STATES OF JERSEY

Health and Social Security Scrutiny Panel

THURSDAY, 10th NOVEMBER 2016

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

Senator S.C. Ferguson

Witnesses:

The Minister for Health and Social Services

Assistant Minister for Health and Social Services

Assistant Director of Policy and Ministerial Support

Chief Executive, Health and Social Services

Director of System Redesign and Delivery, Health and Social Services

Director of Adult Services, Health and Social Services

Director of Finance, Health and Social Services

[10:04]

Deputy G.P. Southern of St. Helier (Vice-Chairman):

This is the Health and Social Security Scrutiny Panel. For my sins, I have been allowed to chair this meeting as Vice-Chair. My Chairman is busy doing other things with the hospital site, so I am leading today. Certainly it feels like I have never done it before. Normal rules apply, and if we could introduce ourselves just for the record. Certainly we have spoken to you within the last month so we are aware that this meeting is largely to update and to make sure we get everything on the record. For the record, I am Deputy Southern, Vice-Chair of this particular panel.

Deputy R.J. Renouf of St. Ouen:

Deputy Richard Renouf.

Deputy T.A. McDonald of St. Saviour:

Deputy Terry McDonald, member of the panel.

Senator S.C. Ferguson:

Senator Sarah Ferguson, member of the panel.

The Minister for Health and Social Services:

Senator Andrew Green, Minister for Health and Social Services.

Assistant Director of Policy and Ministerial Support:

Mark Richardson, Assistant Director of Policy and Ministerial Support.

Chief Executive, Health and Social Services:

Julie Garbutt, Chief Executive for Health and Social Services.

Deputy G.P. Southern:

Do you want to just say...?

Chief Executive, Health and Social Services:

Yes, if you would not mind, Chairman, if I could just offer my apologies, I need to leave just before 11.15 to go and be debriefed by Concerto, at their request.

Deputy G.P. Southern:

Thank you, we were aware of that.

Director of System Redesign and Delivery, Health and Social Services:

Rachel Williams, Director of System Redesign and Delivery.

Director of Adult Services, Health and Social Services:

Chris Dunne, Director of Adult Services.

Assistant Minister for Health and Social Services:

Deputy Peter McLinton, Assistant Minister, Health and Social Services.

Director of Finance, Health and Social Services:

Jason Turner, Director of Finance, Health and Social Services.

Deputy G.P. Southern:

Okay, now we have enough chairs. In at the deep end, I think, always taught to look for the money. So what we have is a situation here where Family Nursing have been subsidised to provide a service in the past to the tune of something like £6.4 million in 2015, which covered district nurses, home care, children's services, health visiting, school nurses, community paediatrics, plus some new services more recently funded directly, rapid response and reablement, sustained home visiting. First of all, Minister, could you talk us through the fact of this £6.4 million? At the moment we do not see how that is being allocated.

The Minister for Health and Social Services:

Yes, and I can understand why you do not, because the detail about how that was allocated was not available until this week to us. Because fundamentally we have been moving from ... can I just start by saying we do not have a dispute with Family Nursing? We are working with Family Nursing to deliver services that support people in the community, so that is quite clear. We are working well, we have a good working relationship, but we are moving in the way that we do things from just a block grant to paying for services. Now, there will be some small objectives where they still get the grant, but generally we are agreeing with them: "We will give you X amount of money and this is what we are going to get for it." We can go into some of that detail if you want to in a few minutes. So I understand why you do not know the breakdown. We were not totally aware of the breakdown ourselves. We were around some of the things, I think probably around rapid response, which was a relatively new one, we knew what we were paying directly for that. But some of the traditional district nursing and all that, while it is important we must support it and it must continue, I do not think we were entirely aware until recently - very recently, this week - how much that was costing.

Deputy G.P. Southern:

Okay, so you have been talking to Family Nursing management this week?

The Minister for Health and Social Services:

Yes, the team from finance. I do not know if you were involved in the talk as well, Rachel, but certainly finance, and the Finance Director can tell you about those conversations if you want.

Director of Finance, Health and Social Services:

We have been speaking to the finance team at Family Nursing and we do so on a regular basis and we have done for the past 3 or 4 years. We meet on specific issues and we also meet more generally to talk about general issues. We met with them this week to talk through their cost base that they

are projecting in 2017 and how that is likely to figure out in the commitments that the Minister has given to the level of funding for next year. We were particularly talking to them about the breakdown of their funding, the implications of the changes that have been discussed, how that impacts their cost base, the proportion of direct costs and overheads, to help understand that and to help co-ordinate how we get that greater transparency to the funding that they receive and that we give to understand how that will work going forward. Family Nursing has been quite proactive over recent years in terms of adopting best practice for their accounting standards, in the way they produce their annual accounts, so they have moved towards compliance with the U.K. (United Kingdom) statement of recommended practice on accounting for charities. They have made good progress in terms of that, which helps bring some of that transparency to their funding and their spend. So we are continually talking to them about how that works and how that can help inform funding levels and decisions and encourage the most efficient use of those resources going forward.

Deputy G.P. Southern:

Has agreement been reached or is it too soon to say about the level of funding for 2017?

Director of Finance, Health and Social Services:

I do not think we could say agreement has been reached, because there are internal processes for Family Nursing to go through and internal processes for us to go through, but at an operational finance level we have had discussions which we believe form a good basis and are perfectly agreeable and should be agreeable by both sides, yes.

Deputy G.P. Southern:

If I can just talk numbers, we were talking about £6.4 million of total funding for Family Nursing in 2015 up to £7.3 million or £7.4 million and 2016 was £7 million. What level of funding are we talking about for 2017? Are we talking...?

Director of Finance, Health and Social Services:

The Minister has given a commitment that the level of funding for 2017 will be broadly the same as 2016.

Deputy G.P. Southern:

Be broadly the same?

The Minister for Health and Social Services:

Yes.

Director of Finance, Health and Social Services:
That is the detail we are working on.

The Minister for Health and Social Services:
Very close, just over £7 million.

Deputy G.P. Southern:
Does that include a £400,000 deduction for home visit, home care?

The Minister for Health and Social Services:
It will do eventually. I do not know if you want to go into how they are phasing that.

Director of System Redesign and Delivery, Health and Social Services:
Yes. As the Finance Director was saying earlier on, we are moving towards greater transparency in terms of exactly what it is that we commission and fund. So the way that the finance teams have been working together is on a bottom-up basis as we go into 2017. We have made a commitment, the Minister made a commitment that we would fully fund - subject to the formula that we are agreeing, just finalising now - district nursing, health visiting, children's services. We already fully fund rapid response and reablement and sustained home visiting. So the finance team has been doing that work bottom up to look at what does fully funding mean, and the net effect is that the 2017 total contract value will be broadly the same as the 2016 total contract value. On a run rate basis, it means that the amount that Family Nursing will receive for the month of January will be a bit more than the month of December 2016 because we have been reducing the subsidy for home care over 2016. So the £7 million for 2016 includes 2 reductions in the subsidy but the higher level of funding at the beginning of 2016, so it averages out over the year. The 2017 funding is at the same overall level as the 2016 funding, which is the average over 2016. Does that make sense?

The Minister for Health and Social Services:
There is a condition on that, Chairman, inasmuch as we need to be in a different position with regard to the home care side by the beginning of 2018.

Deputy G.P. Southern:
By the beginning of 2018?

The Minister for Health and Social Services:
Yes, so we are giving longer to make that transition.

Deputy G.P. Southern:
What was the original target?

The Minister for Health and Social Services:
The original target was the beginning of 2017, but not just introduced at the end of 2017, being subject to discussion for some time.

Deputy G.P. Southern:
Okay. This is about a change in not only the funding mechanism but the delivery of home care, is it not?

The Minister for Health and Social Services:
It is more about the funding than the delivery because at the moment - and I will let Rachel come in with the detail - at the moment we are paying more than we should be paying for the delivery of home care. Now, that said, we also recognise - and this is a positive thing, I think a very positive thing, and this is working with our colleagues in Social Security - that there was a gap between those on the personal care component, the top of it, and the beginning of the long-term care scheme. There is quite a big gap. I cannot remember the exact figure.

[10:15]

Chief Executive, Health and Social Services:
£145 to £350 broadly.

The Minister for Health and Social Services:
Yes, and that is another reason for agreeing with Family Nursing for us to take a bit longer to bring this about. The new component will help to bridge that gap for some clients. What we do not know yet is how many. That is important. That is why...

Deputy G.P. Southern:
When I talked about a different mechanism for delivering home care, I was talking about the new ability of the client to choose where they get the service from instead of the old system, which was basically Family Nursing, which was subsidised. We now have a new mechanism which is a market mechanism.

The Minister for Health and Social Services:
Technically they can do that now, of course, but traditionally they have tended ... some do go. A member of my family has chosen to ... well, she does not get long-term care or personal care

component, but she has chosen to employ somebody from another agency. So technically they could do that now.

Director of System Redesign and Delivery, Health and Social Services:

I think there are probably 3 things that are relevant here. One, as the Minister says, is about that choice, so since the long-term care benefit was introduced in July 2014, Islanders have had choice in terms of where they get their home care from. We have about just over 20 providers who are on the approved provider framework, so they have passed quality standards, who are able to provide home care for people in receipt of long-term care benefit. It is always essential that we look at the effects of that. One of the effects is that we are seeing a reducing number of people going into long-term residential care because they are now able to be looked after in their own homes and they have choice as to where they get that care from and a surety of the quality of that care, which includes Family Nursing and Home Care. The second point in terms of the model of care is as part of the transformation and the modernising of health and social care and looking at what happens elsewhere in the world. Back in 2014 we started talking with Family Nursing as well as our key partners about helping people to help themselves. That is what Islanders told us they wanted. They want to learn or relearn those skills, those reablement skills that mean they can stay at home, fit and healthy and well for longer. So it is helping people to relearn the skills so that they can do it themselves rather than doing it for them or to them. That reablement home care is part of rapid response and reablement, which we have put about £200,000 a year extra funding into Family Nursing as our key partners in delivering that to help to switch and move their service model from traditional home care into reablement home care. So that is an extra £200,000 a year. Then the third component then is the new personal care component, which will bridge the gap for people on low incomes between the lower level of personal ... sorry, the higher level of personal care that individuals can claim at the moment, which is about £145 a week, and the lower level of the long-term care benefit, which is £359 a week, which is quite a significant gap. So that should also help those carers that perhaps are delivering care to their loved ones at home and struggling a bit but cannot afford to go elsewhere because there is a gap between the personal care component and the long-term care benefit. That will give them a benefit stream to be able to plug that gap, which should help those carers who might be struggling and are on low incomes to buy in that care for their loved ones, which again helps them to stay happier and healthier at home with their loved ones for longer.

The Minister for Health and Social Services:

Can I just pick up on one point? Rachel talked about reablement. It is jargon really, but what we are talking about is somebody who may have been in hospital for some time. Most of us may have seen this with elderly folk. We do not keep them any longer than we have to, but if they are in there, then sometimes they do not always retain all the skills they need to live independently but they are

capable of relearning. So in the past we would have just done it for them for the rest of their lives. Now we work with them to re-enable them to redevelop those skills so that they can live independently. That is why the reablement is so important.

Director of System Redesign and Delivery, Health and Social Services:
But for the year of...

Deputy G.P. Southern:
When you say living independently, you mean living independently with support?

The Minister for Health and Social Services:
Not always, no, not always. She does not live here so ... my mother-in-law came out of hospital after a stroke and could not remember how to do things like turn the washing machine on and all the rest of it. They put a team in to help her. She now has no help and she now remembers how to do that, but she genuinely could not remember that, and yet she is a very capable lady.

Director of System Redesign and Delivery, Health and Social Services:
In 2015 the Family Nursing reablement team helped 261 Islanders in that way.

Deputy G.P. Southern:
That service is uniquely provided by Family Nursing?

The Minister for Health and Social Services:
Yes.

Director of System Redesign and Delivery, Health and Social Services:
Family Nursing and Home Care lead on the rapid response and reablement service that we fund.

The Minister for Health and Social Services:
But you are right, they are the only ones that do it or the only ones we fund to do it.

Director of System Redesign and Delivery, Health and Social Services:
Yes, and we specifically chose them to do it because they are a key partner in delivering health and social care with us. We did not want it dissipated.

Deputy T.A. McDonald:
Was it as a result of their expertise in that area?

The Minister for Health and Social Services:
Yes.

The Deputy of St. Ouen:
In making that choice, do you put a service level agreement in place?

The Minister for Health and Social Services:
Yes.

Director of System Redesign and Delivery, Health and Social Services:
Yes.

The Deputy of St. Ouen:
Specifically concerning the reablement service?

Director of System Redesign and Delivery, Health and Social Services:
Yes, absolutely. I have a copy with me. Yes, there is a service level agreement for rapid response and reablement that has, just like all of our other P.82 funded services, a whole set of metrics attached to it that they report on a quarterly basis, including the important metrics that are the views of the clients, the views of the people that they are providing a service for and the views of their staff.

The Deputy of St. Ouen:
So coming back to the home care service, are you putting in place a service level agreement for next year for the provision of home care?

The Minister for Health and Social Services:
We are agreeing a funding strategy for it, yes, funding level.

The Deputy of St. Ouen:
Is that going to be accompanied by a service level agreement?

Director of System Redesign and Delivery, Health and Social Services:
We are developing the service specification, so what kind of service do we want and need around the district nursing and specialist nurses based on the one that we have at the moment, but improving that service specification. On the home care side of things, I think it is fair to say that we are not specifically commissioning home care in 2017. We are providing financial support to Family Nursing to fund the clients that receive home care for 2017 to help that safe transition.

The Minister for Health and Social Services:

But the clients could go to any other service provider as well, could they not, the clients receiving the...?

Director of System Redesign and Delivery, Health and Social Services:

They have the choice.

The Deputy of St. Ouen:

Yes, and after 2017 your intention would be to cease that financial support, is that the case?

The Minister for Health and Social Services:

Not completely.

Director of System Redesign and Delivery, Health and Social Services:

For the subsidy?

The Minister for Health and Social Services:

Yes, the subsidy, not the market rate. The market rate will continue so long as they are doing the work that we want them to do. But we are not going to continue to subsidise it.

Director of System Redesign and Delivery, Health and Social Services:

The clients that are eligible will be able to then apply for the new personal care component to help with the costs of care.

The Deputy of St. Ouen:

Which should meet their costs of home care?

The Minister for Health and Social Services:

Yes.

The Deputy of St. Ouen:

So what funding will the department be providing for home care services to Family Nursing after 2017? What element...

The Minister for Health and Social Services:

Well, the department will not be. The people, if they are entitled, will be getting the new component and they will be buying the service themselves, either from Family Nursing and Home Care or from any of the other 20 providers.

Deputy G.P. Southern:

It sounds to me like what we have done is that what was planned for the beginning of 2017 is now planned for the beginning of 2018.

The Minister for Health and Social Services:

Effectively, yes.

Deputy G.P. Southern:

You have had a year, in effect, where you have not been able to say: "We cannot do that, we cannot do that, we cannot meet that target"?

The Minister for Health and Social Services:

Effectively, yes, and there were 2 reasons for that. I was part of the problem because I wanted fully to understand the effect and the numbers of people that it affected, and secondly - and I am not putting any blame on anyone else - it became clear that ... okay, put the blame on us. We had not given Social Security the final details and instructions necessary for them to proceed with the regulations. Once we are in a position to do so, Social Security will then lodge the legislation next year. Plus Family Nursing asked for more time for the transition, particularly I think the difficulty they had was more around their staff arrangements. So it just seemed rather than jerk from one deadline to another, we met with Family Nursing, had an excellent meeting with them again. We always have good meetings with them. That is what I say, we are not in dispute with Family Nursing. We met with them and we agreed that hopefully the new component will be available from July, but the changes that we are bringing about to their service will be in December. There is a joint press release to that effect going out today.

Deputy T.A. McDonald:

Could we talk about transition? The first question is please can you outline your transition plan for service users currently receiving home care from Family Nursing?

The Minister for Health and Social Services:

Do you want to talk about that? Or Chris, I do not know.

Director of Adult Services, Health and Social Services:

In regards to individuals who are currently in receipt of services, we are in train at the moment of completing reassessments for everybody. Obviously in regards to what it moves from and to has been dependent upon some of these decisions around timings for when things will happen. What we have done with our colleagues in Family Nursing is Family Nursing have written out to all

individuals inviting them to contact us for an assessment. That is the only way we were able to do that. We were unable to contact individuals directly, and so Family Nursing have written and we have been receiving contacts. We have had 57 people to date contact for a reassessment of need. Once we know...

Deputy G.P. Southern:

Reassessment of need?

Director of Adult Services, Health and Social Services:

Yes. So what we need to appreciate is that most of the people we are talking about have had packages of care that predate the introduction of long-term care benefit, so most of the people we are talking about have not had an assessment within the framework that we have today. Today we have a single assessment framework for all adults who require any levels of care or support. You may recall we have reported back previously about introducing what is called Face Care Partner, which is an integrated assessment process. I know you came along to Eagle House to meet some of the staff when we were first introducing that.

Deputy G.P. Southern:

We did, yes.

Director of Adult Services, Health and Social Services:

That is a consistent assessment system that we have for all adults today regardless of the level of care or support that an individual needs. We have had different cohorts of individuals who have never had that assessment before but were in receipt of services that predated the introduction of long-term care.

Deputy G.P. Southern:

Those services were getting paid for by Health?

Director of Adult Services, Health and Social Services:

Some of those services were getting paid for, yes.

The Minister for Health and Social Services:

Sometimes. That was not even consistent.

Director of Adult Services, Health and Social Services:

We have been in a process where as we have been taking cohorts of individuals through and we then are in partnership with colleagues in Social Security, there are transitions of funding. Some

funding goes from where we have been directly funding services into the systems that today fund through benefits. So there is a move and I think there is a really important issue, which is the States has developed a system for funding care which is based on 2 principles. One is that if it is a lower level of care and support that is required and you are entitled to income support, the States assists in funding that level of care. This is where the personal care level 4 is bridging the gap. If you are not eligible for income support, there is an expectation that people would pay for their own care at a lower level threshold. If your level of care meets the threshold for long-term care benefit, then of course we are all entitled to that funding, but there is a cap involved which we would pay initially. But once an individual has paid the cap, if they have particular assets then beyond that the actual care component is funded, fully funded, through the benefit system. We have to recognise Jersey has taken a very, I believe, bold step in introducing this - because in the U.K. they are still struggling to be able to introduce this system - and one that provides a very good framework, once we have assessed an individual's needs, to be able to enable people where they are entitled to it. As I say, lower level threshold, the States will assist if you are on a lower income, and a higher level threshold the States will assist you if you are legitimately a resident of the Island.

[10:30]

So there are criteria that apply for that, but it gives us a very good funding mechanism to be able to support individuals at whatever level. Behind this, the role that Health and Social Services has is really around those individuals who have much more higher levels of complex support needs because some individuals, their level of assessment will sit above the threshold that long-term care provides. So the maximum that an individual can receive out of long-term care is £997 a week towards their care. We have a number of people whose levels of care support far exceed that and the top-up for that is funded through Health and Social Services. We have a panel that hears all of those cases to agree the additional funding. Those levels are all determined by the original assessment because once we have completed the assessment it gives us what is called an indicative budget, which is the amount of money that an individual has to pay for their care package. We are presently taking any individuals who are involved with home care at the moment with Family Nursing and Home Care through the assessments so that we understand where they are. Some of those individuals, because their packages predated the long-term care, their level of need has increased and they now meet the threshold for long-term care. So it is our responsibility then to take individuals and individual families through any of those changes that are required. There will be some individuals whose level of care sits at the lower level and they may not be entitled to income support but are in receipt of services because they have historically had those. What we will need to do is to gather all of that information and what we are doing is coming back to report back to the Minister around any of those individuals or cohorts of people for decisions about transition. The information is coming through as we are completing the assessments now to be able to make those

critical decisions, and part of the decision at the moment to delay the implementation gives people a cushion and us time to be able to work with individuals and families to enable any changes that are required.

Senator S.C. Ferguson:
Who does the assessments?

Director of Adult Services, Health and Social Services:
Adult Services. My services, we do the assessments and that is a combination of ... primarily it is social work, nursing and therapists who do the assessments. I have integrated multidisciplinary teams and out of that somebody would be named as a care co-ordinator. That could be any of the social workers, nurses or therapists.

Senator S.C. Ferguson:
What does the waiting list look like?

Director of Adult Services, Health and Social Services:
The waiting list for assessments? Well, it is significantly lower today than it was even 2 months ago. Two months ago we had 103 people.

Deputy G.P. Southern:
You should be a politician. **[Laughter]**

Director of Adult Services, Health and Social Services:
No, I was going to go a step forward and give you some details.

Deputy G.P. Southern:
Go on.

Director of Adult Services, Health and Social Services:
Two months ago we had 103 people on the waiting list. We have got that down to 32.

Senator S.C. Ferguson:
Is this why you need all the extra agency social workers?

Director of Adult Services, Health and Social Services:
Yes is the answer to that. We have been provided some additional support to be able to break the back of that waiting list, but we have also done another piece of work which is making a significant

difference. What you will appreciate is that when we get referrals through we always prioritise the high risk, the high complex situations that we have by nature. What happens by default is those individuals who often sit at a lower threshold of need often end up on a waiting list. What we recognise is that we need to get an early intervention for those individuals because we can turn that work over quite quickly. What I have done is I have dedicated a social worker sitting at our front door as a duty social worker, supported by a social worker assistant. We have been piloting a system of self-assessment, so a number of people who have lower levels of need are often people who are in a much more able and stable position. Introducing the self-assessment and by targeting some resources at the front door that is what made the significant difference over the last 2 months.

Senator S.C. Ferguson:

How long is it taking from applying to getting things sorted out?

The Minister for Health and Social Services:

Chris will answer that, but that will depend on the complexity of the case.

Director of Adult Services, Health and Social Services:

Yes.

Senator S.C. Ferguson:

If you are dealing with temporary social workers, agency ones, there is no continuity, is there?

Director of Adult Services, Health and Social Services:

There is continuity, because a significant number of our pieces of work can be done within a fixed period of time. Now, in the U.K. the target time is 18 weeks to be able to complete, from the point of allocation to completing and delivering the care package. We are delivering the vast majority of ours much quicker than that. I have got a target in place of 6 weeks now for the fast turnover. The Minister is right though that we do have...

Deputy G.P. Southern:

That is the lower level.

Director of Adult Services, Health and Social Services:

That is the lower level, but it picks up...

Senator S.C. Ferguson:

Have you brought lean into that or...

Director of Adult Services, Health and Social Services:

Yes, we have. We have had support through the lean process this year. I have been running a series of development workshops throughout this year and we have just completed the final workshop. What we have done is to develop the flow, if you like, of what is required from the front door right through to the point of delivering a care package. We have a target set within that that says the majority of work we are aiming to achieve within 6 weeks. That is an ambitious target, but it is one we believe we can do, but as I say, the Minister is correct that what will happen is there will be cases that are clearly much more complex that will take us beyond that, but we will be able to account for that.

Deputy G.P. Southern:

I could direct the next question at you, but I think I would like to just briefly come back to the Minister to ask when did you realise that you were not going to do all of this by the end of 2016?

The Minister for Health and Social Services:

Recently. We were asking the questions, I think, earlier, but we realised that we were not going to get the responses back. It is Family Nursing that is getting the letters out on our behalf, if you like, working together, but it became very clear that we were not going to get the responses back.

Deputy G.P. Southern:

Those letters did not go out until September/October.

The Minister for Health and Social Services:

Yes, exactly. It took far too long. The whole thing has taken far too long, to be honest. Once it became very clear ... to be fair, you were questioning me in the States as to whether I would delay the introduction for a couple of months and we were already at the stage where we probably would do that, but I needed to make sure. I did not want to say to the States: "We will delay this for a couple of months" and then find that we had all the answers and all our ducks in a row when I got back to the department, but I was already thinking that we probably were not going to be doing that. I had not really answered your question because it was sort of fluid, but it became clear that we did not have all the information, because I do want to know - and officers support me on this - the individuals, not just the numbers. I do not want to meet personally with the individuals, but I want to know that every individual has been offered the opportunity to be assessed, if it is appropriate to do so, and that we know the effect on them and that there is a plan for that.

Deputy G.P. Southern:

I suppose the first question is you talked about people whose needs have increased. Are there people whose needs have decreased or will have their benefit or their support reduced? Are there going to be winners and losers, as there often is in any change?

Director of Adult Services, Health and Social Services:

Yes, that is the interesting question, because there is one individual where that is the case. Part of the reason why it was difficult to establish how the letter would go out is that most people that we are talking about have privately commissioned support before we had the framework of long-term care in place. In essence, we did not know who these people were and we did not have the right to access that information. Having started receiving requests for those assessments, I am aware of one individual who had been receiving a level of care that the assessment reflects that they could have perhaps used less, but because they have been paying privately, that met their personal needs and they liked having that level of care and support.

The Minister for Health and Social Services:

I think one of the challenges though is that we do not know the numbers yet, but we do know that there are some people that are receiving the personal care allowance to help to pay for services but are receiving it free from us via Family Nursing. I do not know how many, but we do know that is happening and that will be something that will be a challenge.

Director of Adult Services, Health and Social Services:

Yes, we are collating those figures now as we go through the assessment and we are recognising that there are a number of people who have been receiving a personal care component and receiving funded services. I think the opportunity to be able to take people through those changes and having that little bit more time is helpful to us in having to work with individuals and families and helpful to the individuals.

Deputy G.P. Southern:

At one stage back in 2015, I think you were having a stab at how much does that element cost you, how can we change the funding base, but really you were stabbing in the dark, I think, to a certain extent.

Director of System Redesign and Delivery, Health and Social Services:

I think, as the Minister and the Finance Director said earlier on, we have got much greater clarity and visibility now over the cost base. Again, that is because Family Nursing are working really well with us and giving us that visibility and transparency now, which means we can make better-informed decisions.

Deputy G.P. Southern:

Can I come back to this mechanism that you have now got? You have now got 2 sources of funding. One is the personal care components of income support, where you are talking about level 1, which is worth £20 a week; level 2, which is more demanding, £100; up to £145 a week, which is about 7 hours at the current rates of care into the home. That is assessed in a tremendously complex kind of way with a 26 questionnaire that the client fills out. Then you have got in the same system, it seems to me, a new level, care level 4, which you are assessing using a completely different mechanism, the mechanism that belongs to the higher awards which are part of long-term care. How do you match those together if you have got 2 different systems?

Assistant Director of Policy and Ministerial Support:

Can I say just something about that? Just saying a little bit about the background of how this came about. I was involved, as you probably know, with Sue Duhamel [at Social Security] in introducing the long-term care scheme, so I have got quite a bit of history on that. When I moved to Health, one of our intentions was to look at this gap, if you like, the £145 to £350 gap, and what could we do to help people, because at that point in time, the funding for that rested with Health. Now, I think the point is that we want to try to have almost a long-term care continuum, if you like, so you come in at the bottom and then for a lot of people their needs are going to get worse. That is generally how it works over time. You want to try to make it more like the long-term care scheme, if you can, so hence the idea of having the assessment absolutely the same as the long-term care assessment, rather than have it as an income support assessment, which you talked about, as being quite complicated and all the rest of it. So it is to gain some continuity between the general thrust of long-term care, rather than having something separate. If you want to access the new flexible personal care component, you have to have the care assessment which fits with long-term care. All these people who we are assessing will be in a position to apply, because we are doing the assessments on them, so that is quite helpful as well. It is this link to long-term care and trying to keep some continuity between the 2, which I think is why we have gone for that kind of assessment rather than the income support assessment. One other thing just to think about, funding. Health really should be doing the assessments. In terms of long-term care, assessments are what we are good at, that is what we do. Funding arrangements and how it is funded really should sit with Social Security, hence this idea of having this new flexible care component, because that would do the funding side of it alongside the long-term care funding that they are already responsible for and which they administer. There was therefore some thought in linking all the different aspects that we are trying to achieve.

The Minister for Health and Social Services:

But do not read that for Health saving money at the expense of another department, because we will be transferring that.

Assistant Director of Policy and Ministerial Support

Yes, the funding will go across.

Deputy G.P. Southern:

The funding will go across? The funding for what?

[10:45]

Assistant Director of Policy and Ministerial Support

Some of the funding that we are using to pay for packages at the moment will be transferred across to Social Security.

The Deputy of St. Ouen:

From 2018?

Director of Adult Services, Health and Social Services:

Yes. It is about the packages of care that were in place before long-term care was introduced, so we would have a number of individuals who would have low levels of packages of care that were funded through Health and Social Services. With having new funding mechanisms in place now, based on assessment of need, in order to transfer that and for Social Security to pick up that responsibility, basically the money that we have that pays for care packages today will transfer to them, so at least there would be some continuity for individuals.

Deputy G.P. Southern:

Excuse me, I thought I was seeing a picture and it has disappeared again. I may be asking a stupid question, I may be asking you to repeat yourself, but nonetheless, hang on, who is funding what? We have got the long-term care fund, which is funding levels above what we are calling P.C. (personal care) 4 and we have got the taxpayer effectively funding components 1, 2 and 3 with one mechanism of setting funding coming in from the taxpayer.

The Minister for Health and Social Services:

From Social Security, but it is the taxpayer.

Deputy G.P. Southern:

It is the taxpayer, it is tax-funded. It is income support components, so it is tax-funded. Then you have got a new level 4, which is assessed differently by social workers and therefore completely different to P.C. 3 and yet where is the funding coming for that? Is it coming from the long-term care fund; is it coming from taxpayer funding for income support; is it actually going to be that? That is the fundamental question: where is the funding coming from?

Director of Adult Services, Health and Social Services:

My understanding is that that is going to be coming out of income support, because on our assessments there are 6 levels of a global needs scale, and if you have come out at level 1 and 2, that sits below the threshold for accessing a long-term care benefit.

Deputy G.P. Southern:

Is that approximate? Does that approximate to personal care levels 1, 2 and 3?

Director of Adult Services, Health and Social Services:

This is the bit it sits between the 2. This is where the gap is, the gap between the personal care 3 and the bottom of the long-term care benefit. So this funding gap is where individuals tend to come out requiring levels of care that you rightly said P.C. 3 probably equates to about 7 or 8 hours of support a week for individuals.

Deputy G.P. Southern:

You could just about stretch it to that, yes, because that is where you need it.

Director of Adult Services, Health and Social Services:

There are a number of individuals who require that bit more support and intervention but do not meet the threshold of long-term care, so there is a gap. This is primarily to plug that gap. The assessment that we do will identify clearly what those levels of needs are that sit above that very low level of threshold and the long-term care, because one of the advantages of the assessment that we do is it produces a detailed personal support plan which starts to identify what an individual needs to enable them to remain at home with the right level of support.

The Deputy of St. Ouen:

But that will be an income support benefit paid out of income support funds.

Director of Adult Services, Health and Social Services:

I hope I am right on this: my understanding is that the funding for the flexible care component - so they are deliberately not calling it personal care component 4, they have deliberately called it this

flexible care component - is funded out of income support. It is not funded out of the long-term care benefit fund.

Assistant Director of Policy and Ministerial Support

That is absolutely right. It is nowhere near the long-term care fund.

Director of Adult Services, Health and Social Services:

But the agreement that we have made together is that in order to access that additional funding, it is appropriate to have the right level of assessment in place, so the assessment that Social Security do initially to see if somebody is eligible to a P.C. 1, 2 or 3 does not have the level of detail that we would undertake as an assessment. So we have agreed there are only 2 assessments, so there is the first one when people are involved with income support, that is the first level, at a very low level as a threshold, but then as people's needs are such that there is a recognition that there is a need for some greater level of social or healthcare intervention, then that needs to come through our front door, there needs to be a referral into our services to enable that assessment to be undertaken.

Deputy G.P. Southern:

Can I take this a stage further, since you have the expertise in assessment of need, the support need, which stretches from this 145 upwards? That level of expertise, could it be applied to those who are levels 1 to 3 in the old scheme of income support? Because I tell you, that assessment at the lower levels in income support is a bloody horrible thing that confuses people that is very difficult because it is specific, what you can and cannot do, and statements, you either tick the box or you do not. There is no way around it. If you do not get level 3 or level 2, you are significantly disadvantaged. It is an awful assessment; it is not very accurate at all. Is there scope for you extending your expertise downward to get proper assessment of what people need, where it is needed?

Assistant Director of Policy and Ministerial Support

I would think it is probably unlikely in the sense that we are talking about people assessed as global needs scales 1 and 2 – these are the people we are talking about at F.N.H.C. (Family Nursing and Home Care) who have got these low-level needs. A lot of them are just getting 2 hours of care a week, 3 hours of care a week. I suspect that some of the people who are getting P.C. 1 and 2, the ones you are talking about, would not register in the care needs assessment if you were to do it.

The Minister for Health and Social Services:

I think the Chairman was asking though could we improve the assessments for personal care components levels 1 and 2. It is a good question, but it is one really for Social Security.

Deputy G.P. Southern:

In a private setting, it is one for Social Security. I am just wondering about your skills sector in your social workers or in your nursing skills.

Director of Adult Services, Health and Social Services:

The discussions we have had with colleagues at Social Security, we have not looked at that at all. It is a good question to ask, because we continue to meet jointly, strategically and operationally and it is one that I would be happy to take back and for us to ask those questions and look at that, because my view would be - but this is only a personal view - is that a single assessment at any level would be advantageous. It is whether or not that is appropriate for some of the individuals who the reason that they start to access a personal care component is because of their entitlement to income support, and that might be different to wanting to start to get involved with Social Services. But I think it is a very interesting question you have asked and certainly I would welcome taking back and having that conversation with my colleagues.

The Deputy of St. Ouen:

But in terms of timing, is it intended that the new flexible care component will only come into force from January 2018?

The Minister for Health and Social Services:

No, July. There are 2 things going on here: you have got the new arrangement around that for the bridging the gap. That will be available hopefully by July and people will be entitled to it from then. The funding agreement we have made with Family Nursing is from January next year.

The Deputy of St. Ouen:

Is there an element of crossover where...

The Minister for Health and Social Services:

Yes, there is.

The Deputy of St. Ouen:

How is that being funded, because it will mean that there will be extra funds being paid out by...

The Minister for Health and Social Services:

No, there will not be extra funds being paid out.

The Deputy of St. Ouen:

There will be a new benefit that people will be able to claim that has got to be paid for.

The Minister for Health and Social Services:

And use.

The Deputy of St. Ouen:

And use, yes, absolutely.

The Minister for Health and Social Services:

That is the most important thing.

The Deputy of St. Ouen:

But at the same time, the subsidy from your department is continuing for the first 6 months.

The Minister for Health and Social Services:

We are reducing, by agreement, the subsidy as we are going along, but you will not see the final effect - the full effect, if you like - until January 2018.

The Deputy of St. Ouen:

Right, but is the reduction being effected with reference to each client, so that no client of Family Nursing will ever be placed in a position that they have suddenly got to pay increased fees without having yet accessed the benefit?

Assistant Director of Policy and Ministerial Support:

How it is likely to work, as set out in our news release, is that for people who are current F.N.H.C. clients, we will pay some money to F.N.H.C. so their rate that they are paying themselves does not change. That will carry on until the end of 2017. In the meantime, the new flexible care component, all being well, will come in on 1st July 2017 and anybody who is a current client or new people coming in as well can apply for that component, and if necessary and they are eligible and all the rest of it, get that component. So at that point in time, the subsidy would stop for those people. There is a fair number of people who are receiving no benefit at all. They are not eligible, they earn too much or their income is too much. So those people will not ever be eligible for the new flexible care component, but they will still keep on paying whatever it is, £11 an hour, until the end of 2017. Once we get to the end of December 2017, their subsidy will stop too. There will be no more. The rate will go up to whatever rate it is that Family Nursing have said they are going to charge. So that is how it will work for next year. We are protecting all the current people who are part of this. They are all getting protected.

The Minister for Health and Social Services:

But what we do not have is the full picture of that yet.

Deputy T.A. McDonald:

I was just going to ask you, what potential barriers do you see being in the way of the success of this transition? Are there any real hurdles to overcome?

The Minister for Health and Social Services:

My own view is the ones that Mark was just talking about, those that do not get income support benefit, that are just over the line, that are funding themselves are the ones that I want to have more information about, because they are the ones that could be affected. But there are a lot of people - and bear in mind why we are doing this, we are doing this to support the work that we are doing to keep people in the community - at the moment who need more support but do not fit the long-term care scheme and this new component will give them that support and hopefully, if it comes together, keep them in their own homes longer, which is what they tell us they want to do.

Deputy G.P. Southern:

You are saying this is a lot of people? Did I just hear you say “a lot of people”?

The Minister for Health and Social Services:

I do not know. Okay, let us put it as some people.

Director of Adult Services, Health and Social Services:

When we were originally mapping out all the assessments that were required to be done back in July 2014, there were 83 people who, if we were starting today, are likely to have been assessed as eligible to this care component, so that was as a starting point. Those were people where we had been putting in lower levels of packages of care, that if they were coming through our front door today and we had the new component in place, are likely to have genuinely benefited from that.

Deputy G.P. Southern:

The question I was asking the other week of you, I think it was, being the Minister for Social Security, there are some 320 people on P.C. level 3 who may or may not be accessing home support or a limited amount. How many of those, what proportion of those are we talking about who might be new flexible component 4 and have been making do because they have only been able to access 7 hours? Is that the reality that we are looking at largish numbers or significant numbers?

Director of Adult Services, Health and Social Services:

I could go and do the analysis for that on the basis of the assessments we have done so far. I am just thinking through in terms of that cohort I have just referenced of the 83 people. Out of that, I think the figure was 33 people that would have benefited, but I would like to double-check that. I think it was about a third of the people that would have immediately benefited, but equally, within that there are a number of people who have automatically moved up and stepped into long-term care benefit fully because their needs have changed.

Director of System Redesign and Delivery, Health and Social Services:

I think in terms of the Family Nursing Home Care clients, as Chris said earlier, Family Nursing have written to each and every one of those home care clients, offering to contact Adult Services to get an assessment of their need so that they are aware of what their levels of need are and then we can help them to have those needs met. Of the assessments that have been undertaken so far, about 50 per cent of them have been identified as being eligible for the long-term care benefit, but not receiving a long-term care benefit yet.

[11:00]

There are 50 per cent of people who will now be able to access the long-term care benefit because their needs have been assessed. Of the Family Nursing Home Care clients, about 50 per cent of them only currently receive 2 hours a week of home care.

Deputy G.P. Southern:

Do you know whether that is because that is what they can afford or is that meeting their needs? That is the key nature of the question.

Director of System Redesign and Delivery, Health and Social Services:

That is why we need to complete as many of the needs assessments as we can, but we cannot force people to come forward to have an assessment of their needs.

Deputy G.P. Southern:

I am starting to feel a bit of sympathy for the Minister for Health. In the last 9 months, I have only seen: “Right, this is what we are going to do by ...” “No, it is not going to work, mate. It is not going to fit, cannot do it.”

The Minister for Health and Social Services:
But you understand what we are trying to do.

Deputy G.P. Southern:
I am starting to, I am starting to.

Director of System Redesign and Delivery, Health and Social Services:
I think the important factor, as the Minister for Health said earlier, is to make sure that we are giving Islanders plenty of time to have their needs assessed, to understand what that means for them and to be able to consider their choices and what they are going to do in the future. We did not want to rush it: bring it in, assessment, a new system the next week. People need time to be able to work through those changes and to make the right choices for them. Having over a year of time should hopefully give us a good period for a safe transition for Islanders to work through it.

Senator S.C. Ferguson:
Given that you have got a target of 6 weeks for assessment of new referrals who need this particular level, what is your throughput time for long-term care then, for that assessment?

Director of Adult Services, Health and Social Services:
That is the long-term care assessment. It is one single assessment. It happens...

Senator S.C. Ferguson:
I could understand the population getting terribly confused by this.

Director of Adult Services, Health and Social Services:
Yes. I think it is important to understand that when people come through the front door of Community and Social Services, there is one assessment. It happens to be that one of the outcomes could be that you are entitled to long-term care benefit, so it is not an assessment for long-term care benefit, it is an assessment of need. The outcome can be a variety of things. The outcome could be that you do not require any services.

Senator S.C. Ferguson:
When are you going to get down to your 6 weeks?

Director of Adult Services, Health and Social Services:
We have started to do that now, because in actual fact, the lower level we have been turning over within 2 weeks.

Senator S.C. Ferguson:

That is the lower level.

Director of Adult Services, Health and Social Services:

Yes.

Senator S.C. Ferguson:

Because I am getting cases building up where they are taking ... well, these are people who applied in June.

Director of Adult Services, Health and Social Services:

We have the additional resources that we have coming in we are anticipating will assist us to completely break the back of the backlog that we have, so there has not only been the waiting list internally, there had been delays in when work has been allocated as well, getting the whole process completed. We are very aware of that. I am expecting that certainly by the beginning of the New Year, because we are anticipating by the end of January that we would have been able to clear the backlog that we have, so certainly I am expecting that from February/March onwards that the target timescales that we are looking at we will have in place.

Deputy G.P. Southern:

I had another question, but it has gone, it drifted off. That sometimes happens. Anybody?

Director of Adult Services, Health and Social Services:

Could I pass one comment just in regards to the work that Social Security are doing, because I think there is a really important element of this, of recognising this is really good news for people. The fact that there is now a bridge in terms of where people are entitled to access funding, States funding, for care, there will be no gap in there. That is really good news. I think we are one of the only jurisdictions that do this.

Deputy G.P. Southern:

That reminds me of the question I was going to ask. It is about guaranteeing that the chaos and the low standards that are currently being delivered in the U.K., we are going to avoid that.

Director of Adult Services, Health and Social Services:

Yes, absolutely. I think we have aligned ourselves well in terms of having a single assessment process, having an effective framework for funding care, so we can be really clear when you are not entitled to funding from the States and that is really important for us to be able to say because we have a personal responsibility as well sometimes. If I can afford care then I should be paying for

care. However, once it comes into a longer-term framework we have a consistent framework that once I have paid the cap my care would be paid for. I think it is a really strong system and structure and we should be proud of that in terms of what we have delivered. But this component is really good news for people.

The Minister for Health and Social Services:

Can I add to that? Because you are right to compare the U.K. to here, but we are in a much, much better position because certainly with the long-term care and with the new level 4 component, if people meet the criteria they have a right to it. A lot of the allowances in the U.K. ... and I speak as the national chairman of Headway, I am involved with a lot of the branches that go out and try and get funding for care for people, but it comes from the councils. There is no entitlement. If the council decides it is going to reduce the budget, as many have, the money is just not made available and you leave people then without the support that they need and really struggling. Here people have a right to it and that is really important. I think that is why we have the very good marketplace building up in terms of providing good residential care and good nursing homes because they know that it is not going to be some Minister's whim to stop the scheme.

Senator S.C. Ferguson:

Yes, but I would remind you that there are no beds available at the moment or virtually none and there is a very uncertain level of care from the private sector.

The Minister for Health and Social Services:

I have to disagree with that, because they are regulated now, they are inspected. We are bringing in a care commission next year. I do agree that we are short of nursing beds in the community for the elderly, but because of the success of the work that the officers have done - I cannot take any credit for that - in keeping people in their own homes, there are a lot of vacancies around residential care. Rachel has been in discussion with the owners of those homes about transferring some of those beds from residential care to nursing care. There are also a couple of new providers coming on board, but obviously that takes a little longer. Do not think we sit there thinking we cannot do anything about this...

Deputy G.P. Southern:

Providers of hospital beds or...

The Minister for Health and Social Services:

Of nursing care, elderly nursing care, yes.

Deputy G.P. Southern:

Nursing care, yes.

The Minister for Health and Social Services:

They are existing providers but they have plans to build some new developments; that is as much as I can say at the moment. But that takes longer, that is why we are concentrating on the vacant residential beds, and where suitable and where the organisation has the skills or can develop the skills for nursing care, converting them.

Deputy G.P. Southern:

You mentioned Headway and in particular I am thinking about the test for lower level care and what your needs are is appalling with people who have had a head injury and whose cognitive abilities are harmed, but physically they are fine. You have this test that goes through 18 questions on the physical ability, not a problem, you do not tick any box. But yes, this is a problem and therefore could probably do with some support. It does not work. The test does not work. I am thinking particularly with mental...

The Minister for Health and Social Services:

I think that is changing, and I am speaking from personal experience, but that is as much as I am prepared to say about that. I do not have a brain injury, but I think people know my history.

The Deputy of St. Ouen:

Minister, you mentioned the Care Quality Commissioners. Is it part of their remit to put in place a code of standards and enforce it?

The Minister for Health and Social Services:

There will be a code of standards. I am not quite sure who is going to be doing it. We have one now.

Chief Executive, Health and Social Services:

The Jersey Care Commission, which is being set up under the auspices of the Chief Minister's Department, will obviously be an independent standalone organisation. It is, I think, at the moment out to advert for commissioners and as those commissioners are appointed it would be part of their task to bring together the standards they want to use, whether it is the nursing homes, residential homes, the hospital, mental health facilities, they will develop the whole suite. I suspect that they will be looking across other jurisdictions to see how other commissioners do it and then looking at what types of standards would make sense in Jersey and then they would be applied to their inspections.

The Deputy of St. Ouen:

Would the inspections include the inspections of delivery of care in people's homes?

Chief Executive, Health and Social Services:

That is the plan, yes, as I understand it, that there will be regulation of care delivered in the home.

Director of System Redesign and Delivery, Health and Social Services:

At the moment and since before long-term care benefit came in, we have a quality assurance officer who is a qualified nurse who inspects and quality assesses all of the providers of home care who care in people's homes in order to make sure we have the right quality of service for organisations to go on to the approved provider framework. If organisations do not meet those quality standards they do not get approved on to the approved provider framework.

Deputy G.P. Southern:

When you say quality of the care, quality of the standards, what do you mean by that?

Director of System Redesign and Delivery, Health and Social Services:

I think we have previously sent the Scrutiny Panel the quality assessment template. By all means, I can send it to you again if you would like to see that.

Assistant Director of Policy and Ministerial Support:

You can only get access to the long-term care scheme by using one of these approved providers.

Deputy G.P. Southern:

Yes, sure, we are aware of that at one level. Does that quality go to a different level, a level of the terms and conditions of the employees delivering the care? I would say so, because obviously I have seen a case where a carer did a 15-hour day, 12 of which were contact hours. I am thinking by the end of that day because she was working from 7 o'clock in the morning until 10 o'clock at night effectively, I wonder what quality of care she was delivering at the end of those hours.

The Minister for Health and Social Services:

I can understand your concern, but normally quality standards in terms of employment ensure that the employer meets statutory obligations, both in terms of good employment practice, good employment law and ...

Deputy G.P. Southern:

We do not have an employment law that does terms and conditions.

The Minister for Health and Social Services:

Yes, but we do have some standards.

Deputy G.P. Southern:

No, I disagree, Minister.

The Minister for Health and Social Services:

Okay, fine, but normally you would do that.

Deputy G.P. Southern:

But it would require statutory elements put into the employment law, you are saying, in order to...

The Minister for Health and Social Services:

They would measure against the existing statutory requirements. They would not create new ones. They are a regulator, a Care Commission. They are not an organisation that is going to come in and change Jersey employment law and...

The Deputy of St. Ouen:

But they should be concerned for the care being delivered to Islanders.

The Minister for Health and Social Services:

In their report I presume if they saw something that they were unhappy about they would highlight it, but we have not appointed them yet.

Deputy G.P. Southern:

Yes, and yet we have presumably been giving people approval.

The Minister for Health and Social Services:

We have a temporary system going.

Director of System Redesign and Delivery, Health and Social Services:

The providers of care in people's homes, the inspection looks at the quality of care provided from a clinical quality perspective. The inspection does not look at the commercial decisions that an organisation has taken, including the terms and conditions that it appoints people on. They are matters for those organisations to make their commercial decisions on.

The Minister for Health and Social Services:

But they would look at whether the person was appropriately trained and qualified and simply they had regular supervision. I do look at it now, yes.

Deputy G.P. Southern:

Yes, I have seen that. I have seen a list, yes.

Senator S.C. Ferguson:

Yes, and looking at the schedules that the carers are given, because it is my understanding that the time between appointments is either not paid for or is not properly allowed for during the day in some cases.

Deputy G.P. Southern:

In some cases. I am sure they vary.

The Minister for Health and Social Services:

Yes, but I think you are referring to mostly the poor practice in the U.K., not here.

Senator S.C. Ferguson:

No, I am talking about here. I am talking about carers who allow patients to defecate in the middle of the lounge, so...

[11:15]

The Minister for Health and Social Services:

I do not think anybody allows somebody to do that, I am sorry, but...

Deputy G.P. Southern:

They do recommend that you reopen our assessment on zero-hours contracts and take a look at what we said there about care in the home. That is an area that is not catered for in the employment law. Zero-hours contracts, used appropriately or inappropriately, do not give people a decent enough chance to get a holiday, for example. A carer in a home who has not had a holiday in 7 years and is at their wits' end about doing the hours is not getting good care.

Senator S.C. Ferguson:

Or else they have to go between appointments and they are not given sufficient time, so that instead of spending an hour where they are meant to be they only spend 10 or 15 minutes. These are conditions imposed by the employers and it is these sort of things that we need to look at, surely.

Director of System Redesign and Delivery, Health and Social Services:
If there are specific quality issues like the case that you have just mentioned and safety concerns, then we need to know about that so that we can investigate.

Senator S.C. Ferguson:
Yes, we will be coming to see you.

Deputy G.P. Southern:
That is with another hat on. Yes, that is with another hat on that you do not have at the moment.

The Minister for Health and Social Services:
But can I say, Chairman, when you do that, I do not want generalisations, I want specifics. We can investigate specifics.

Assistant Director of Policy and Ministerial Support:
Jersey is a small place and I think if the word gets around that somebody is not providing decent care, one of these agencies or whatever, I think people will walk and people will see that care and they will avoid that agency and that will be the end of the agency.

Deputy G.P. Southern:
The small community argument works on some things.

Assistant Director of Policy and Ministerial Support:
To an extent, I think...

Senator S.C. Ferguson:
Not if you are dealing with...

Deputy G.P. Southern:
I think legislation works better where it is needed.

Assistant Director of Policy and Ministerial Support:
But I think in the meantime, as it were.

Senator S.C. Ferguson:
I think when you are dealing with people with insipient dementia, then they do not complain quite as loudly as people like us.

The Minister for Health and Social Services:

But their families should.

Director of Adult Services, Health and Social Services:

It is clearly our...

Deputy G.P. Southern:

Hang on, hang on, but if they are getting professional help in to support them their family may be somewhere else.

Director of Adult Services, Health and Social Services:

I just think it is clearly our responsibility to have the systems and process in place to ensure that these things do not happen. We have in place an approved provider framework of which any employer is expected to meet those standards. They will only be commissioned if they meet those standards. The introduction of the new care law coming in will assist in terms of strengthening the framework for that and it is our responsibility that whenever there are individual situations, as you have referenced, Senator, that we get the information and we investigate that as quickly as possible because any providers out there, if they are not meeting those required standards ... and I appreciate what is said around the employment law, but there are some basic expectations we would expect. We would not expect healthcare assistants to be out there working 15 hours each day; that would not be acceptable. I think we have to deal with those things individually. If an employer is unwilling to address those matters with us we would seek to take action to remove them from the list and I think that is...

Deputy G.P. Southern:

I accept what you are saying there and my own personal view is neither here nor here, I have just addressed it with the Minister, but we will go somewhere else. We will go to the same place: when did you learn, as a result of your changing policy and how you deliver the care, that Family Nursing management were saying that they would have to completely overhaul their structures and may be required to have redundancies and large-scale changes to their terms and conditions because they have modelled those terms and conditions on the States system? Now, as a result of your policy change, they are saying: "We cannot run with the same standards. We will have to water down our terms and conditions."

The Minister for Health and Social Services:

That is a very long question, but to give you a very quick answer is that we were always aware that they would have to make some changes. What those changes looked like we learnt the same day

as you learnt, which is when they did the media release. I had a letter the day before they did the media interview.

Deputy G.P. Southern:

You learnt that at the same time as we did, the detail.

The Minister for Health and Social Services:

Yes, the detail, the day before you.

Deputy G.P. Southern:

If I were to say to you that that sounds to me like a descent to lower standards than previously we have had, how would you react?

The Minister for Health and Social Services:

I would disagree with you. What I would say to you is that the...

Deputy G.P. Southern:

It is a race to the bottom.

The Minister for Health and Social Services:

No, it is not. The terms and conditions of employment and whatever benefits or otherwise an organisation decides to give is entirely a matter for them, as long as they are statutorily compliant. It is not a race to the bottom. This is about us working with Family Nursing to develop different services about reablement, about rapid response, about keeping people in their homes as new level 4. This is not a race to the bottom. This is evolving our system to support people in the community where it is really needed.

Deputy G.P. Southern:

It does not matter what terms and conditions apply. You are introducing the competition and one company can use vastly lower staff costs than another.

The Minister for Health and Social Services:

I have not introduced any competition, but I take advantage of the market or my officers take advantage of the market, but terms and conditions are a matter for the employer. The employer could, for example, choose to pay more than the market rate but we are not prepared to pay more than the market rate ourselves, once we get to that transition of change. That enables us to target the extra funding where it is really needed, for those people that really need that support.

Senator S.C. Ferguson:

I know there is this sort of general fiction that Family Nursing are a charity, but when it is 70 per cent or 80 per cent financed by the States that is perhaps a slight exaggeration. Do you not feel a certain degree of responsibility for getting it to work efficiently?

The Minister for Health and Social Services:

That is exactly what we are doing, by agreeing the money that will be spent in every area and the outcomes that we will get for that. But the actual doing is a matter for Family Nursing and we have a very good working relationship with them. We want to achieve the same outcomes. People make it sound like Health and Family Nursing are in dispute. We are not in dispute. We are very clearly helping to manage change to support more people or support perhaps, in some cases, the same people in the community more appropriately.

Senator S.C. Ferguson:

You are approving of the fact that suddenly the employees get a letter saying: "These are your new terms and conditions"?

The Minister for Health and Social Services:

No, please do not twist my words. The employment of staff is a matter for Family Nursing. I did not say I approved or disapproved.

Senator S.C. Ferguson:

Yes, but I was making the point that given the fact that the majority of funding for Family Nursing is coming from Health, does Health not have a certain degree of responsibility towards the employees?

The Minister for Health and Social Services:

Yes, we do, the standard, not for the employees. The employees are the staff of Family Nursing, not the staff of Health and Social Services. Whatever Family Nursing decide to do, hopefully they will do it appropriately and professionally but whatever they decide to do is a matter for them, not for Health and Social Services, just as any other provider, whether it be Les Amis or whether it be any of the other providers. Yes, we do agree a framework with them in terms of the outcomes and what we are prepared to pay for it, but their employment, the only requirement we have with them is that they meet all the statutory requirements.

Deputy G.P. Southern:

What about where you are the employer or deliverer of services and States services are delivered by your staff, are you prepared to protect their terms and conditions as well?

The Minister for Health and Social Services:

My staff are employed via the States Employment Board and the terms and conditions set by the States Employment Board and agreed with the trade unions are what the staff enjoy.

Deputy G.P. Southern:

Are there plans to reduce their terms and conditions at all in any letters?

The Minister for Health and Social Services:

Not to my knowledge. I can say there are no plans.

Deputy G.P. Southern:

Good, good, because that may well be the next step. Here is a group of people who have been working under separate terms and conditions for the last 30, 40 or 50 years and they are likely to have those terms and conditions eroded, as of your change in policy.

The Minister for Health and Social Services:

But there are always changes going on, Chairman, as you know. But most of those changes are around ensuring this is a long term piece of work for all States employees, ensuring equal pay for equal value of work and that is going on now. There may be some people that fall either side. When that work is done, some may need to have extra money to get them where they should be, others may have to be at a different level. But that is a long term piece of work that is not being driven by my department.

Senator S.C. Ferguson:

Have you seen a copy of the letter that was sent to the employees?

The Minister for Health and Social Services:

In regard to what?

Senator S.C. Ferguson:

In regard to the changes in their terms and conditions.

The Minister for Health and Social Services:

There are no changes to their ... you mean the...

Senator S.C. Ferguson:

With Family Nursing.

The Minister for Health and Social Services:

No, I have not. No, I have not.

Senator S.C. Ferguson:

The fact that you can either accept these changes or perhaps you would prefer...

The Minister for Health and Social Services:

I suggest you speak to the management of Family Nursing if you want to discuss that.

Senator S.C. Ferguson:

I shall do.

The Minister for Health and Social Services:

It is not something I will be taking up.

Deputy G.P. Southern:

But do I interpret your words earlier that the modernisation process, for want of a better word, may produce reductions for some States workers in their terms and conditions?

The Minister for Health and Social Services:

In the very long term, not in terms and conditions, but you have to ensure that all staff are being rewarded equally for their work. I do not put it very well. We know that some staff will have to go up. There may be some staff that will stay still until the others have been brought up. I do not know the detail. I am not leading on it.

Deputy G.P. Southern:

Who within Health is leading on it?

The Minister for Health and Social Services:

No, it is not Health that is doing it. It is central H.R. (Human Resources). You will have to speak to them about it.

Deputy G.P. Southern:

All right, okay.

The Minister for Health and Social Services:

It is not hidden, it is all there. The trade unions are fully involved.

Deputy G.P. Southern:

I know it is there. I was just trying to get your interpretation of what that might mean.

The Minister for Health and Social Services:

Yes, I just did not want to mislead you.

Deputy G.P. Southern:

You appear to be saying that terms and conditions will not be reduced for any of your workers.

The Minister for Health and Social Services:

You asked me, have I got any plans to reduce the terms and conditions of my workers? The answer to that is no.

Deputy G.P. Southern:

But H.R. might have.

The Minister for Health and Social Services:

No, I did not say that, but I did say...

Deputy G.P. Southern:

No, I am saying that.

The Minister for Health and Social Services:

I am trying to answer you honestly. You know that there is this piece of work going on, you know that about equal value and equal pay. What that is going to produce, I do not know, but you know it is going on. Yes, exactly.

Deputy G.P. Southern:

I know that the trend is there, we are talking about newly-qualified teachers and we are talking about now Family Nursing, particularly some of their staff, so the trend is there, yes.

The Minister for Health and Social Services:

The employment of staff at Family Nursing, just as the employment for any other charity, whether they be fully funded by the States or not, is entirely a matter for them.

Deputy G.P. Southern:

When I look at the transcript and work out what was said, it is always the way. I do recommend that you look at it as well, so: "What did I say? I think I did that right."

The Minister for Health and Social Services:

Yes, yes, yes.

The Deputy of St. Ouen:

I think we have no more questions.

Deputy G.P. Southern:

Can I just have a quick look through at what we planned to ask about? I think we have done most of the vital issues. Okay, I will finish this or rather go down to this end. Sarah, are you happy?

Senator S.C. Ferguson:

Yes, I am.

Deputy G.P. Southern:

Thank you very much, that was fun.

The Minister for Health and Social Services:

Thank you. It has been a useful meeting.

Deputy G.P. Southern:

Particularly towards the end.

The Minister for Health and Social Services:

That bit was not so useful, but that was useful to also understand how you...

Deputy G.P. Southern:

I think we have a clearer picture of where we are.

The Minister for Health and Social Services:

If there is anything we can help you with, do not hesitate to come back to us.

The Deputy of St. Ouen:

I am pleased about the extra year to sort all this out.

The Minister for Health and Social Services:

Yes, okay. Okay, thank you.

The Deputy of St. Ouen:

Thank you, Minister.

[11:30]