

STATES OF JERSEY



SOCIAL SECURITY SCHEME: AMENDMENTS

Lodged au Greffe on 20th August 2010
by Senator A. Breckon

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

- (1) in order to provide for long-term care –
 - (a) to establish a **Long-Term Care Insurance Fund** broadly based on the system in operation in Guernsey since 2002, (attached at Appendix 1) but extended in Jersey to provide for home care;
 - (b) to fund the Long Term Care Insurance Fund by increasing Social Security Contributions by 1% from both the employer and the employee in January 2012 and annually thereafter;
 - (c) that money raised in paragraph (1)(b) above should be hypothecated (ring-fenced) for the provision of a Long-Term Care Insurance Fund;
 - (d) that those in retirement, above an agreed financial threshold, shall contribute on a regular basis to the Long-Term Care Insurance Fund on a basis to be proposed by the Minister for Social Security;
 - (e) that the States will pay the contributions of those of limited means or below an agreed income and means threshold;
 - (f) that no benefits will be paid from the Long-Term Care Insurance Fund until July 2012 in order to build a reserve equivalent to 6 months contributions;
- (2)
 - (a) to agree to increase funding for the **Health Insurance Fund** by increasing Social Security Contributions by 0.5% from both the employer and the employee in January 2013 and by 0.5% from the employer only in January 2014 and to maintain these levels of contributions annually thereafter;
 - (b) to expand that the scope of the Health Insurance Fund to include more financial support for the elderly, children, and those of limited means for –
 - (i) visits to the doctor;
 - (ii) a new benefit to provide financial assistance towards the cost of dental, optical and foot care;
- (3) to agree to increase funding for the **Social Security Fund** for pension purposes by increasing Social Security Contributions by 0.5% from both the employer and the employee in January 2013 and by 0.5% from the employer only in January 2014 and to maintain these levels of contributions annually thereafter;

- (4) that proposals contained in paragraphs (1) to (3) above be given immediate priority in the Legislation Programme;
- (5) that **prescription charges** shall be re-introduced, from January 2011, at a level of £3 per item, excepting those residents in receipt of the Jersey Old Age Pension, children under the age of 16 years and those in receipt of Income Support;
- (6) to request the Minister for Social Security to bring forward draft legislation for debate so as to enable the above proposals to be implemented within the timescales proposed.

SENATOR A. BRECKON

REPORT

Currently a number of methods of raising more in taxes are under discussion and a variety of mostly unacceptable choices are out to public consultation.

The general public do NOT appear to have any appetite to pay more in taxes and charges, however, evidence shows that they would look more favourably on new and increased payments that WILL provide defined benefits and give them some protection in future years.

Examples are –

- protecting their Old Age Pension
- a dedicated Elderly Care Scheme
- affordable access to doctors, dentists and opticians

(see **Appendix 2** which contains an extract from the 2009 Jersey Annual Social Survey).

Guernsey have had a Long-Term Care system in place for nearly 10 years and for information I have attached at **Appendix 1** a copy of “The Long-Term Care Insurance (Guernsey) Law – 2002”, which was approved by the States of Guernsey on 1st March 2001 – so we, in Jersey, appear to be about 10 years behind Guernsey in putting in place a method of funding for long-term care (LTC) – which is no mean feat!

Guernsey’s fund, as I believe Jersey’s should, provides care funding for anyone over 15 years of age – this would cover tragic cases where someone who has not reached retirement age requires care, for example – they could be the victim of a motoring accident or have a serious medical condition.

One of my principal reasons for bringing this proposition as an individual Member is to give focus to the unsatisfactory present situation and suggest a way forward in the medium term that recognises the problems but begins to structure in future funding mechanisms. Whilst recognising that the Social Security system has to have an eye on the future, it also needs to achieve something today.

Elderly care

On average, about every 3 weeks someone contacts me about the availability and cost of elderly care. Many people are not aware of the system and how it operates until it affects their family members. Without exception, all those who have contacted me would be willing, even in retirement, to contribute to an insurance-based scheme – that is why I believe we should get on and do it without further delay.

How long-term and elderly care is to be provided and funded is an issue that is exercising minds across the world. Statistics show that, for a number of reasons, people are living longer; and also that the workforce to maintain and support them is getting smaller – hence the need to identify the issues now, and plan properly for the next 50 years.

For example, I am not convinced that either Planning or Housing are being very pro-active for the future provision of purpose-built or adapted ‘housing for lifetime’ homes and living. Jersey’s provision tends to be developer-led, with an imaginary line drawn at the age of 55, for what reason I have no idea. So although there are stated aims that it would be beneficial to enable people to live in their homes as long as possible – there are no joined-up policies to support this.

Many surveys and reports have been conducted across the UK about existing provisions and future demand for elderly care; by local authorities, central Government, as well as a cross-section of those with knowledge, direct experience and concern – the general agreement is that something **MUST** be done – the question is what exactly this will be, and when? In this respect Jersey is no different. It is a case of what, when and who will pay and also co-ordinate the whole system to make elderly care a well-provided and funded service.

Raising taxes and charges

With current proposals doing the rounds about raising money from a variety of taxes and charges, I believe it is appropriate to intervene with a number of measures that will mean people paying more; *however*, it will ensure that their money is for a specific purpose **only** and safeguarded so that their contributions are ring-fenced and politicians will not get the opportunity to use the proceeds to tarmac the Island’s roads, however necessary someone may judge that to be!

Jersey is NOT a more expensive place to do business

During many recent discussions and debates, the “Comfy Club” at the Jersey Chamber of Commerce have claimed that, for example, charging VAT-inclusive prices is acceptable because Jersey is a more expensive place to do business – indeed in Social Security terms the opposite is true, which the table below demonstrates.

This table was included in the recent consultation document on personal taxation and demonstrates quite clearly that employees **and in particular employers** are paying considerably less than Guernsey, the Isle of Man and the United Kingdom; therefore I believe there is scope for increasing contributions, with a direct and identified social benefit, but ring-fenced for specific purposes that benefit the contributors and not giving discretionary funding to spend at will (tarmacking roads for example).

COMPARABLE SOCIAL SECURITY CONTRIBUTIONS

	<i>Employee pays</i>	<i>Employer pays</i>
Jersey	6% up to a ceiling of £43,752	6.5% up to a ceiling of £43,752
Guernsey	6% up to a ceiling of £79,872	6.5% up to a ceiling of £117,468
Isle of Man	11% up to a ceiling of £37,960 1% above that	12.8% – no ceiling
UK	11% up to a ceiling of £43,875 1% above that	12.8% – no ceiling

The extracts below are taken from the Social Security Department's Consultation document, "Long term care in Jersey How should we pay?"

"How can the States raise more money to pay for long-term care?"

- Income Tax – increasing the rate of personal Income Tax by 1p
- GST – increasing GST by one percentage point raises £14 million a year.
- Social Security contributions from people aged under 65 – increasing Social Security contributions by one percentage point raises about £14 million a year.
- Social Security contributions from people aged under 65 and over 65 – increasing Social Security contributions by one percentage point for people under 65 and introducing a rate of 1% for people aged over 65 raises just under £16 million a year. (People aged 65 and above do not pay Social Security contributions at the moment in Jersey, but elsewhere – including Guernsey – older people pay towards their long-term care in this way.)
- One-off payment from people on their 65th birthday – the UK government has suggested that everyone should pay a lump sum (about £20,000 in England) when they reach 65 towards the cost of their long-term care (although this would not cover their everyday housing/living costs if they need care in a care home). The figure for Jersey will need to be calculated.

What is long-term care?

People who require long-term care need help with the ordinary activities of everyday life – washing, dressing, organising their day. People of all ages can need long-term care. Although most are elderly, some younger people may also require this kind of help.

This paper focuses on adults whose long-term care needs mean that they would be eligible for a place in a residential or nursing care home. It also includes people with such needs who remain in their own home.

How long do people need long-term care for?

Most older people may need care for a year or so; for some it will be longer.

For people with a disability, the care could be required for their lifetime.

What kind of long-term care is available in Jersey?

There are more than 1,000 people aged 65 or over living in local care homes. These homes are run by the States, parishes, charities and commercial organisations. There are also four homes for younger people and some much

smaller units where people with learning disabilities and other special needs live. Some people receive care in their own homes.

How much does it cost?

Living in a care home can cost between £500 and £1,400 a week. The cost is made up of everyday housing/living costs and the cost of providing care. In this paper we have taken the everyday housing /living costs to be £267 a week. This is just an estimate at this stage, based on UK calculations. A local cost will need to be calculated.

The total amount spent on long-term care in Jersey at the moment is around £55 million a year. The States spends £30 million providing care services and helping Islanders with the cost of care fees. It is estimated that individuals spend another £25 million paying for care themselves.

Why is long-term care funding an issue at the moment?

People are living longer. The number of people aged over 80 in Jersey will double between 2006 and 2026 and will continue to rise for another 20 years. Long-term care is expensive and we need to decide how this extra cost will be met for all islanders in the future.

The States is already paying £30 million a year towards the cost of long-term care and this amount is going up each year. This will put pressure on States budgets.

The total cost of providing care is likely, at the very least to double by 2026 to about £110 million a year (at 2009 prices) and continue to rise to about £155 million by 2036.

Making changes to the way we pay for long-term care is likely to need a new law which will take two or three years to implement.

Are there any other reasons for changing the system now?

Most of the money spent by the States at the moment is to help people who cannot afford to pay for all their care themselves. Some people who own their own homes feel that the value of their homes should not be used to pay towards the cost of their care. They would like to see some help for everyone who needs long-term care, not just those who are less well-off.

The current system of funding long-term care has grown up over the years. There are different ways to get help from the States with the cost of long-term care. Most people don't understand how the system works and only find out about it when they need to help a relative move into care. The States needs to have a simple, fair, yet affordable system so that people can get help quickly and easily when they need it."

So in my opinion the warnings are there –

- more people will need care as we are living longer,
- the costs are predicted to double and more in the next 15 years or so,
- fewer people will be in work to pay for those who are not.

Paragraph 2 – **Health Insurance Funding**

When the fund was set-up many years ago, it was envisaged that more varied healthcare support would be required over the years. So, although prescription charges were abolished, in my opinion this was a mistake and should not have happened – instead benefits could have been extended to include some assistance with doctors, optical, dental and foot-care costs especially for the young and old.

Paragraph 2(b) of my Proposition seeks to do this, but it is deliberately not specific and does not go into too much detail. This is because where funding is targeted it needs to be flexible.

Paragraph 2(b) of my Proposition is linked to paragraphs 2(a) and (5) – the re-introduction of prescription charges which will provide some money for other primary healthcare funding.

I believe **prescription charges** should be re-introduced, with exceptions for residents in receipt of the Jersey Old Age Pension, children under 16 years of age and those in receipt of Income Support.

I do not have the numbers involved or the sums of money, however, the re-introduction of charges will bring money into the fund.

Jersey Annual Social Survey (2009)

I have attached an extract from the survey at Appendix 2 which clearly shows that many people of all age-groups are not seeking some primary care services because of the cost.

The content of this Proposition seeks to remedy some of this by providing some assistance to make it more affordable.

Law Drafting

I believe this issue is of significant importance and therefore should be given IMMEDIATE Law Drafting time.

Financial and manpower implications

Under paragraph 1(b) my proposals (if adopted) would raise at least £30 million per annum for a Long-Term Care Insurance Fund – this would reduce present States expenditure as a Long-Term Care Insurance Fund, similar to the one in operation in Guernsey since 2002, will change the dynamics of the present funding mechanisms and mean that the Fund, if and when established, will meet some of the costs currently

met from a variety of States funding mechanisms and departmental budgets including Health and Social Services and Social Security.

Under paragraph 1(f) of my proposals (if adopted) would establish a reserve of at least £15 million in the first half of 2012.

Paragraph 2

Under paragraph 2(a) of my proposals (if adopted) at least £14 million would be added in 2013 to the Health Insurance Fund, increasing to £21 million in 2014 and subsequent years towards primary healthcare needs.

However, paragraph 2(b) (if adopted) would make demands on this Fund: at the time of writing the amounts are not quantifiable.

Under paragraph 3 of my proposals (if adopted) at least £14 million would be added in 2013 and £21 million added from 2014 onwards to the Social Security Fund specifically for Old Age Pension provision.

I believe all of the above will lead to reductions in current States expenditure in most, if not all, of the above areas.

The States as an employer will pay more in Social Security contributions under my proposals (if adopted) – how much will depend on future salaries of staff and their Social Security status.

To give some indication, the Financial Report and Accounts for 2009 show that the States paid £14.6 million in Social Security Contributions during that year.

Updated to 05 January 2009

ORDER IN COUNCIL XXIII OF 2002

Ratifying a
PROJET DE LOI
ENTITLED

The Long-term Care Insurance (Guernsey) Law, 2002

THE STATES, in pursuance of their Resolution of the 1st day of March, 2001¹, have approved the following provisions which, subject to the Sanction of Her Most Excellent Majesty in Council, shall have force of law in the Islands of Guernsey, Alderney, Herm and Jethou.

PART I

SOURCE OF FUNDS

Long-term Care Insurance Fund.

1. (1) There is established a fund called the Long-term Care Insurance Fund ("**the Fund**") which shall be managed, maintained and controlled by the Authority in accordance with and for the purposes set out in this Law.

(2) There shall be paid into the Fund -

- (a) the Long-term Care Insurance Fund Allocation in accordance with section 101A of the Social Insurance Law;
- (b) all monies provided by the States under the provisions of this Law; and
- (c) any monies accruing to the Authority under the provisions of this Law.

(3) There shall be paid out of the Fund -

- (a) all sums payable in respect of benefit under the provisions of this Law; and
- (b) all expenses incurred by the Authority in carrying this Law into effect.

(4) Accounts of the Fund shall be prepared annually in such form and manner as the Authority may direct.

(5) Auditors appointed annually by the States ("**the auditors**") shall examine, certify and report to the Authority upon the accounts.

(6) The Authority shall, as soon as may be, lay copies of the accounts together with the report of the auditors thereon before the States.

(7) Monies forming part of the Fund may be invested by the Authority in investments of the descriptions authorised by the States.

(8) The investment functions of the Authority under subsection (7) may be delegated by the Authority (in whole or in part) to professional fund or investment managers.

¹ Resolution 1 on Article VII of Billet d'État No. III of 2001.

States Long-term Care Insurance Annual Grant

2. There shall, in respect of each year, be paid into the Fund out of monies provided by the States, in such manner and at such times as the States Advisory and Finance Committee shall determine, a States Long-term Care Insurance Annual Grant of an amount equal to 0 per centum² (or such other percentage as the States may by Ordinance specify) of the amount certified by the auditors as being the amount of the Long-term Care Insurance Fund Allocation in respect of that year.

PART II

ENTITLEMENT TO AND CATEGORIES AND RATES OF BENEFIT

Persons entitled to benefit.

3. (1) Subject to the provisions of this Law, a person who satisfies -
- (a) the conditions in subsection (2); and
 - (b) such further or alternative conditions as the States may by Ordinance specify,

is entitled to benefit under this Law.

(2) The conditions referred to in subsection (1)(a) are that the person concerned -

- (a) is a person in need of long-term care in accordance with the provisions of section 9;
- (b) is ordinarily resident and present in Guernsey;
- (c) has at any time been ordinarily resident and present in Guernsey for a continuous period of five years;
- (d) has, immediately before the date in respect of which benefit is claimed, been ordinarily resident and present in Guernsey for a period of not less than twelve months; and
- (e) in the cases of care benefit and respite care benefit, is a resident of an approved care establishment which is not wholly owned by the States.

(3) For the purposes of this Law a child who does not satisfy the conditions as to residence and presence specified in subsection (2) but who is a child of the family of a person who satisfies those conditions shall be deemed to satisfy those conditions.

(4) Regulations may provide as follows as regards ordinary residence and presence for the purposes of subsection (2) -

- (a) for disregarding specified periods of residence, presence or absence;
- (b) for deeming specified periods of non-residence or absence for specified purposes or reasons, as periods of ordinary residence or presence; and

² "12 per centum" repealed and "0 per centum" substituted by Ord. XLIV of 2006 w.e.f 01 January 2007. "0 per centum" retained by Ord. XLII of 2007.

- (c) for making special rules governing the ordinary residence or presence of children.
- (5) For the purposes of this section an individual shall be treated -
 - (a) as a child, if he would or could be so treated for the purposes of the Family Allowances Law; and
 - (b) as a child of the family of a person, if -
 - (i) he is a child;
 - (ii) that person is not a child; and
 - (iii) he and that person would be treated as constituting a family for the purposes of the Family Allowances Law.

Categories of benefit.

- 4. Benefit under this Law shall be of the following categories -
 - (a) care benefit;
 - (b) respite care benefit; and
 - (c) such other benefit as the States may by Ordinance specify; and an Ordinance made under this paragraph may provide that any of the provisions of this Law shall (subject to any exceptions, adaptations or modifications specified in the Ordinance) apply in relation to such other benefit.

Rates of benefit.

- 5. (1) The States shall by Ordinance specify the rates of benefit payable under this Law.
- (2) When specifying the rate of care benefit under subsection (1), the States shall specify the amount of any contribution, -
 - (a) which a claimant for care benefit shall be obliged or expected to make towards or for the cost of his care, as a condition of the right to care benefit; and
 - (b) which shall be taken into account for the purposes of determining the rate of care benefit.
- (3) Without limiting the generality of subsection (1), an Ordinance made thereunder may provide -
 - (a) that different rates of benefit shall be payable in respect of different types or standards of long-term care;
 - (b) minimum and maximum rates of benefit;
 - (c) that a contribution, of such amount as may be specified, shall be payable, or expected to be paid, by a claimant as a condition of the receipt of benefit; and
 - (d) that the amount of any contribution shall be taken into account for the purposes of determining the rate of any benefit payable.

PART III
RIGHT TO BENEFIT

Right to care benefit.

6. Subject to the provisions of this Law, care benefit is payable to a person -
- (a) who is entitled to benefit under the provisions of section 3;
 - (b) whose need for long-term care is most appropriately met by the provision of care as a resident of an approved care establishment; and
 - (c) who makes payment of any contribution specified under section 5(2) in accordance with the provisions of regulations.

Right to respite care benefit.

7. (1) Subject to the provisions of this Law, respite care benefit is payable to a person -
- (a) who is entitled to benefit under the provisions of section 3; and
 - (b) whose need for long-term care is most appropriately met by the provision of care as a temporary resident of an approved care establishment.
- (2) Respite care benefit is payable only for such period as the Administrator may determine in the particular circumstances of any claim.

Right to other benefit.

8. The States may by Ordinance specify the categories of person to whom any other benefit specified under section 4(c) may be payable.

PART IV
ASSESSMENT OF NEEDS

Person in need of long-term care.

9. (1) For the purposes of this Law and subject to the provisions of any regulations made under subsection (2), "**a person in need of long-term care**" is a person who -
- (a) by reason of bodily or mental disability, or a combination of bodily and mental disability, is so disabled that he may suffer harm whilst undertaking the normal activities of daily life without substantial assistance or attention from another person; or
 - (b) is not so disabled, but in respect of whom there is good reason to believe that he would suffer such harm without such assistance or attention.

(2) Regulations may amend, augment, replace, extend or provide for any matters incidental to the definition or any part of the definition in subsection (1) of a person in need of long-term care.

The Needs Assessment Panel.

10. (1) There is established a panel called the Needs Assessment Panel ("**the Panel**"), to which the Board shall from time to time appoint such number of persons (being not less than 3 nor more than 7) as the Board shall see fit.

(2) It shall be the duty of the Panel to issue to the Administrator a written assessment of the long-term care needs of any person by or on behalf of whom benefit is claimed.

(3) Regulations shall prescribe procedures and other matters incidental to the operation of the Panel, including (without limiting the generality of the same) -

- (a) rules governing meetings of the Panel;
- (b) the periods within which assessments of the Panel are to be issued; and
- (c) rules governing the disclosure of personal information relating to a claimant and the withholding of information considered likely to be injurious to the claimant's health or well-being.

PART V

APPROVED CARE PROVIDERS AND ESTABLISHMENTS

Designation as an approved care provider and establishment.

11. (1) The Administrator may, for the purposes of this Law, for such period and subject to such conditions as he thinks fit, designate -

- (a) any provider of long-term care services as an approved care provider; and
- (b) any establishment as an approved care establishment.

(2) Regulations may make provision as respects all necessary matters concerning designation under subsection (1), including (without limiting the generality of the foregoing) -

- (a) the specification of -
 - (i) standards of long-term care to be provided by a provider or, in respect of, an establishment; and
 - (ii) criteria (other than criteria relating to standards) to be met by a provider or in respect of an establishment,
 for the purposes of designation;
- (b) the form and manner of application for designation; and
- (c) the payment and amount of any application fee.

- (3) For the avoidance of any doubt -
- (a) the States and a Committee of the States may be designated as an approved care provider pursuant to subsection (1)(a); and
 - (b) an establishment owned or operated by or on behalf of the States may be designated as an approved care establishment pursuant to subsection (1)(b).

Variation etc. of designations.

12. (1) The Administrator may, if he thinks fit, vary -
- (a) the period;
 - (b) the conditions; or
 - (c) both the period and conditions,

of any designation made under section 11(1).

(2) The Administrator may revoke or suspend any designation made under section 11(1) -

- (a) where an approved care provider -
 - (i) fails to provide or continue to provide long-term care services of a specified standard; or
 - (ii) fails to meet or continue to meet specified criteria;
- (b) where the long term care services provided in respect of an approved care establishment fail to meet or continue to meet a specified standard or criteria;
- (c) where there is a breach of any condition subject to which designation is made;
- (d) where there is a change in the ownership of the approved care provider or approved care establishment, as the case may be; or
- (e) where, in the case of an approved care provider, that provider is -
 - (i) guilty of a criminal offence; or
 - (ii) insolvent.

(3) For the purposes of subsection (2)(e)(ii), "**insolvent**", in relation to any person, means -

- (a) that he has been declared by the Court to be insolvent or that a Commissioner or Committee of Creditors has been appointed by the Court to supervise or secure his estate;
- (b) that his affairs have been declared in a state of "désastre" by his arresting creditors at a meeting held before a Commissioner;
- (c) that an interim vesting order has been made against him in respect of any of his real property in Guernsey;

- (d) in the case of a registered company, that -
 - (i) a liquidator (provisional or otherwise) has been appointed to act; or
 - (ii) the company has passed a special resolution requiring the company to be wound up voluntarily;
 otherwise than for the sole purpose of solvent amalgamation, solvent reconstruction or solvent winding-up.

PART VI

DETERMINATION OF CLAIMS AND APPEALS

Claims etc. to be determined by Administrator.

13. (1) The Administrator shall determine -
- (a) any claim for benefit;
 - (b) any question arising in connection with a claim for, or award of, benefit; and
 - (c) any application for designation under section 11.
- (2) When determining any claim or question in accordance with subsection (1)(a) or (b), the Administrator shall take into consideration -
- (a) any assessment of the Panel pursuant to section 10; and
 - (b) any other factor he considers relevant to the circumstances of the claim or question.
- (3) When determining any application in accordance with subsection (1)(c), the Administrator shall take into consideration -
- (a) the provisions of any regulations made under section 11(2); and
 - (b) any other factor he considers relevant to the circumstances of the application.

Decision of Administrator.

14. (1) The Administrator shall dispose of any claim, question or application referred to in section 13, as soon as reasonably practicable following its submission to him, in one of the following manners -
- (a) he shall decide the claim, question or application in favour of or adversely to the claimant or applicant and give the claimant or applicant, as the case may be, written notice of the decision and (where the decision is adverse) of the right of appeal under section 15; or
 - (b) he shall refer the claim, question or application to the Tribunal and give the claimant or applicant, as the case may be, written notice of the reference.
- (2) The claimant or applicant, as the case may be, is entitled to a written statement of the reasons for a decision of the Administrator under subsection (1)(a).

Appeals to Tribunal.

15. (1) Where the Administrator decides -
- (a) a claim, question or application adversely to the claimant or applicant, as the case may be; or
 - (b) to vary, revoke or suspend a designation under Part V, to the detriment of the person concerned,

the claimant, applicant or person concerned, as the case may be, may appeal to the Tribunal.

(2) An appeal under this section shall be brought by giving notice of the appeal at the office of the Clerk to the Tribunal within 28 days of the date of the decision, or within such further time as the chairman of the Tribunal may for good cause allow.

(3) A notice of appeal under this section shall be in writing and shall contain a statement of the grounds upon which the appeal is made.

(4) On an appeal, and on a reference under section 14(1)(b), the Tribunal, subject to and in accordance with regulations, may order the Authority to pay the costs of any person, whether or not the decision is in his favour.

(5) For the purposes of this Part, a "**person concerned**" includes an approved care provider and the owner or operator of an approved care establishment.

Submissions to Ordinary Court.

16. (1) A question of law arising in connection with the determination of an appeal under section 15 or a reference under section 14(1)(b) may, if the Tribunal thinks fit, be submitted for decision to the Ordinary Court in such manner and within such period as may be prescribed by Order of the Royal Court.

(2) The Tribunal shall, if it decides to submit a question of law to the Ordinary Court, give written notice of its intention to do so to -

- (a) the Administrator;
- (b) the claimant;
- (c) the applicant;
- (d) the person concerned; and
- (e) any other person as appears to the Tribunal to be concerned with the question.

Appeals to the Ordinary Court.

17. The Administrator or any other person aggrieved by a decision of the Tribunal on a question of law mentioned in section 16(1) which is not submitted to the Ordinary Court under that section may appeal against that decision to the Ordinary Court in such manner and within such period as may be prescribed by Order of the Royal Court.

Submissions and appeals generally.

18. (1) The decision of the Ordinary Court on a submission or appeal under section 16 or 17 is final.

(2) On a submission or appeal the Ordinary Court may order the Authority to pay the costs of any person, whether or not the decision is in his favour.

(3) Provisions may be made by Order of the Royal Court, for the purposes of such submissions or appeals, as to the circumstances in which any official record or certificate is to be sufficient or conclusive evidence.

Questions first arising on appeal.

19. Where a question under this Law first arises in the course of an appeal to the Tribunal, the Tribunal may, if it thinks fit, determine the question notwithstanding that it has not been considered by the Administrator.

Review of decisions.

20. (1) A decision under this Law of the Administrator, Tribunal or Ordinary Court may be reviewed at any time by the Administrator or, on a reference by the Administrator, by the Tribunal, if -

- (a) the Administrator or Tribunal is satisfied and, in the case of a decision of the Ordinary Court, satisfied by fresh evidence, that the decision was given in ignorance of, or was based on a mistake as to, some material fact; or
- (b) there has been any relevant change of circumstances since the decision was given.

(2) An application for a review under this section shall be made in writing to the Administrator and shall state the grounds of the application.

(3) The Administrator shall, so far as practicable, dispose of the application within 14 days of its submission to him in one of the following manners-

- (a) he shall determine the claim, question, application or other matter to which the decision to be reviewed relates in favour of or adversely to the applicant and give the applicant written notice of the determination and (where the determination is adverse) of the right of appeal under section 15;
- (b) if he is not satisfied that any of the grounds for review under subsection (1)(a) or (b) exists, he shall refuse to review the decision; or
- (c) he shall refer the claim, question, application or other matter to the Tribunal and give the applicant written notice of the reference.

(4) The applicant may demand a written statement of the reasons for a determination of the Administrator under subsection (3)(a).

(5) Sections 15 to 19 apply in relation to -

- (a) a determination or refusal of the Administrator under subsection (3)(a) or (b) as they apply in relation to a decision under section 14(1)(a);
- (b) a reference to the Tribunal under subsection (3)(c) as they apply in relation to a reference under section 14(1)(b).

Adjudication procedure.

21. Regulations may make provision as to the following matters relating to adjudication under this Law -

- (a) the procedure to be followed in connection with the consideration of appeals, claims, questions, applications and other matters by the Tribunal, or in connection with the withdrawal thereof;
- (b) the form which a decision of the Tribunal is to take, and the consequences of any defect in form;
- (c) the form to be used for any document, the evidence to be required and the circumstances in which any official record or certificate is to be sufficient or conclusive evidence;
- (d) the time to be allowed for producing any evidence to the Tribunal;
- (e) the manner in which, and the time within which, an application for or review of a decision is to be made;
- (f) summoning persons to attend, give evidence or produce documents, and authorising the administration of oaths to witnesses;
- (g) empowering the Tribunal or Administrator to refer to the Panel or a medical practitioner for examination and report, any question arising from its or his decision.

Questions as to child or family

22. (1) This Part of this Law does not apply to any question as to whether at any particular time -

- (a) a person is or was a child;
- (b) a person has or had a family including a child or children, or is or was a child of some other person's family (not, however, including the question of whether a person is to be treated for the purposes of this Law as having a family as aforesaid, or as being a child of some other person's family);
- (c) any person could have been treated under paragraph 3 of the schedule to the Family Allowances Law as, or but for certain facts would have been or could have been treated as aforesaid as, a child of any other person's family.

(2) A question referred to in subsection (1) shall be determined in like manner, subject to any prescribed modifications and adaptations, as a corresponding question arising in respect of an allowance under the Family Allowances Law, and any decision of any such question, if given for the purposes of that Law, shall have effect also for the purposes of this Law or, if given for the purposes of this Law, shall also have effect for the purposes of that Law.

PART VII
CLAIMS AND PAYMENTS

Claims to benefit.

23. (1) Subject to the provisions of this Law and any regulations made hereunder, it is a condition of a person's right to benefit that he makes a claim for benefit in the prescribed manner.

(2) Provision may be made by regulations requiring claimants to furnish to a person prescribed by such regulations any information required for the proper determination of a claim or of any question arising in connection with that claim.

Payment of benefit.

24. Regulations may make provision as respects matters concerning the payment of benefit, including (without limiting the generality of the foregoing) -

- (a) the frequency and manner of payment of benefit;
- (b) the information and evidence to be furnished by claimants when applying for payment;
- (c) the payment of benefit due to a child to that child's parent or guardian or any other person having care of him;
- (d) the appointment by the Authority of a person to receive payments of benefit for and on behalf of another person;
- (e) the prescription of duties and obligations to be imposed upon and observed by persons who are authorised to receive and deal with benefit on behalf of another person or who are otherwise appointed to act in relation thereto under regulations made under paragraph (d);
- (f) the prescription of the penalties to be incurred on summary conviction by individuals described in paragraph (d) who misuse, misappropriate or fail to account for benefit or who otherwise fail to comply with the duties and obligations imposed upon them by regulations made under paragraph (d);
- (g) the repayment of any benefit which has been misused or misappropriated, or which has not been accounted for, by a person described in paragraph (d) and its recovery, together with interest thereon, as a debt due to the Authority;
- (h) the payment to the estate or personal or other representative of a deceased person of any amounts due to the deceased in respect of benefit; and
- (i) the nomination by a person entitled to receive payment of benefit of a third party to whom he wishes payment to be made.

Repayment of benefit.

25. Regulations may make provision as respects matters concerning the repayment of benefit, including (without limiting the generality of the foregoing) -

- (a) the treatment of benefit paid to any person, being benefit which was not properly payable to that person, as having been properly paid or as having been paid on account of other benefit properly due to him under this Law; and
- (b) the recovery of benefit paid but not properly payable, by deduction from benefit or other benefits payable under the Attendance and Invalid Care Allowances Law, the Family Allowances Law or the Social Insurance Law.

PART VIII

FINANCE, ADMINISTRATION AND LEGAL PROCEEDINGS

Reports of actuary.

26. (1) An actuary appointed by the Authority shall review the operation of this Law -

- (a) not later than the expiration of the period of three years beginning on the 1st day of January in the year in which this section comes into force; and
- (b) thereafter, at intervals not exceeding five years;

and, on each such review, make a report to the Authority on the financial condition of the Fund, and on the adequacy or otherwise of the Long-term Care Insurance Fund Allocation payable into the Fund under section 101A of the Social Insurance Law and the States Long-term Care Insurance Annual Grant payable into the Fund under section 2 to support payments to be made out of the Fund under the provisions of this Law.

(2) The Authority shall, as soon as may be, lay before the States a copy of every report made to it under this section.

General administration

27. (1) The Authority shall administer this Law.

(2) The functions conferred on the Authority by or under this Law, other than any power to make regulations, may be exercised by the President or any other member of the Authority, or by the Administrator if authorised in that behalf by the Authority.

(3) The functions conferred on the Administrator by or under this Law, other than any function which he is authorised to exercise under subsection (2), may be exercised by any person authorised by him in that behalf.

General provisions as to offences and penalties.

28. (1) A person who, for the purpose of obtaining any benefit or payment under any provision of this Law, whether for himself or some other person, or for the purpose of evading payment of any charge payable under any such provision, or for any other purpose connected with this Law -

- (a) knowingly makes a false statement or false representation; or
- (b) produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular,

is guilty of an offence and liable on summary conviction to a fine not exceeding twice level 5 on the uniform scale, to imprisonment for a term not exceeding 3 months or to both.

(2) Where a person commits an offence under subsection (1) for the purpose of evading payment of any charge, then, whether or not he is convicted of the offence, the charge shall be recoverable from him as a civil debt by the person to whom payment was due.

(3) A person who contravenes or attempts to contravene any regulation under this Law is guilty of an offence and liable on summary conviction to such penalty as may be prescribed: provided that the penalty in respect of such an offence shall not exceed a fine of level 4 on the uniform scale or, in the case of a person's second or subsequent conviction of such an offence, level 5 on the uniform scale.

(4) Regulations may provide that the proviso to subsection (3) shall not apply to a contravention or attempted contravention of any of those regulations.

(5) Where an offence under this Law committed by a body corporate is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of, any director, manager, secretary or other similar officer of the body corporate or any person purporting to act in any such capacity, he as well as the body corporate is guilty of the offence and punishable accordingly.

(6) Nothing in this section shall prevent the Authority from recovering by civil proceedings any sums due to the Fund.

Civil proceedings to recover sums due to the Fund.

29. (1) Any sum due to the Fund shall be (without prejudice to any other remedy) recoverable by the Authority as a civil debt.

(2) Proceedings for the recovery as civil debts of sums due to the Fund shall be brought within a period of six years immediately following the day on which the cause of action accrued.

PART IX
MISCELLANEOUS AND GENERAL

Reciprocal agreements with other countries.

30. (1) For the purpose of giving effect to any agreement with the government of any country outside Guernsey providing for reciprocity in matters relating to payments for purposes similar to the purposes of this Law the States may, by Ordinance, provide for the modification or adaptation of the provisions of this Law in its application to cases affected by the agreement, or that such provisions may be deemed to be modified only to such extent as is necessary to give effect to the operation of the agreement in relation to any specific case or class of cases: provided that an Ordinance shall not provide for payment of benefit outside the islands of Guernsey, Alderney, Herm or Jethou.

(2) The modifications of this Law which may be made by virtue of subsection (1) shall include (without limiting the generality of the same) provision -

- (a) for securing that acts, omissions and events having any effect for the purposes of the law of the country in respect of which the agreement is made shall have a corresponding effect for the purposes of this Law;
- (b) for determining, in cases where rights accrue both under this Law and under the law of the said country, which of those rights shall be available to the person concerned;
- (c) for making any provisions as to administration and enforcement contained in this Law or in any regulations applicable also for the purposes of the law of the said country; and
- (d) for making any necessary financial adjustments by payments into or out of the Fund.

Ordinances and regulations.

31. (1) Except in so far as this Law otherwise provides, any power conferred thereby to make an Ordinance or regulations may be exercised -

- (a) in relation to regulations, by the Authority;
- (b) in relation to all cases to which the power extends, or in relation to all those cases subject to specified exceptions or in relation to any specified cases or classes of cases; and
- (c) so as to make, as respects the cases in relation to which it is exercised -
 - (i) the full provision to which the power extends or any less provision (whether by way of exception or otherwise);
 - (ii) the same provision for all cases, or different provisions for different cases or classes of cases, or different provision as respects the same case or class of case for different purposes of this Law;
 - (iii) any such provision either unconditionally or subject to any specified condition.

(2) Without prejudice to any specific provision of this Law, an Ordinance or regulation under this Law may contain such consequential, incidental, supplemental or transitional provision as appears to the States or the Authority, as the case may be, to be expedient.

(3) An Ordinance or regulation under any provision of this Law may be amended or revoked by a subsequent Ordinance or regulation (as the case may be) thereunder.

(4) Regulations shall be laid before a meeting of the States as soon as possible and shall, if at that or the next meeting the States resolve to annul them, cease to have effect, but without prejudice to anything done under them or to the making of new regulations.

Service of documents.

32. A notice or document which, under this Law, is to be given to or served on -

- (a) the Administrator or the Authority, may be given or served by leaving it at, or by sending it by post addressed to the Administrator or the Authority, as the case may be, at the Authority's office;
- (b) any person, may be given or served by delivering it to him, or by leaving it at, or by sending it by post addressed to him at, his usual or last known place of work or residence.

Amendment to Social Insurance Law.

33. Immediately after section 101 of the Social Insurance Law, there is inserted the following -

"Guernsey Long-term Care Insurance Fund Allocation.

101A. There shall be paid out of the Guernsey Insurance Fund and into the Long-term Care Insurance Fund established under section 1 of the Long-term Care Insurance (Guernsey) Law, 2002, in respect of each contribution year and at such times as the Authority shall determine the sum of the following amounts (to be called the "**Long-term Care Insurance Fund Allocation**"), that is to say, such percentage as the States shall by Ordinance from time to time determine of -

- (a) the aggregate amount of Class 1 primary contributions paid or payable in respect of that year;
- (b) the aggregate amount of Class 2 contributions paid or payable in respect of that year; and
- (c) the aggregate amount of Class 3 contributions paid or payable in that year;

and different percentages may be determined in relation to the aggregate contributions paid or payable in respect of that year in respect of such different classes of persons as may be prescribed by the Ordinance."

Interpretation.

34. (1) In this Law, unless the context otherwise requires -
- "accounts" means accounts of the Fund prepared under section 1(4);
- "Administrator" means the Administrator to the Authority appointed under section 94 of the Social Insurance Law;
- "approved care establishment" means an establishment designated under and in accordance with section 11;
- "approved care provider" means a provider of long-term care services designated under and in accordance with section 11;
- "the Attendance and Invalid Care Allowances Law" means the Attendance and Invalid Care Allowances (Guernsey) Law, 1984³;
- "the auditors" has the meaning given by section 1(5)
- "the Authority" means the Guernsey Social Security Authority constituted under section 92 of the Social Insurance Law;
- "the Board" means the States Board of Health;
- "benefit" means any of the categories of benefit specified in section 4 and includes the provision of services at the cost of the Fund;
- "care benefit" means the benefit payable under section 6;
- "a claimant" means a person by or on behalf of whom benefit is claimed and includes any person in receipt of benefit;
- "the Clerk to the Tribunal" means the person appointed to that office by the Authority;
- "contravention" includes failure to comply, and cognate expressions shall be construed accordingly;
- "the Family Allowances Law" means The Family Allowances (Guernsey) Law, 1950⁴;
- "the Fund" has the meaning given by section 1(1);
- "Guernsey" means any of the Islands of Guernsey, Alderney, Herm and Jethou;
- "the Health Service Law" has the meaning given by section 10;
- "Invalid Care Allowances Law" means the Attendance and Invalid Care Allowances (Guernsey) Law, 1984⁵;
- "the Long-term Care Insurance Fund Allocation" has the meaning given by section 101A of the Social Insurance Law;

³ Ordres en Conseil Vol. XXVIII, p. 353; Vol. XXIX, p. 198; No. XIV of 1991; No. X of 1993; No. VI of 1999; Recueil d'Ordonnances Tome XXVI, p. 177.

⁴ Ordres en Conseil Vol. XIV, p. 332; Vol. XVI, p. 280; Vol. XX, p. 63; Vol. XXI, p. 34; Vol. XXIII, pp. 3 and 238; No. VI of 1999; Recueil d'Ordonnances Tome XXI, p. 460; Tome XXII, p. 452; No. XXIV of 1999.

⁵ Ordres en Conseil Vol. XXVIII, p. 353; Vol. XXIX, p. 198 and Order in Council No. XIV of 1991.

"**medical practitioner**" means a recognised medical practitioner within the meaning of the Doctors, Dentists and Pharmacists Ordinance, 1987⁶;

"**the Needs Assessment Panel**" means the Panel;

"**Ordinary Court**" means the Royal Court sitting as an Ordinary Court;

"**a person in need of long-term care**" has the meaning given by section 9;

"**the Panel**" means the panel constituted under section 10;

"**registered company**" means a body corporate the memorandum and articles of association of which are registered in accordance with the provisions of the Companies (Guernsey) Law, 1994⁷;

"**regulations**" means regulations of the Authority under this Law;

"**respite care benefit**" means the benefit payable under section 7;

"**the Social Insurance Law**" means the Social Insurance (Guernsey) Law, 1978⁸;

"**the States**" means the States of Guernsey;

"**the States Long-term Care Insurance Annual Grant**" has the meaning given by section 2; and

"**the Tribunal**" means the tribunal constituted under section 80 of the Social Insurance Law.

(2) The provisions of the Interpretation (Guernsey) Law, 1948 shall apply to the interpretation of this Law throughout the Islands of Guernsey, Alderney, Herm and Jethou.

(3) Unless the context otherwise requires, references in this Law to an enactment are references thereto as amended, re-enacted (with or without modification), extended or applied.

(4) Except where the context excludes, references in this Law (howsoever expressed) to the provisions of this Law include references to the provisions of Ordinances and regulations made or having effect as if made under this Law.

(5) Unless the context otherwise requires -

- (a) a reference in this Law to a numbered or lettered Part, section, subsection or paragraph is a reference to the Part, section, subsection or paragraph of this Law which is so numbered or lettered; and
- (b) a reference in a provision of this Law to a numbered or lettered subsection or paragraph is a reference to the subsection or paragraph of that provision which is so numbered or lettered.

⁶ Recueil d'Ordonnances Tome XXIV, pp. 79, 238 and 262.

⁷ Order in Council No. XXXIII of 1994; No. XIV of 1996 and No. I of 2001.

⁸ Ordres en Conseil Vol. XXVI, p. 292; Vol. XXVII, pp. 238, 307 and 392; Vol. XXIX, pp. 24, 148 and 422; No. V of 1990; Nos. V and XII of 1993; Ordinance No. XIV of 1993; Ordres en Conseil No. V of 1994, Nos. VI and XIII of 1995; No. I of 1998; No. VI of 1999; No. X of 2000; No. IX of 2001.

Transitional provision.

35. (1) The States may by Ordinance may make such transitional provision as may be necessary or desirable for any purpose associated with the bringing into force of the provisions of this Law or of any Ordinance or regulations thereunder.

(2) Without limiting the generality of subsection (1), an Ordinance may make provision -

- (a) for the payment to a person of benefit at the commencement of this Law;
- (b) relating to the entitlement to benefit of any person at the commencement of this Law; or
- (c) concerning the designation of a provider of long-term care or an establishment under section 11.

Citation.

36. This Law may be cited as the Long-term Care Insurance (Guernsey) Law, 2002.

Commencement.

37. This Law shall come into force on the day appointed by Ordinance of the States, and different days may be appointed for different provisions or different purposes.

Chapter 12 – Primary healthcare

GP visits

JASS 2009 found that the average (median) number of times that an adult had visited a GP (for themselves only) over the previous 12 months was 3, ranging from an average of 2 visits in the last 12 months for 16–54 years olds, to 3 visits for 55–64 year olds, to an average of 4 visits for those aged 65 years and over. Looking at the number of times by gender shows that the average (median) number of times that men had visited a GP over the previous 12 months was 2, compared to an average of 3 for women.

Home visits were much less frequent, with only 7% having had at least one GP home visit over the previous 12 months. The majority of these had just had one visit over the year long period, but 1% reported having 6 or more GP home visits over the previous 12 months.

Respondents were asked how much they paid the last time they saw the GP. For those whose last visits were surgery appointments, the average (median) paid was £32. For home visits, the average (median) paid was £55.

In terms of opinions of the cost of visiting a GP, fewer than one in twenty (4%) feel that it is “Good value for money”. Under a sixth (15%) indicated that it was “About right”, whilst over half (51%) reported that the cost of visiting a GP was “Expensive and therefore I only go when I really have to”. For nearly a tenth (8%), the cost of visiting a GP was “So expensive that it stops me from going” (see Table 11.1).

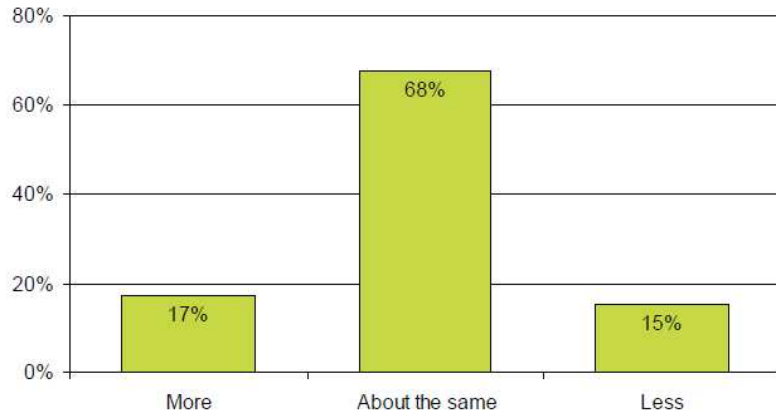
Table 11.1 Do you think that the cost of visiting a GP is...?

	16-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65 yrs or more	All ages
Good value for money	2	4	4	6	7	4
About right	12	13	16	19	18	15
Expensive but worth it	20	18	20	25	33	22
Expensive and therefore I only go when I really have to	54	57	55	46	39	51
So expensive that it stops me from going	12	8	5	4	3	8
Total	100	100	100	100	100	100

Prescriptions

The average (median) number of prescription items had over the last 12 months was two. Figure 11.1 shows the number of prescription items people have had, compared to the previous 12 months. For two-thirds (68%), they had had the same number of prescription items in the last 12 months compared to the previous 12 months. Similar proportions had had “more” (17%) and “less” (15%) prescription items, compared to the year before.

Figure 11.1 How does the number of prescription items you have had in the last 12 months compare with the previous 12 months?



Westfield, 65+ health plan

A fifth (22%) of those aged 65 years or over reported being a member of the “65+ health scheme”, also known as “Westfield”, which provides subsidised dental, optical and chiropody services.

Other Health professionals

Respondents were asked to report how many times they had visited various health professionals over the previous 12 month period. The responses have been grouped into frequencies, as shown in Table 11.2. Over a third (35%) had not visited the dentist in the previous 12 months, with nearly half (46%) of those aged 16 – 34 years being in this category.

Table 11.2 How many times have you visited the **dentist** in the last 12 months? (percentages)

	16-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65 yrs or more	All ages
None	46	29	31	26	35	35
Once	24	29	29	24	21	26
Twice	18	24	21	27	25	22
Three or four times	6	12	14	19	15	12
Five or more times	5	6	4	4	4	5
Total	100	100	100	100	100	100

Nearly half (49%) had not visited the optician in the last 12 months. Another two-fifths (41%) had visited the optician once (see Table 11.3).

Table 11.3 How many times have you visited the **optician in the last 12 months?
(percentages)**

	16-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65 yrs or more	All ages
None	59	59	40	36	31	48
Once	31	29	50	57	54	41
Twice	7	8	7	6	11	8
Three or four times	2	3	2	1	3	2
Five or more times	1	-	1	-	1	1
Total	100	100	100	100	100	100

Finally, although very small proportions of the younger age-groups reported visiting a chiropodist in the previous 12 months, nearly a third (31%) of those aged 65 or over have visited one at least once, see Table 11.4.

Table 11.4 How many times have you visited the **chiropodist in the last 12 months?
(percentages)**

	16-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65 yrs or more	All ages
None	97	93	93	85	69	90
Once	3	4	3	7	10	5
Twice	-	-	2	4	4	1
Three or four times	-	1	1	3	6	2
Five or more times	-	1	1	2	10	2
Total	100	100	100	100	100	100

Respondents were also asked to identify visits to other health professionals. Around one in twenty (4%) reported visiting a physiotherapist over the previous 12 months and just less than this (3%) a chiropractor. Other health professionals were mentioned, but in too small numbers to be analysed robustly.

For those who had visited a physiotherapist in the previous 12 months, the average (median) number of times to have visited was 5. For those who had attended a chiropractor, the average (median) number of times was 4.

Cost of visits to health professionals

For over four-fifths (85%), the cost of the dentist is a concern, and half (51%) said that the cost actually stops them going.

Fewer reported that the cost of the optician is a concern (38%), but a fifth (19%) said that the cost stops them going to the optician.

A fifth (18%) are concerned about the cost of the chiropodist, and a sixth (16%) reported that the cost stops them going.

Table 11.5 summarises the responses to the questions around the cost of different healthcare types.

Table 11.5 Does the cost of these types of healthcare: a) concern you and b) stop you from going?

Health professional	costs...	Yes	No	Don't know	Total
Dentist	concern you?	85	12	3	100
	stop you going?	51	47	2	100
Optician	concern you?	38	48	14	100
	stop you going?	19	73	8	100
Chiropodist	concern you?	18	26	55	100
	stop you going?	16	43	41	100
Physiotherapy*	concern you?	48	52		100
	stop you going?	14	86		100
Chiropractor*	concern you?	71	29		100
	stop you going?	36	64		100

**Only those respondents who specifically added these health professions to the list to comment on gave an opinion, so the counts for these responses are low*

Pharmacist advice

Two-thirds (65%) of adults reported *not* having asked their pharmacist for advice on health-related issues (including how to manage medicines) in the previous year. Women were slightly more likely to have asked their pharmacist for advice than men, as Table 11.6 shows.

Table 11.6 How many times in the last year have you asked your pharmacist for advice on health-related issues, including how to manage your medicines?

	Men	Women	All
None	72	59	65
1 – 4 times	24	35	30
5 – 9 times	3	5	4
10 or more times	1	1	1
Total	100	100	100