services:**

Yes, but they still will not have to sell their asset, that is the point.

**Deputy J.A. Hilton:**

No, but the fact of the matter is if the main wage earner has a stroke and then they find that they are not earning and they have to pay for their care, they will probably have to sell their house anyway, because they could not afford the mortgage. I suppose that is one way of looking at it, but it has changed, the rules have changed.

**The Minister for Health and Social Services:**

But they do not pay for their care themselves, the scheme pays for it and credits them up to £50,000.

**Deputy J.A. Hilton:**

Yes, but you still have to pay up to the first £50,000 if you have got the asset. If you have got the asset, you have to pay up to the first £50,000, and there will be a lot of people out there who have got the asset, who may be in the unfortunate position that they have a life-changing occurrence, but ...

**Director of Adult Services:**

I think that is a really challenging example that you have given us. What I welcome is the opportunity to discuss that with my colleagues in Social Security to check that I have got right what I am saying to you. My understanding is that the system is trying to be an equitable system for all adults who require long-term funding for care.

**The Deputy of St. Ouen:**

Yes. Please do discuss it and we will also speak to Social Security.

**Director of Adult Services:**

Yes, and I will come back to you.

**The Deputy of St. Ouen:**

I think we will be talking to Social Security anyway.

**Director of Adult Services:**

It is a grey area for us.

**The Deputy of St. Ouen:**

Yes. It is alarming in 2 respects, because in mid-age you are very often trying to fund your own children, perhaps through further education, and you are supporting a partner, you are generally trying to get on with your life. It is very different to the scenario that might face us age 65 plus, moving into care.

**Director of Adult Services:**

Yes, I understand.

**The Deputy of St. Ouen:**

Also, respite is not just about the person receiving the care, it is about the person giving the care and it is those that need the respite. We are saying that their needs in giving care are going to be perhaps assessed on the person who is the recipient and what they need will be determined by assets held by the recipient. If the person giving the care becomes so washed out, so ill as a result of the constant needs of the person in care that they cannot work, that the service is not working, their home situation is not working, that will fall apart and the person will move into more expensive care there. We have got to think about the carer too in this scenario.

**Director of Adult Services:**

Absolutely, which is why it is so essential to be ensuring that we continue to develop and deliver an effective range of short-break services. The starting point is absolutely about sustaining the ability of the carer to do the job that they do.

**The Deputy of St. Ouen:**

Indeed, yes. Has that been improving? We have heard from Rachel about new provisions that have been put in place and I see on the paperwork you gave us about the 2014 tenders there were new companies coming in.

**Director of Adult Services:**

Yes, that is correct.

**The Deputy of St. Ouen:**

Can you tell us something about these new companies, what role they play, what they provide?

**Director of Adult Services:**

Yes, I can. In essence, what I tried to outline in the information was that short-break services - and I will include day services in there - everything that happens under that banner is about effectively supporting the family to enable their adult child, invariably who will have needs, usually based on a disability or a condition, to remain as a functional family unit. It is about trying to keep that family together and going. The day services element is a long-standing service that has been in place and it is an evolving service to try and better meet the needs of families today. I am happy to come back to that if you wanted a little bit more information about the journey within the day services. The newer services that have been in place over the last 6 years include short break residential beds, and so what we know is historically for families in Jersey, as children, families were used to getting a physical residential break. That invariably used to be Oakwell for children and originally was up at Aviemore and subsequently moved to Eden House. Just over 6 years ago, there was no residential short-break services for adults and we were fast coming to a point and had exceeded a point where there were a number of families with adult children with quite complex disabilities. I took the decision at the time to continue to provide a service to those families at Oakwell, regardless of the fact that Oakwell was a children's service. That was deliberate, because we did not have anything in place. So establishing the residential beds was really important, and the first iteration of that was when we contracted with Highlands to provide 4 beds. Again, I will come back to the residential, because I am very aware that today the area that we have most concern about is sustaining the residential beds. The other areas of service that have developed more readily and is very effective for families is both outreach and inreach services, so this is where a domiciliary-style service is provided to the family to take their adult children either out into the community and engage in community activities, but while doing so, that gives the family a break. That might be an evening out at the pub or going to the pictures or whatever, but that physical break, it equally contributes to the family having a break themselves, or on an inreach basis, where we might go into the family home and support the individual person in the family home and allow the parents to go out for the evening. All 3, with the residential as well, we have responded to families to provide holiday breaks as well over the years that we have been running and developing these services.

**Deputy J.A. Hilton:**

Can I just ask you a question about that, Chris? I think previously there were 4 residential beds at Highlands.

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

They have now gone. How many residential beds are you providing for adult respite now today?

**Director of Adult Services:**

Today we provide 2.

**Deputy J.A. Hilton:**

You provide 2?

**Director of Adult Services:**

We provide 2 beds. In the first 2 years of tendering, so that was 2010 to 2012, we commissioned 4 residential beds. They were all at Highlands. Les Amis also provided 5 beds.

**Deputy J.A. Hilton:**

What, in that period of time?

**Director of Adult Services:**

In that period of time, but they were 4 adults with mild to moderate learning disabilities and more independence. Throughout this, Les Amis have always been a main provider of short-break services. The area where we needed to improve on was for adults with complex physical disabilities as well as learning disabilities.

**Deputy J.A. Hilton:**

What did you do?

**Director of Adult Services:**

Highlands provided 4. In the second tender period, we reduced that to 3 beds, because ...

**Deputy J.A. Hilton:**

Why was that?

**Director of Adult Services:**

Because the analysis of the use demonstrated that we were not making maximum use of 4 beds, and a lot of the newer families were wanting more outreach than the residential bed. For the 2012 to 2014, we commissioned 3 beds at Highlands, while Les Amis continued with their 5 for adults

who are more ambulant. We then increased the outreach services with the money that we had available to us. When we have come into this tender period we are in now, unfortunately Highlands withdrew from provision.

**Deputy J.A. Hilton:**

Why did they withdraw?

**Director of Adult Services:**

I think they decided to revert back to their core business, which is the provision of residential and nursing care.

**The Deputy of St. Ouen:**

Did they give you a reason why they did not retender?

**Director of Adult Services:**

They did. They found it really difficult sustaining the provision of short-break services and found it easier to be able to focus on that core business, because the delivery of the short-break service required them to do something different and a little bit more around the quality of ... not the quality of care, because their quality of care is very good, but the expectations around what you do with people.

**Deputy G.P. Southern:**

Yes, the level of care, rather than the quality.

**Director of Adult Services:**

Yes, so I think it is about that engagement and enabling people to do something positive through the day and suchlike as opposed to just being a residential base. They tried really hard over the 4 years to respond to our demands, I will put it that way, in terms of trying to establish that service. So the quality of care was always very good, the environment was excellent. We perhaps needed more outcomes from that provision in terms of the social engagement and suchlike, so Highlands took a decision not to retender. They did kindly extend their period, because they knew that we were struggling to find the providers and so we moved down from 3 beds. We did end up with a period where once the Highlands contract had finished, we had a period of no beds and that was a really tricky period for us, especially for the families involved. We tried to substitute as much as possible around the provision and outreach and inreach, but for those families that require an essential residential bed, we know that that created difficulties for them.

**The Deputy of St. Ouen:**

Yes, I am sure. How did you go out to find beds?

**Director of Adult Services:**

What happened was we were already negotiating. Les Amis had developed a new service, a place called Mourant Lodge, and it was always their plan to move what was their 5 beds in their Five Oaks building to a bespoke short-break service, and so Mourant Lodge opened in 2014.

**The Deputy of St. Ouen:**

Was that going to be limited to respite for people with learning difficulties, as it was in previous years?

**Director of Adult Services:**

No. I think this is a really good model, and I would urge you, if you have not, to go and visit Mourant Lodge.

**The Deputy of St. Ouen:**

We visited Mourant Lodge on Friday.

**Director of Adult Services:**

What I think is particularly good in that model, they have got one bed that is accessible for adults with physical disabilities and there are 3 beds for adults with mild to moderate learning disabilities or more ambulant. What that does is provides a great integration for young adults coming together as a model. The reason why, when Les Amis opened we did have a problem in enabling Les Amis to respond to the young adults who required high levels of intensive care.

[10:45]

That was down to unfortunately the legislation around inspection and registration. Les Amis were registered to provide nursing care. The level of care that was required around some individuals was classified as nursing care ... sorry, Les Amis were residential, required to be nursing care. We had a problem, because that meant that Les Amis would, in effect, need to recruit services to provide that care. We solved that problem, and it was Rachel's service that solved this problem - and I am not going to take credit for this bit - in a negotiation around a contract with Family Nursing and Home Care so that Les Amis could provide the main short-break service, and then if any individual required what was deemed as nursing care, the contract would be in partnership with Family Nursing, who would support Les Amis in the delivery of that. That is now in place and that

is working well, and as I say, it is a really good model for what we might want to look at developing more of into the future.

**Deputy G.P. Southern:**

There is a second bed somewhere.

**Director of Adult Services:**

There is. Jersey Cheshire Home very kindly came in to offer us on a not informal, but on a temporary basis, a bed available within Jersey Cheshire Home because they have the facilities, it is accessible, and access to nursing care. So they are currently providing one bed for us as well. So today we have available to us 2 beds and we continue to work in partnership at looking to resolve that permanently.

**Deputy G.P. Southern:**

That is another physical disability bed?

**Director of Adult Services:**

Yes, it is. So Les Amis and Jersey Cheshire Home are the 2 providers, each a bed, a single bed, for adults with complex and physical disabilities, with access to another 3 beds through Les Amis for a broader range of individuals.

**Deputy G.P. Southern:**

Can I just come on to - I think it was our first question, but I do not think we have done it yet - how well do you feel that you have the supply and demand balanced in this area?

**Director of Adult Services:**

I think we have lost the balance. Forgive me if I am ...

**The Minister for Health and Social Services:**

We can deal with what we are going to do in a minute, but yes.

**Director of Adult Services:**

Thank you. I think we have lost the balance. We are working with the market to try to improve the market. It has improved, but ...

**Deputy G.P. Southern:**

When you say you have lost the balance, what do you mean?

**Director of Adult Services:**

I think we lost the balance when we lost the beds with Highlands. What we knew was from the second period we needed to sustain access to 3 residential beds to meet the demand that we know that we had as a short-break service. So we then moved from 3 to a period of none, so that clearly puts us out of kilter. We have managed to bring it back to 2 beds, but in all fairness, and no disregard to Jersey Cheshire Home because they provide a great service to the community, but for some families that is not an environment that families want to use, especially for their younger disabled adult child, it is not the best environment from that point of view.

**Deputy J.A. Hilton:**

Can you just explain what steps you are taking today to address the imbalance? We have 2 residential beds, which clearly is not enough to offer the type of service that most Islanders would expect us to offer to families who have loved ones with severe physical difficulties. What is happening today to address that imbalance?

**The Minister for Health and Social Services:**

One of the discussions that clearly is going to take place - and discussions previously have taken place - is first of all finding a facility and then finding somebody to run the facility. The facility we believe possibly could come via Andium Homes; we are talking to them about their bespoke provision. I would like then to see somebody like Les Amis running it. It may not be necessarily Les Amis, but somebody like that. But we need to do something to provide more. When I was the Minister for Housing, we had started those discussions; they fell away because there was not the need probably with Highlands. Now there is the need and we intend to start that up again.

**Deputy J.A. Hilton:**

Did the need fall away, do you think, because around that time I think you were looking Le Squez to provide a home?

**The Minister for Health and Social Services:**

I was, yes. We have had initial discussion, contact, i.e. it is not too late to come back, but that is as far as we have got.

**Deputy J.A. Hilton:**

So you could possibly return to the Le Squez option to provide that?

**The Minister for Health and Social Services:**

Possibly.



**Director of Adult Services:**

That is a possibility. It will not be the original site at Le Squez that we were first looking at, but Andium Homes are certainly very interested in working with us to revisit that. I have re-engaged with the representatives from S.N.A.P. (Special Needs Accommodation Placement). We have met once just earlier this year with an expectation that we come back together to revisit whether that is the right approach, and if so, we can look at developing an appropriate model with Andium.

**Deputy J.A. Hilton:**

So what have the parents involved in S.N.A.P. indicated to you previously about short break and residential services to enable them to go away on holiday maybe? Presumably they are very keen for that to happen.

**Director of Adult Services:**

It is essential, yes, it is essential, we know that, which is why the residential beds were always a part of the first bit, going back to the business case that I did in 2008. I accept, as much as there are a lot of families like the average service, some families just need that physical break overnight. It is essential.

**Deputy G.P. Southern:**

That is not happening at the moment.

**Director of Adult Services:**

It is happening for 2, it is two-thirds of what we had that responded to the need. There are some families that ...

**Deputy G.P. Southern:**

But the demand for those beds is such that if you get a crisis, then you know that you are elbowing somebody else out of the way in order to get a bit of respite.

**The Minister for Health and Social Services:**

I understand there may be other unmet demand out there, people that are coping at home very well, do not perhaps even realise they are carers at the moment who might need to access that service later. So it is a priority.

**Deputy G.P. Southern:**

When you talk about Andium Homes, developing something with Andium Homes, you are talking about something more than an adapted home? Because there are adaptations in ...

**The Minister for Health and Social Services:**

We are not talking about an adapted home for a family to move into, no, we are talking about something along similar lines to more a lodge ...

**Deputy G.P. Southern:**

To act as respite?

**The Minister for Health and Social Services:**

Yes. But it is a priority for us because we understand that 2 beds is not enough.

**Deputy J.A. Hilton:**

Talking about your families who have loved ones with severe physical disabilities, or with any disability, people who are caring for their loved ones 24/7, what do you think is a reasonable amount of time that they should be given that they could go away on holiday and know that their loved ones are being cared for? Is it unreasonable ...

**The Minister for Health and Social Services:**

I will let Chris answer, but it varies. For some families, a week's break a couple of times a year is all they need because they have other infrastructure around them, but for other families it is far more important ...

**Deputy J.A. Hilton:**

But are they able to access that now though? Are your families able to access say 2 one-week breaks a year?

**The Minister for Health and Social Services:**

No.

**Deputy J.A. Hilton:**

They are not. What are they able to access at present?

**Director of Adult Services:**

It absolutely varies. When we have done it in the past, what we have done is to utilise whatever we have to maximum resource, and so what I mean by that is a family comes along, and we have examples of when we had the beds at Highlands we would block book periods within Highlands to be able to provide that physical break. Since we have moved to the 2 beds that we have, that has become much more difficult to manage and we need to increase that capacity again in order to be able to do the residential breaks. What we did do was some families - and this does not suit

everybody - there have been examples where we have put support into the family home to enable a family to go away. But that is quite a big decision for some families. That can feel a little bit intrusive. What we have to do is work with, as Andrew rightly says, individual families based on what their need is and what their tolerance is of how we might be able to respond. So it is capacity for the holiday breaks we are really struggling with today.

**The Deputy of St. Ouen:**

What is offered today?

**Director of Adult Services:**

Access to the 2 beds if it is residential, one in Les Amis, one in Jersey Cheshire Home, and ...

**The Deputy of St. Ouen:**

Are they rationed in terms of you can have one night and you have to move on?

**Director of Adult Services:**

Yes, it is based on the assessment of need for that family and that can fluctuate up and down as well, because if the family goes into crisis they need more support. If a family is fairly stable we might have periods where they require less residential support, they might choose to have a little bit more average support.

**Deputy J.A. Hilton:**

In your opinion, how many beds do you think that we need today to fulfil the need that is currently out there to enable families to have a break?

**Director of Adult Services:**

I think we can sustain the residential breaks on 3 beds. I think, if we were to better respond to the holiday support, we ought to be looking at going back to 4 to enable that to happen.

**Deputy J.A. Hilton:**

You think 4 beds would provide a reasonable service to families?

**Director of Adult Services:**

That was where we were; that would have been about 12 months ago, and what we will be doing is picking up looking at the analysis of that back-up now to determine what is required.

**Deputy G.P. Southern:**

Can I just come back to the overall over-arching picture of demand? It is one thing to be able to transition from Children's Services, you know how many people are at Mont à l'Abbé, you know that level of demand that is there and will be coming through. There are 2 things there, one is what about those who come into the requirement for respite care or for care as such through other means? They may move into the Island, for example, from abroad, and bring those sort of demands with them, or they may well be a stroke victim at 50 and have a future of high demand there. What picture do you have of what the demand is going to be in future years?

**Director of Adult Services:**

We have a very good picture, as you outlined, of those young people who currently are within education and will likely require long-term support, whether that is in short-break services, remaining within the family, or long-term individual care packages for support. We have a very good handle on that and I personally think we have a very good model that has come out of the development of the long-term care benefit that is going to enable those young people to have access to appropriate funding that will enable them, as I said earlier, the closest we will get to an individual budget. The more we can stimulate and grow the market, the choice they will have as to what their package of care looks like, rather than necessarily having to come into some of the - and I use this deliberately - more institutional approaches that we have had in place for a long time. What we cannot do is we cannot really define who might move to the Island and who might suffer an accident or acquire a long-term condition later in life.

**Deputy G.P. Southern:**

Do you have any picture of what the size of the demand is? Do we have that basic picture? Have we done that count? How many people have this ...

**Director of Adult Services:**

On-Island?

**Deputy G.P. Southern:**

Yes, have this level of need.

**Director of Adult Services:**

Yes, there is some very good work that has gone on in partnership with Children's Services and Lisa Perkins, who heads up the Speech and Language Therapy, but she also runs the complex needs team within the Children's Service, has done a really excellent piece of work on mapping out future planning and need in order for us to look at how we further improve transition planning and suchlike for those young people. So for the people we know, we have a good handle on.

**Deputy G.P. Southern:**

But have we got an unmet demand there? Are there people out there who are busy coping and desperate but are not ...

**Director of Adult Services:**

I did check out with our social work service. We can only respond to who we know, there is nobody knocking on the door saying: "I am not coping" that we do not know about. I am not saying we are meeting all the needs and certainly in the short-break services what we know is we have a problem that we are trying to resolve around the residential beds. There are families there that we know that there are some difficulties with and we are doing all we can to try and respond to that.

[11:00]

We also have a good handle on most people who require long-term care because they are already involved with our services. At some point we touch the lives of most people and we are very fortunate in Jersey because we have a really great community as an Island where we do know most people. Now and again, somebody pops out of the woodwork and a crisis has happened and it could be somebody that we have not been involved with. But in the main, I think our knowledge base is pretty good and our planning around that is good. That means we also know where our problems are.

**Director of System Redesign and Delivery:**

The other aspect is the long-term care benefit assessments, which are ongoing now, so all of the individuals who are known to the services, or should be known to the services, are each getting an assessment to ascertain their level of need against the long-term care benefit.

**Deputy G.P. Southern:**

An assessment through Health?

**Director of System Redesign and Delivery:**

It is through social workers to assess what level of long-term care benefit they may be eligible for, and that will give us a full picture of not only the numbers of people both under-65 and over-65, but also their level of need.

**Deputy G.P. Southern:**

This is separate from any sort of assessment of impairment, say, which is going on in Social Security with the Income Support, for example?

**Director of Adult Services:**

It ties together really, because I am not sure if the information that we are seeking is the same. It is about understanding an individual's needs and then it is also determining their eligibility to access the range of benefits, which will include consideration around income and assets.

**Deputy G.P. Southern:**

Do you have a stock assessment sheet that is used as a tool?

**Director of Adult Services:**

Yes, we do. We use an electronic assessment tool called FACE and that is the comprehensive assessment tool. FACE in itself then feeds into what is called the resource allocation system, referred to as a R.A.S. (resource allocation system), and they use this nationally, so forgive me for that.

**Deputy G.P. Southern:**

No, I would say you are doing very well there.

**Director of Adult Services:**

I try to explain the acronyms. What that does is that feeds directly into the electronic database that Social Security use and it produces an indicative budget that is the amount of long-term care benefit that an individual is entitled to to buy their social care.

**Deputy G.P. Southern:**

Can we have a look at this?

**Director of Adult Services:**

Yes, absolutely.

**Deputy G.P. Southern:**

Can we have a demonstration, as it were?

**Director of Adult Services:**

Yes, certainly.

**Deputy G.P. Southern:**

Access to the Lisa Perkins review would be useful.

**Director of Adult Services:**

Yes, I am sure that would be ...

**Deputy G.P. Southern:**

I do not think we have seen those documents.

**The Deputy of St. Ouen:**

Yes, if you can let us have those documents.

**Director of Adult Services:**

Yes, we can do that.

**The Deputy of St. Ouen:**

If the panel agree, I would like to move on to talk about budget now. We talk about pressures on the services, but Mr. Dunne, you have kindly sent us a document, which was the adult respite budget in 2012. Minister, perhaps can you talk us through that, explain is that the current budget you are working to?

**The Minister for Health and Social Services:**

To be perfectly honest, being new in post, this is not something I have looked at at the moment, so I will have to defer to officers. I was provided with the same information as you have before the meeting, but I am not sure where we are at the moment, Chris, on the budget.

**Director of Adult Services:**

Yes, okay. Currently we have a budget of £561,000 that is spent on residential, outreach and inreach services.

**Deputy G.P. Southern:**

That is catering for how many individuals and families?

**Director of Adult Services:**

Currently there are 23 individuals and families who are accessing residential breaks and there are 28 families accessing outreach services.

**The Deputy of St. Ouen:**

£561,000 you said, and the total in April 2012 was £567,000, so does that indicate over the last 3 years the budget has remained virtually the same, even down by £6,000?

**Director of Adult Services:**

Yes, it has remained virtually the same.

**The Deputy of St. Ouen:**

But at this time there were the 3 beds at Highlands and we are now down to 2, so ...

**Director of Adult Services:**

But what we do is we utilise any ... the money is spread across residential and outreach, so where we are not investing in residential we invest more into outreach services. The one thing I can guarantee is that year-on-year the money we have available for short-break services we have spent on short-break services.

**The Deputy of St. Ouen:**

Yes, but does this mean if we were able to find that third and fourth bed for residential care, the money is not there to pay for it at the moment?

**Director of Adult Services:**

Not necessarily, because this is where the benefit of moving to a long-term care benefit scheme comes in, because if individuals are eligible to their budget to be able to purchase their service, there will be in essence the capacity for growth because individuals will be buying a service. It will cost the States more long term, but in fact that will grow through the provision of long-term care benefit.

**Deputy G.P. Southern:**

Does that answer the question we were asking before, the transfer through to a different system?

**The Deputy of St. Ouen:**

What worries me about that is that those who will straight away receive the long-term care benefit because they have no assets, they will be able to purchase the beds. But families who are trying to meet a budget with all sorts of other pressures will feel under pressure if they have to fund that bed, will they not?

**Director of Adult Services:**

Yes, and that takes us back to the point at the beginning, which is where I would like to go and have further discussions with colleagues in Social Security to accurately report on that.



**The Deputy of St. Ouen:**

But that is the way you are suggesting things are going, that we are looking to the long-term care scheme to provide additional funding. Over the last 3 years, the budget has remained static, but you have moved the money around within the service.

**Director of Adult Services:**

Yes, we have.

**The Deputy of St. Ouen:**

Is there a risk that this might fall if the money is available to you at the moment?

**Director of Adult Services:**

No, there is no risk associated with us not continuing to provide the level of support that is in place. Alongside this, probably important to reference, I mentioned day services earlier, we currently spend about £1.1 million on the provision of day service support, which is essential daytime short breaks as well for families. That is outside of these figures.

**Deputy J.A. Hilton:**

Is that Le Geyt you are talking about; that is their budget, £1.1 million?

**Director of Adult Services:**

Yes, at the broader services provided, £1.1 million, yes. That includes a number of individual bespoke packages as a part of that.

**The Deputy of St. Ouen:**

So the budget for running Le Geyt is not in these figures?

**Director of Adult Services:**

No, not in those figures. This was the monies that were required back in 2010 ...

**Deputy J.A. Hilton:**

It was the additional money to provide respite services.

**Director of Adult Services:**

The additional money that the States voted in when Senator Shenton led that debate.

**Deputy J.A. Hilton:**

That budget will not be subject to any savings, proposed savings, this year?

**The Deputy of St. Ouen:**

Perhaps the Minister could answer that.

**The Minister for Health and Social Services:**

We have to make savings, clearly, but it is up to each department where they make those savings, so some areas will not be affected at all, other areas will take a slightly bigger hit because of that, and that is being worked through at the moment. We ran ...

**Deputy J.A. Hilton:**

It is all still being negotiated.

**The Minister for Health and Social Services:**

Yes, we ran - I say "we", I came in for part of it - a 2-day workshop with senior managers about what we need to do and that is still being, as you say, worked through and negotiated.

**Deputy J.A. Hilton:**

It is going to be really difficult for the Health Department, in my view, to make those cuts, because your services are under so much pressure anyway.

**The Minister for Health and Social Services:**

Yes, I agree with you it is going to be difficult, but when you have such a big budget the first thing you look at is there waste that we can reduce, is there duplication that we can cut out. The last thing you look at is services.

**The Deputy of St. Ouen:**

Jacqui, do you want to move on to transition?

**Deputy J.A. Hilton:**

Yes. Just talking about transition, I think from what you have told us today, would I be correct in saying that respite services available today for children are more generous than respite services available today for adults, in the beds available?

**Director of Adult Services:**

In the beds, from a residential perspective, yes, I would agree with that.

**Deputy J.A. Hilton:**

Could it possibly be that you may have a young person who is a week off being 18 who is receiving a good service at the moment, but they are going to transition into Adult Services and

their care, or the service being offered to them, is going to be cut because of the situation with the lack of residential beds available?

**Director of Adult Services:**

Today that is possible. Today that is possible, so that is a real challenge for us and sadly it takes me back a few years to when I was first doing this business case, because that was the challenge, that we were not providing the quality and access to services in Adult Services that people were experiencing in children's. It is our ambition to resolve that and that is why we welcome this opportunity of Scrutiny ...

**Deputy G.P. Southern:**

Excuse me for asking a stupid question, but the provision of respite beds for children is where?

**Director of Adult Services:**

There are 3 settings.

**Deputy J.A. Hilton:**

There are 3: Oakwell, Aviemore and Eden House.

**The Deputy of St. Ouen:**

How many beds?

**Director of Adult Services:**

Sorry, no, it is Oakwell, Eden House and Maison Allo, which is run by Les Amis as well.

**The Deputy of St. Ouen:**

How many beds are there in the children's respite residential service?

**Director of Adult Services:**

There are 5 beds available at Oakwell. I hesitate there, because they have just been renovated, and I think they still have 5. So there are 5 beds and that tended to be focused on children with learning disabilities and included children with physical disabilities as well. There are 2 beds at Eden House and that is focused on children on the autistic spectrum, and I believe Maison Allo has 4 beds, and that tends to be again children with a more mild to moderate learning disability.

**Deputy J.A. Hilton:**

It seems to me, from my experience, having sat on the Respite Review for Children, that we are flip-flopping all the time between services available for children and adults. I mean, hats off to the

Children's Service, they are providing a lot more beds now for children, children probably get the service that they should have had before, so that is really good news. But I am really struggling to understand how we have reached the situation today where now for the 18 year-olds onwards we only have 2 residential beds and we are in a worse position now. I wish I could just understand how we got there.

**The Minister for Health and Social Services:**

I can understand your frustration and it is one I share. It is certainly a political priority of mine that we put this right, but when you get a service provider who, for business reasons or whatever reasons, withdraws from the service - they did help us out for a short while I gather - without provision being made to replace it, and it is a priority of ours to do something about it. But unfortunately, it does not happen in 5 minutes. I fully understand, probably better than most people, the need for respite care, and it is a political priority and I will be working with officers to put it right. We do not want to flip-flop. The other thing that I think they have in place, and I want to make sure continues, is that we should not be surprised when children become adults and we should be ready for it. I think, to be fair to the team, they have identified what needs to be done and we need to get it done.

**Deputy J.A. Hilton:**

But I think for me personally, when we visited Highlands, it provides a good service for their core group of users, but for me personally - I probably echoed this to the officers who were showing us around - I was struggling to understand why the department would have chosen a care home, a residential home that was providing services, generally speaking, for the over-65s. It is really, really important that we get this right, we find the right facility to suit the people that we are trying to provide a service for.

**The Minister for Health and Social Services:**

Absolutely, but I suspect we ended up where we ended up because that was better than nothing. We need to do better than that and we understand that.

**Director of Adult Services:**

Can I respond to that point? Because obviously I have fortunately or unfortunately been through the whole journey with this, and at the time we were very limited with who was willing to tender for the provision. However, at the time as well, one of the quests that Highlands in particular had was to try and target its business more at under-65s than older people because of the way it had established apartments within the building that enabled more independent living.

[11:15]

Part of that was that became more unsustainable for them as a model. In its day, it felt as though it was a good decision and it was valued by a number of families because the environments in themselves were very good, but it did create some difficulties for us later on and then they came to their decision. But the emphasis of the work at Highlands was to try and become an environment for younger adults.

**The Deputy of St. Ouen:**

Deputy Southern, you had a question?

**Deputy G.P. Southern:**

Yes. Can I just go on to the broader subject of whatever model you have for delivering respite care, you still need somebody to provide that respite. Where is the workforce coming from that is going to meet this need? This is part of a need that is wider, but where is that workforce coming from? Can it be locally recruited? We heard talk of people being imported to do this personal care work in the Island. Where do we go? How do we make sure that we can do that?

**Director of Adult Services:**

My understanding is that the vast majority of people are local people that are employed. I say that knowing even my own son has just become a support worker himself with a local organisation and I am not aware that organisations are importing staff from elsewhere. There may well be people who are not Jersey-born, there is quite a lot of them around, unfortunately, but most of the recruitment, I understand, is just local on-Island recruitment where family organisations are thriving in terms of those that have come through the approved provider route now with the standards that are in place on that.

**Deputy G.P. Southern:**

At the moment there is a sufficient supply, if you like, of people with the right level of N.V.Q. (National Vocational Qualification) 2 or 3, whatever is required in order to provide these services, however it is organised, do you think?

**Director of Adult Services:**

We would have to ask the organisations how they feel at the moment. There are standards that they have to meet certainly in terms of training and development around individuals. I suspect that most people who have come in to social care usually come in, not necessarily with the qualification, but then undertake the relevant training and development accordingly. But what we do have in place through our commissioning group now, with the approved provider list, are expectations on each of those organisations that we contract with, with certain standards around investment into their staff.

**Deputy G.P. Southern:**

The terms and conditions of those then, I have asked the Minister before about this and he seemed to be under the impression it is not his responsibility to, for example, not to commission people who are using the zero-hours contracts, for example.

**The Minister for Health and Social Services:**

Terms and conditions would be entirely a matter for each individual employer. Zero-hour contracts have a place sometimes, particularly for bank nursing. I think that is a legitimate use of zero-hour ...

**Deputy G.P. Southern:**

I would not disagree with you, but they can be inappropriately used.

**The Minister for Health and Social Services:**

I am sure there are examples in every industry of where they are inappropriately used and it is not something I would condone. Can I just pick up on the training? We have an excellent nurse education centre now working, which is expanding, not only into providing registered general nurses running currently recruitment for registered mental nurse training, but also H.C.A.s (Health Care Assistants), and they do not only provide our staff, they provide them for the other care providers as well and they do an excellent job. That might be worth a visit sometime.

**Deputy J.A. Hilton:**

Can I just ask you, just briefly, about transitioning from child to Adult Services? What period of time does that normally take place, when a child goes from children's to adults', and who takes responsibility for that, the transition phase, particularly going back to what we spoke about briefly, about how respite services for individual will be affected by the fact we only have 2 residential beds in adults? Who normally would convey that news to the recipient that their respite was going to be cut, for instance?

**Director of Adult Services:**

If it is good or bad news, as it used to be, it is usually down to the social worker on the frontline because they are the people that will build the relationship with any individuals and their families. There is an expectation that a 2-year period ahead of any transition they will start an engagement and introductions. Certainly in the 12-month period ahead of an individual leaving school who requires continued support, there is an expectation for active involvement jointly worked between both the Children's Service and the Adult Services to facilitate that transition.

**Deputy J.A. Hilton:**

How do you feel the transition works? What sort of feedback do you get from parents with regard to transition? Are they happy with the way it is being conducted?

**Director of Adult Services:**

I think there is good and bad in there, because much as we have endeavoured to be consistent, we have still not cracked getting this right totally yet. Sometimes circumstances are beyond our control in regards to staff that are involved, so if staff leave, for example, who might be at the point of a critical point with a family. We have some really good examples of transition planning and we have some examples where it has been really difficult for the individuals and the families. There are lots of reasons that make these things difficult and some of which might be that if we do not communicate things well then that is going to cause difficulties for families. Whenever that happens I try to pick that up accordingly with the individuals and with families to try to rectify that. But equally, at the same time, sometimes it is difficult for families, because coming out of an education system they have been involved with, in particular Mont à l'Alabbé School, which is such a wonderful facility, and have been on a journey with families for all their life to that point of then coming into the big bad adult world, is a really difficult time. I try to encourage within my staff a recognition of that and that it is so essential that we go the extra mile at that point. Sometimes that works really well, sometimes we just do not quite get it right, but any case where we do not get it right, that is not good enough. Where that has happened, I can assure you I have endeavoured to try to address that.

**The Deputy of St. Ouen:**

Can I ask more specifically about transitioning? Last month, Minister, on your behalf we had a response from your department to the previous report on children's respite care, we had requested an update, and it was said in one of the paragraphs updating us that much work has gone on, there is a transition plan, and that transition plan included a bid for 2 additional social work posts within Adult Services, one to support transition planning, and the second post to support increase in numbers of people on the autistic spectrum. It was pointed out that those bids are subject to current financial constraints and can only be advanced if resources can be secured. Are you still working to recruit those additional 2 posts and are we saying that really what is needed to provide an effective transition?

**Director of Adult Services:**

Those 2 posts are posts that I identified a little while ago in terms of the business case. When the first tranche for the White Paper came through and the Medium-Term Financial Plan incorporated that first tranche, there was then identified a number of requirements as we continued to develop and move forward that would go forward for the second Medium-Term Financial Plan, which is this

year. Those 2 posts are part of the business case that will be going forward for consideration for this year. We are in a position where, unless that is agreed and voted in through the Medium-Term Financial Plan, that is not included in any existing resources today.

**The Deputy of St. Ouen:**

No, but in order to provide a transition service effectively, we need that?

**Director of Adult Services:**

Yes, absolutely.

**The Minister for Health and Social Services:**

That will be part of - and is part of - Health's bid for the Medium-Term Financial Plan, along with many other service improvements that we wish to make. But of course that is yet to be put to the States and to be debated.

**The Deputy of St. Ouen:**

I understand.

**Director of Adult Services:**

Today we do not have those resources, but that was what I acknowledged when ...

**The Deputy of St. Ouen:**

It is a part of the problem that we have been under-resourced and we need that extra input to do that work properly. Thank you. Minister, one of our worries is perhaps that as much good work has gone in to providing respite care, but in Jersey the States do not have a statutory obligation to provide it, and it is a concern to us that this may be subject to pressures. A long way down the line - we hope never - the service may come under pressure if there is not a statutory obligation to provide it. Are we planning to put this into law and introduce a Social Services law including adult respite?

**The Minister for Health and Social Services:**

No, we are not at the moment. I am still very much in my, dare I call it, honeymoon period, because it does not feel like that. I am still very much learning. I will be looking at completely how we provide all services, not just the hospital service, the primary care services, social services, and because when you work that out properly that will determine, for example, if you get the right level of care in the community, and in primary care, then that will determine the size of the new hospital, which is another massive piece of work. To answer your question specifically, was I intending to bring some sort of Social Services law, no, I was not. I would have to be convinced



that would be very beneficial, but I do believe that we are undertaking complete reviews of everything that we are providing at the moment.

**Deputy G.P. Southern:**

Do you accept that is one way of building in some protection for your budget in that it is fairly easy to link: "You do not have to do this, therefore it is not your core business"?

**The Minister for Health and Social Services:**

It would be very easy for me to say yes to that. I believe they have such a law in the U.K. and it does not work particularly well, it has not resolved the service provision in the U.K., so I would rather be putting my efforts in to providing services than drafting laws that might make life more restricted.

**The Deputy of St. Ouen:**

But would this not be a commitment by the States to say that we are going to provide a certain level of care in the community, which, as you say, will then mean that we can readjust our services at a more intensive level at the hospital and residential home then?

**The Minister for Health and Social Services:**

I have committed to look at several things: primary care, community care and therefore the care that we need, the level of beds et cetera that we need in the new hospital, and also that it should be on a sustainable funded basis. That is the work that we are carrying out at the moment and that is the work that we will, in the 3 and a half years that I am Minister, bring hopefully to fruition and therefore to the States.

**Deputy G.P. Southern:**

But traditionally the Social Services element of your brief is regarded somewhat as the Cinderella service and the priorities, almost if it comes to a fight between Social Services and cancer treatments, then I think I know what usually wins.

**The Minister for Health and Social Services:**

That is the past. You have already seen change, not since I have been the Minister, but you have seen change in the provision of long-term care, which is Social Security, but it is absolutely right, because we are looking at supporting people going forward in the community for as long as possible, and that is absolutely right. Getting to the older part, and it is not an area that you are looking at today, I believe that we need to provide much more supported sheltered housing, for example, to keep people out of nursing homes, but out of hospital. We have some really good parish schemes, but they do not provide things like meals and cleaning and laundry and perhaps

they could get access through long-term care to nursing if they needed that sort of support. But I believe that we need to do more work there and that is where I will be working as well.

**Deputy G.P. Southern:**

I think the long-term care does not cover nursing, it just goes to residential, does it not?

**Director of Adult Services:**

No, it includes nursing.

**The Minister for Health and Social Services:**

You can buy in services to keep you at home. It would not be 24-hour because the money would not run to it, but if you need, for example, dressings changed and that sort of thing, you can pay for that sort of care.

**The Deputy of St. Ouen:**

We are coming to the end of our time. Does the panel have any urgent last-minute questions we want to put to the Minister?

[11:30]

**Deputy J.A. Hilton:**

I think there is something I would just like to touch on very briefly. It is the transport service at Le Geyt services, and I am a little concerned to learn that some users of Le Geyt Centre can be spending up to one and a half to 2 hours on the bus or in the transit van if they are being collected first in the morning to be taken up to Le Geyt, and I was quite concerned about that. That seemed like an awfully long time to be in an ambulance waiting to be transferred to Le Geyt.

**Director of Adult Services:**

If that is still the case, I absolutely agree. I think what I would welcome - again, I am conscious of time - is perhaps another opportunity to be able to share with you the vision and direction of the day services, because our ambition is not to have a big Le Geyt Centre where everybody comes to a single point as a large congregant group of people, but we develop a whole range of bespoke environments across the Island so that people can access their local facility ...

**Deputy J.A. Hilton:**

Which is very good, but I would like to point out if you only have 2 ambulances available for you across the whole service, it does not matter where those services are located, you are still going to have that problem, are you not?

**The Minister for Health and Social Services:**

It is something we can look at.

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

I wanted to raise it because I think it is a really serious matter that you have people spending ...

**The Minister for Health and Social Services:**

Two hours on a bus or ambulance is not ...

**The Deputy of St. Ouen:**

Okay. We have noted your proposal to perhaps come and develop that discussion with us, thank you.

**Director of Adult Services:**

Yes, I would welcome that.

**Deputy J.A. Hilton:**

Thank you.

**The Deputy of St. Ouen:**

All right, Minister, I want to thank you for coming today, and your Assistant Minister and team. Thank you, you have given us much to consider, you have enlightened us on different areas, and I would like to thank you and hopefully we will produce a helpful report for you, which will enable you to take forward adult respite services in the Island.

**The Minister for Health and Social Services:**

I have no doubt that the report will be helpful, Chairman, and we look forward to receiving it in due course.

**The Deputy of St. Ouen:**

Thank you.

**Deputy J.A. Hilton:**

Thank you very much indeed.

[11:32]