



# Health and Social Services Scrutiny Panel

## Quarterly Public Hearing

### Witness: The Minister for Social Security

Thursday, 1st June 2023

**Panel:**

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

Deputy C.S. Alves of St. Helier Central (Vice-Chair)

Deputy B. Ward of St. Clement

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

**Witnesses:**

Deputy E. Millar of St. John, St. Lawrence and Trinity, The Minister for Social Security

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Social Security

Ms. S. Duhamel, Assistant Policy Director, Cabinet Office

Mr. I. Burns, Chief Officer, Customer and Local Services

[10:32]

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

Welcome to the quarterly hearing with the Minister for Social Security. I will just draw your attention to something you are probably very familiar with.

**The Minister for Social Security:**

No, I have not seen this before.

**Deputy R.J. Ward:**

Those are the rules, so to speak, the terms and conditions.

**The Minister for Social Security:**

That makes sense, yes.

**Deputy R.J. Ward:**

Marvellous. A few introductions, if I start. I am Deputy Rob Ward and I am chair of the panel. Shall we go from the end and make our way down?

**Deputy C.S. Alves of St. Helier Central (Vice-Chair):**

Good morning. I am Deputy Carina Alves and I am vice-chair of the panel.

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

Good morning. My name is Deputy Andy Howell. I am a member of the panel.

**Deputy B. Ward of St. Clement:**

Good morning. My name is Deputy Barbara Ward, responsible for St. Clement and part of the panel.

**Deputy R.J. Ward:**

Deputy Porée and Constable Troy are involved with other things today, but we have got enough members of the panel.

**The Minister for Social Security:**

Deputy Elaine Millar, Minister for Social Security.

**Assistant Minister for Social Security:**

Deputy Malcolm Ferey, Assistant Minister for Social Security.

**Assistant Policy Director, Cabinet Office:**

Sue Duhamel, Assistant Policy Director at the Cabinet Office.

**Chief Officer, Customer and Local Services:**

Ian Burns. I am the Chief Officer of Customer and Local Services.

**Deputy R.J. Ward:**

Thanks. We will crack straight on. I am conscious of time, so if I push it on a little bit, I am not being rude, I am just trying to get through things because I know what people are like. We will crack on. The first question was going to be an update on the scheme regarding bringing patient costs down but with the announcement that happened in the last couple of days, can I just ask when that agreement was made and how much time the G.P.s (general practitioners) had knowing about that before it was announced?

**The Minister for Social Security:**

The G.P.s have known about it for some time. We have been discussing with them since the start of the year and we only got the green light yesterday morning. What we did not want to do was to make an announcement earlier. We did not want to say we will make an announcement yesterday and it will start on 5th June because we did not want people cancelling appointments and we did not want people delaying appointments that they needed to go to, so we did want a short announcement period. The G.P.s are aware and their systems should be all ready to go with the changes.

**Deputy R.J. Ward:**

Were there any concerns that ... we have had some anecdotal comments regards they noticed that some G.P. fees went up recently and it coincides with now a 20 per cent cut at the same time. Would you say that is coincidental - and these are the sort of questions Scrutiny ask - or whether you have any concerns that it could have been taken advantage of in any way?

**The Minister for Social Security:**

I think it is coincidental. As I say, we started talking and working on this earlier in the year in about January and by the time we got to March I thought I want to tell people it is coming, that we are doing it. G.P.s knew we were going to say and we just said: "We are working on it, it is coming" because I get messages from people saying the cost of doctors is too much. So we did announce it and then it was really unfortunate that there were a couple of increases shortly after that but I think they were routine increases. I do not think people were doing it because of that announcement.

**Deputy R.J. Ward:**

So people should expect now to pay £20 less when they go and see a G.P. in person?

**The Minister for Social Security:**

Absolutely.

**Deputy R.J. Ward:**

It does not cover home visits, out of hours or telephone consultations. Can we ask why that is because they are sometimes the ones that are most expensive and perhaps the most prohibitive for people who are on low incomes?

**The Minister for Social Security:**

I think it is really about getting ... focusing on where the greatest demand is and the greatest demand is for people going to see their doctor. It is about 1,000 people a day who go and visit a doctor, so it is the maximum coverage. Home visits are expensive. They are not efficient. We have left them

out for now and then phone consultations ... I cannot remember, I think again the doctors have different ... they all set their own prices and they all deal with phone consultations in different ways. Do you have some more clarity on that?

**Assistant Policy Director, Cabinet Office:**

Yes. The phone consultations is a relatively new area where we started to provide a subsidy contract. That contract remains in place, so there is still a subsidy for phone consultations. As the Minister said, the main point was to address the bulk, the biggest area. Just in terms of low income people needing home visits, obviously the H.A.S., Health Access Scheme, does provide subsidised costs to the home visits as well but home visits are quite an inefficient use of G.P.s' time. Again, we are trying to encourage G.P.s and patients to get to the surgery if they can.

**Deputy R.J. Ward:**

Just one more thing while I have got my train of thought going. They are for emergency visits. I know when my son was little we called an emergency doctor. We thought that was the most important thing to do. The last thing we would want ... we want to do everything that we can to encourage people to not leave an emergency because obviously that is the whole point of it. So would they be considered in the future, those home visits? Just to add on to that, there does seem to be an increased number of telephone consultations. I think it might be a product of COVID as much as anything else.

**The Minister for Social Security:**

I think it started during COVID and until recently, as Ms. Duhamel said, doctors could not charge for a phone consultation. I think during COVID when everybody ... we were trying to encourage phone consultations. We had the contract that enabled doctors to charge and to get support from Government for a phone consultation.

**Deputy R.J. Ward:**

We need to go back to square one and stop the charges. That is a way to save money.

**The Minister for Social Security:**

I think some of them charge the same as a surgery visit, some of them do not, some charge less.

**Deputy C.S. Alves:**

That is what I want to ask, is the subsidy the same for the telephone consultation as it is for a face-to-face?

**The Minister for Social Security:**

The existing subsidy was the same. Previously it was £20 for a surgery visit and £20 for a phone consultation, so they still get the £20 for the phone consultation. It is up to them as to how they then ...

**Deputy R.J. Ward:**

Did that subsidy start during COVID, is what was being said there?

**Assistant Policy Director, Cabinet Office:**

Yes. So when access ...

**Deputy R.J. Ward:**

Previously it was not there, yes.

**Assistant Policy Director, Cabinet Office:**

Prior to COVID G.P.s could charge for telephone consultations. We did not pay a subsidy for them. It is the other way round.

**Deputy R.J. Ward:**

You know you get some of the face-to-face online, so the ...

**Assistant Policy Director, Cabinet Office:**

Phone calls are the same amount, so a remote conversation, not physically.

**Deputy R.J. Ward:**

Is that encouraged by some as a way to access healthcare particularly in ... that has been noticed in other areas in the world, so they are being charged as well.

**Deputy A. Howell:**

Can I just say, I know you think it is an inefficient use of doctors' time but sometimes they have to go out to see patients because those are the sickest patients and the patients who cannot get to the surgery. I wonder what the rationale is not giving them the £20 reduction.

**Assistant Policy Director, Cabinet Office:**

A daytime home visit from your normal G.P. gets the normal £20.28 rebate the same as other things do. The Social Security Department does not deal so much with the out of hours services. That is mainly run through the hospital, so that is a slightly different issue.

**Deputy A. Howell:**

But I am just asking why those have not been increased to the ... we are really grateful that you have increased it for consultations.

**The Minister for Social Security:**

It is the same policy. It is still we are looking for the maximum impact and the maximum impact is on surgery visits and I suppose there is also a ... not a risk that the more you ... the most efficient thing for doctors is to be in, is for people to come to them rather than for them to be driving round the Island seeing people and I suppose there is always some risk that the cheaper you make it for people to call a doctor out the more that will encourage people to call a doctor out when perhaps they do not need to do.

**Chief Officer, Customer and Local Services:**

Low income people who are on the Health Access Scheme have a G.P. home visit for £30.

**Deputy A. Howell:**

Yes, but there are lots of people who live in middle Jersey who are ... it would really help them. They do not want to have to not be able to get to the surgery but sometimes they cannot get to the surgery and they are very sick. If you have got a child who has got a really high temperature, you need to have a visit. You cannot take that child in. It was just whether you would consider that.

**Deputy C.S. Alves:**

If you have any data on that as well, because that would be quite useful.

**Assistant Policy Director, Cabinet Office:**

At the end of the day, home visits are quite rare these days.

**Deputy R.J. Ward:**

So it would not cost much.

**The Minister for Social Security:**

Not necessarily.

**Deputy R.J. Ward:**

It is Catch 22 here. There is always that Catch 22.

**The Minister for Social Security:**

There is an issue because we are meeting various doctors later this week and they are struggling to get doctors who wish to do out of hours service, so there is an issue with even providing that

service. I am not saying doctors say they are not going to do it. That is absolutely not what they are saying but there are challenges in the out of hours service.

**Deputy R.J. Ward:**

Okay. Just to lead on to something you said there, we do understand that primary care is one of those areas that is cross-departmental. We may well sometimes ask the same question of yourself and the Minister for Health because it is very ... and it requires collaborative working with you and the Minister for Health, for example. How do you maintain effective collaboration and can you give an example of that where Health and Social Security do effectively collaborate in that way?

**The Minister for Social Security:**

We do. We meet, myself and the Minister for Health. We chat regularly because we see each other and we do have some regular scheduled meetings coming up on health reform and how that is moving forward.

**Deputy R.J. Ward:**

One of the areas that has been raised was regards the use of the H.I.F. (Health Insurance Fund) for prescribed medicines, I believe, or prescribed services but the area such as dressings and treatments and other areas like that are a bit of a grey area and you are getting people paying for a lot of them themselves and it can be expensive. Is that an issue that has come to yourself and the Minister for Health's attention as maybe something you need to collaborate on?

**The Minister for Social Security:**

I am aware that it is an issue because it has come up in this panel before and I think the Minister for Health has that on her ministerial plan. It is a complex area because it is not as simple as ... people with medical dressings is not as simple as giving a prescription that they get stuff sent out to them, because that could create a lot of waste and often people need supervision with dressings. It is with the Minister for Health; she is dealing with it.

**Deputy R.J. Ward:**

Do you think it could be complicated as well by the fact that sometimes we have to use U.K. (United Kingdom) facilities for particular treatments for surgery or whatever and then when you come back from that and you are in Jersey, you may need some sort of dressing and you are sort of separate? In the U.K. they would provide sometimes a lot more.

**The Minister for Social Security:**

I do not know. I do not think that necessarily ... my understanding is if you go away for treatment, when you come back you will be supported by the hospital. If the hospital sends you away, you are supported by the hospital but I do not know about the practicalities of that.

**Deputy R.J. Ward:**

I think that is the grey area with the dressings and who does support that.

**The Minister for Social Security:**

I think it is on the Minister for Health ... I am sure it is on the Minister for Health's plan.

**Deputy B. Ward:**

A lot of the prescriptions for people who have got leg ulcers and things like that, the prescriptions are done very much by the nurse, so they prescribe it.

[10:45]

If you looking at using, say, Aquacel or something like that to put on ulcers and then you have got all the associated dressings, they go with that prescription but they have to pay for it. It is like a private prescription, it is not covered, and of course then when you come back patients will take the bandages off, they will wash them. It is not good.

**The Minister for Social Security:**

I understand that point but I believe the Minister for Health is looking at it.

**Deputy B. Ward:**

It is a bouncy ball that is going on.

**The Minister for Social Security:**

Yes, but as I say, the Minister for Health has ownership of it.

**Deputy C.S. Alves:**

Some of the first questions that were just asked were about the rebate being increased and you mentioned there that some of the routine increases in G.P. fees it just so happened that it happened before the announcement of the rebate being increased. Has any work been done with the G.P.s to encourage a level of transparency around their price increases and the frequency of those price increases? I know that differs quite a lot from surgery to surgery and patients are not always informed of it and it is not always at regular intervals either.



**The Minister for Social Security:**

That is one of the key things we are talking with them about now. I know I have gone to the doctor's and come out and they said: "That is £80" and I have got no idea what I am paying £80 for. You just hand over the card. What we are asking G.P.s to do is to make it clear, to be more transparent, so either to put their prices clearly on their websites or to have a menu of prices on their surgeries so that people can understand what they will be charged at that point when they go to the doctor.

**Chief Officer, Customer and Local Services:**

Improved transparency and consistency so that patients and customers can see between 2 practices what the pricing is for the same thing. At the moment, that may be difficult because of the way that it is set up and the language that is being used, and the G.P.s are absolutely supportive of that.

**Deputy C.S. Alves:**

There used to be a comparison website but that kind of fell by the by a couple of years ago.

**Deputy R.J. Ward:**

There are some questions around things like regular blood tests have become quite expensive, but just moving on, I think, Deputy Alves, you are going to ask some questions on the Health Access Scheme.

**Deputy C.S. Alves:**

Yes. In quarter 2 this year you were due to review the scope of the Health Access Scheme, including consulting with key stakeholders. How is this work progressing and is it still on target to be completed by the end of the month?

**The Minister for Social Security:**

Yes, I think so. We did a review in quarter 1 to see what ... just looking at the data about the usage of the Health Access Scheme and I think work is now on track in terms of looking at what we do with it next.

**Deputy C.S. Alves:**

Okay. Who have you consulted with and using what forums?

**Chief Officer, Customer and Local Services:**

I have forgotten the name of the company but we are using ...

**Assistant Policy Director, Cabinet Office:**

4insight.

**Chief Officer, Customer and Local Services:**

4insight, is it? Yes, 4insight to run some focus groups on past users and people who are members of the scheme but have not used it, for example.

**Deputy C.S. Alves:**

Do you intend to present your findings to the Assembly once the review is completed?

**The Minister for Social Security:**

Yes, I will do.

**Deputy C.S. Alves:**

Are you able to advise at this stage whether you intend to widen the availability of the scheme?

**The Minister for Social Security:**

Not at this stage, no. We are still waiting for the outcome of that consultation work to see ...

**Deputy R.J. Ward:**

Can I just ask something on that? I am always interested in when consultation happens and you wait for the outcome, what drivers would widen it from that consultation? Would it be that ... if you are consulting with the people who already have access to the Health Access Scheme, to some extent you are not consulting with those who are outside the access scheme and may want it in the future. I am genuinely interested in how those consultations are used to develop that policy.

**Assistant Policy Director, Cabinet Office:**

We have also consulted with other people. We have talked to the G.P.s, so they have been asked if they would give feedback if they felt there were groups that were just outside the scheme that could be included. That would be one way of doing it. There is also a financial impact group, which is a combination of charities, which officers attend so we get feedback from that. So that is a broader community-based group, which would give you access to other groups of people who might not be included in the scheme at the minute. So there is a variety of ways in which you can identify what the people in the scheme feel about it and what people who are not in the scheme feel about it and what the professionals who are providing services to the scheme think about it. I think that is quite a balanced way of looking at it.

**Deputy R.J. Ward:**

That is very good. Would that evidence be included in a report so we could see that? I think for Scrutiny it is really important for us to see the process of how the decision-making is made. In fact, that is scrutiny, to be quite frank, and the process of how decision-making has been made. If you have got very clear evidence but you say: "We are just not going to do it" it is interesting for us to see. Hopefully that will not be the case but ...

**Deputy C.S. Alves:**

Are you able to provide an update as to how many G.P. consultations have been conducted under the scheme to date?

**The Minister for Social Security:**

Yes. Since its launch in 2021 around 93,000 consultations. That was a bit over 47,000 in 2021, a bit over 46,000 in 2022. The number decreased mainly because the number of H.A.S. members has decreased. From the end of 2020 it is down by about 1,100.

**Deputy A. Howell:**

What is the number?

**The Minister for Social Security:**

January 2022, 10,800, just short of 11,000.

**Chief Officer, Customer and Local Services:**

That reduction will be because income support numbers have dropped.

**The Minister for Social Security:**

Because income support numbers have gone down.

**Deputy A. Howell:**

2023, you have not got any figures yet?

**The Minister for Social Security:**

We would not.

**Deputy R.J. Ward:**

Income support numbers have dropped?

**Chief Officer, Customer and Local Services:**

Yes, because of the economic circumstances, there have been less people who are unemployed.

**The Minister for Social Security:**

Yes, we have very low unemployment at the moment.

**Deputy A. Howell:**

Have you noticed that some people are finding it difficult even to pay the £12? Have you had any evidence of that?

**Assistant Policy Director, Cabinet Office:**

That will be picked up through the review but I am not aware of any suggestion that is a problem, because obviously £12 goes to the doctor so the doctors would have picked that up if there was an issue there.

**Deputy A. Howell:**

This is just about the special payments for dental treatment. I wonder if you could explain the process for special payment towards dental treatment for those in receipt of income support? Do you have to ask for multiple quotes?

**The Minister for Social Security:**

Sorry, I have some notes. I am not so familiar with the dental scheme. People can claim a grant, which is a payment of up to £500 over a 2-year period, and then beyond that I think they can qualify for funding if they need it. Ms. Duhamel might be better placed to explain this.

**Deputy R.J. Ward:**

Can I ask, just for clarity, sorry, when you say a grant, so they agree that grant in advance and then they can go to the dentist, without having to go to Social Security, and say: "I have got the £500 grant, I can go up to that cost" without having to consult or anything like or without having to go and get permissions?

**Assistant Policy Director, Cabinet Office:**

Not quite that way round, no. It is the other way round. So you are going to say: "I need some dental treatment" and you are going to get a quote from the dentist that is a diagram or a written report as to what is needed. First of all, you go and check that that work falls under the category of being essential and work that is important to be done, not cosmetic products, not wholly cosmetic. Then you have got a quote from the dentist and it is for £450 and then we can give you ... we will pay that bill in full or if it was £600 there would be £500 towards it and £100 would be as a loan. It works like that. You are going to ask in advance. You can ...

**Deputy R.J. Ward:**

Is it one quote?

**Assistant Policy Director, Cabinet Office:**

I do not think you need more than one quote.

**Chief Officer, Customer and Local Services:**

Possibly if it was a higher value treatment we might.

**Deputy R.J. Ward:**

What is the cut-off point?

**Chief Officer, Customer and Local Services:**

I do not have that in front of me but I can let you know.

**Assistant Policy Director, Cabinet Office:**

Yes, we can check that.

**Deputy R.J. Ward:**

Yes, that would be interesting because that is the type of clarity that is really important.

**Deputy A. Howell:**

Then does the payment go straight ... does it go to the claimant or does it go ...

**Assistant Policy Director, Cabinet Office:**

It goes to the dentist. You get a quote from the dentist, you are going to pay the dentist the money.

**Assistant Minister for Social Security:**

There are exceptions to that £500 limit. Anyone who is over 65 or anyone living in residential care or anyone with personal care level 2 or 3 can go above that £500.

**Deputy R.J. Ward:**

How much above it?

**Assistant Minister for Social Security:**

Well, again it is looked at on a case-by-case basis. So determining officers use their discretion to be able to apply the policy where this particular health problem is associated. The £500 is a cap and if there is exceptional circumstances we can look above that £500.

**Deputy R.J. Ward:**

The officers show discretion. In the social security law it says the Minister has discretion in the end. Do you exercise that discretion?

**The Minister for Social Security:**

I do exercise my discretion regularly. I do not remember having had to do it for dental work.

**Deputy R.J. Ward:**

It is a really important question, I think, because of where people go in an exceptional circumstance.

**Deputy A. Howell:**

Can I just recap? The grant they do not have to pay back?

**The Minister for Social Security:**

They do not repay the grant.

**Deputy A. Howell:**

Anything over £500 they then have a loan above the £500 unless it is at your discretion and then they have to pay it back. How much would they have to pay back or do they each have to decide or do you decide?

**Assistant Policy Director, Cabinet Office:**

If the total cost is £700 and that was agreed, £500 you provided as a direct payment and then the other £200 you have paid on behalf of the claimant, but then the £200 would be a loan to the claimant and they pay back very gradually over time as their ongoing benefit.

**The Minister for Social Security:**

I think the officers do have some discretion, and we discussed this yesterday, because I have had people say: "Social Security only pay for things in the smile line." That is simply not true. We talked about that and there is no rule that says that because dentists will support teeth here being supported because they are so foundational for other treatments. The notion that if it is not in your front teeth we will not pay is not true.

**Deputy R.J. Ward:**

I am thinking more we often get situations where people have emergency dental care and they need it and they go and get it done whether there is an agreement but then there is issues over the payment afterwards. If somebody has a really bad toothache, and I have had this and it is the worst

pain, and they need to get it done and it is a Saturday afternoon and there is nobody in C.L.S. (Community and Local Services) ...

**Assistant Policy Director, Cabinet Office:**

There is a way of doing it. Dentists know about that as well. There is a way to do that. They can go straightaway, it is an emergency, the dentist confirms it is an emergency and, therefore, it does not matter you did not ask beforehand. We understand it is an emergency, you have had to do it very quickly. There is a smaller limit to that in terms of how much you can get quickly like that but then on the other hand it will be the emergency treatment so you are not going to have something particularly complicated in emergency.

**Deputy R.J. Ward:**

But between a Monday and a Friday, would that still be the case?

**Assistant Policy Director, Cabinet Office:**

An emergency is an emergency. You really do not ...

**Deputy R.J. Ward:**

That is the confirmation I am asking on emergency. If it is deemed an emergency by the dentist?

**Assistant Policy Director, Cabinet Office:**

By the dentist, yes.

**Deputy R.J. Ward:**

Okay, not by the person themselves because they are the ones in pain.

**The Minister for Social Security:**

If someone is presenting crying their eyes out because they are in pain the dentist will see that.

**Deputy R.J. Ward:**

I ask because sometimes there are questions asked as to whether it is an emergency of people.

**Assistant Minister for Social Security:**

That cap for emergency treatment is £150 if someone is in pain, emergency treatment to take them out of pain. If it is over the weekend, if they make that contact on Monday then it will be resolved.

**Deputy A. Howell:**

That is fine. Over to Barbara.

**Deputy B. Ward:**

Moving on to the actuarial review, the panel is due to receive briefings on the actuarial reviews of the Social Security Fund. However, are you in a position to provide an update on this work now? I know that we are doing something more next week. I just wondered whether there is anything that you can update us on now.

**The Minister for Social Security:**

The reports are being finalised. We have signed them off for publication this week, so we are happy that we can have them published. They will be circulated. We have got briefings on the 7th and 8th next week, sorry the 6th.

**Assistant Policy Director, Cabinet Office:**

The panel is getting a briefing on Monday.

**The Minister for Social Security:**

The panel has a briefing and we will have the ... you will have a briefing on Monday and then there is States Members briefings later in the week. I think the actual reports will be circulated to States Members and media on Monday with a 48-hour embargo.

**Deputy R.J. Ward:**

Can I just really quickly ask, because it is a public hearing and people will listen from hopefully all over the Island, can you sum up what an actuarial review means, just very quickly in like 3 sentences?

**The Minister for Social Security:**

They are done every 4 years on our funds and actuaries come in. They are looking over I think a 60-year period, so it is a very long-term period. They look at the ... they forecast the health of the fund. They look at what the demand on the fund will be over that period, taking into account our expectations regarding the demographics of the population and also looking at I think there is 4 migration scenarios, which might be no migration, some migration, middle, a big migration number, and they forecast using all those scenarios to say how healthy is this fund, is it sustainable, is it going to run out, when will it run out?

**Deputy R.J. Ward:**

I think sometimes we forget those simple descriptions for people. I think it is really important. Sorry to interrupt.



**The Minister for Social Security:**

Yes, it is important that we do.

**Deputy B. Ward:**

Are you able today to discuss any of the key findings?

[11:00]

**The Minister for Social Security:**

Not today, no. I would rather not until ... I would rather not give information out of context. I think I would rather people saw the whole briefing at once.

**Deputy B. Ward:**

We have asked at previous meetings if we could have a copy. Obviously we would understand the embargo and the confidentiality of it, but to have that report before we meet on Monday to discuss so it gives us some time to read because it is not everyone's cup of tea.

**The Minister for Social Security:**

I think there will be time. Scrutiny will get the advance briefing and then you will get the report on ... you will not get it in advance but you will have plenty of time to then read it and you could ask more questions at the States Members briefing. There will also be public briefings set up as well. The 7th and 8th we have got briefings on the Social Security Fund and then on the Long-Term Care Fund is on the 8th.

**Deputy B. Ward:**

Yes, we are discussing on Monday about the report. It would be fairly ...

**Assistant Policy Director, Cabinet Office:**

On the Monday we have, I think, the actuaries online on Monday so they will take you through the report and you will get a copy of the report on Monday under embargo.

**Deputy B. Ward:**

It would be helpful if we could have had a sight of that report so that we can formulate any questions to the actuaries. I have generalist questions, but having had sight and being able to read and look at that over the weekend before the Monday I think would be very helpful.

**Assistant Policy Director, Cabinet Office:**

I think the plan is to put ... the reviews are going out under embargo on Monday because they are going to be released formally on Wednesday and Thursday, I am not sure. The actuaries will be on the Island on Wednesday and Thursday and there will be ... you are obviously invited to those meetings as well. You will have 2 ... there will be a second ... you will be able to ask questions on the Monday or Thursday. The Monday is a briefing to help you understand how it works and then on the Wednesday or Thursday you have got plenty of opportunity to ask questions on those days.

**Deputy B. Ward:**

I was just asking that the Scrutiny Panel ...

**The Minister for Social Security:**

You will get the full presentation on Monday and you will get the report on Monday and then you will have a chance to ask immediate questions on Monday and then there will be the further briefings where further questions can be asked. If Scrutiny have questions after that briefing then of course we will deal with them.

**Deputy B. Ward:**

Okay. There are some other questions that I was going to ask but that will have to be, I think, in front of the actual actuaries, like discontinuation tests, what assumptions you have been using.

**The Minister for Social Security:**

There is no point asking me that. You will have to wait until the actuaries are here.

**Assistant Policy Director, Cabinet Office:**

If there are specific things you would like the actuary to cover on Monday, if you would write to let us know what those are we can make sure he addresses those at that time.

**Deputy R.J. Ward:**

I was going to suggest that if we can send some questions through. That is a really good idea.

**Deputy B. Ward:**

I can do that this afternoon and send that, but I will have quite a list.

**Assistant Policy Director, Cabinet Office:**

That is no problem at all.

**Deputy R.J. Ward:**

Are you going to take the zero-hours contracts questions?

**Deputy B. Ward:**

Yes, if I may, Chair. The Jersey Employment Forum made 10 recommendations in its recent report, published on April of this year, on zero-hours contracts. Is it your intention to accept all those recommendations?

**The Minister for Social Security:**

I expect so, yes. I think we would need ... there is some work to do. I have also met with the chair of the Employment and Discrimination Tribunal, who had some suggestions. I want to incorporate her suggestions about amendments that could be made to the law, so I want to consider any changes to be made in connection with zero-hours contracts to also take into account the comments she made. The Employment Forum has made sensible recommendations.

**Deputy B. Ward:**

Pensions is very important. Did you give any consideration into saying that people who are on a zero-hours contract could have the right to contribute to an employer's pension scheme? I know it is slightly off-piste but in the U.K. that ...

**The Minister for Social Security:**

I do not think that was ... that was not part of this report, so I have got no views on that at the moment, but my understanding is an employee on a zero-hours contract is still an employee and if they meet the criteria for the scheme I do not see why they should not be able to contribute.

**Assistant Policy Director, Cabinet Office:**

The employment law does not cover the concept of workplace pensions, so a zero-hours worker in Jersey is just classed as an employed person and therefore makes contributions to their social security pension, as everybody else does. The way in which the employer treats different types of employees is an entirely contractual matter. The Minister is working on a secondary pension scheme and that will be a place where perhaps there would be a new, different requirement on employers to provide pension schemes for employees but that is a different project.

**The Minister for Social Security:**

No employer is required to provide a pension by law and if they do, as Sue says, it is a matter of contractual terms, but I would think most ... well, you would hope that if an employer is going to provide a pension scheme they will make it open to all employees.

**Deputy B. Ward:**

You have to up 7,000, 8,000 people who are on zero-hours contracts. That is a big chunk of our workforce in Jersey that are not enjoying an employment pension scheme.

**The Minister for Social Security:**

But there are lots of ... there are even more full-term employees who do have a pension scheme, which is why we are looking ...

**Deputy B. Ward:**

We are talking about zero-hours who are important employees within our workforce and maybe we can encourage that to happen because ...

**The Minister for Social Security:**

It was not part of the review and we are looking at a secondary pension, as Ms. Duhamel said.

**Assistant Minister for Social Security:**

For lots of those workers it will be a second job rather than their main jobs that are on a zero-hours contract. It might be additional work they are doing at the weekend or in evenings.

**The Minister for Social Security:**

It would be students or people who are already retired, for whom it works quite well. That is the thing, a lot of people ... I know there are clearly some abuses around zero-hours but there are good employers and people who are happy with the zero-hours framework. It works for some people.

**Deputy B. Ward:**

Thank you for that. I just wanted to bring that up because of the importance of those employees. The forum recommends that the amendment is made to the employment law to give the employees the right to request an updated written statement of their terms of employment where their existing statement does not reflect the reality of their working pattern. When do you intend to make this legislation change?

**The Minister for Social Security:**

Well, as I say, there may be other changes we want to make and I do not want to come forward with one change and then come forward with another one and then come forward with another one, so I would like to do it in a co-ordinated fashion. I do not have a timescale yet because we have a very full ministerial plan and I have got to be aware of the timing and capacity of my team to do all this extra work and to consult if we need to consult. I do not know if we would consult a great deal on this because it is an Employment Forum recommendation but ...

**Assistant Policy Director, Cabinet Office:**

No, you would not need to consult on it.

**The Minister for Social Security:**

We would not need to consult on it but there are other things we are thinking about doing where we will need to consult and I think it would be as well to have a kind of coherent ... if we are going to make changes to the employment law it would be best to make them in one go rather than lots of different little amendments.

**Deputy R.J. Ward:**

Sorry, can I just ask about the timescale for that, because if you do not have a timescale it can just not happen. It is really important that we have some idea.

**The Minister for Social Security:**

We have got a recommendation. The States were clear that they wanted these things looked at and we will do it. It is not going to just be kicked into the long grass. It will happen.

**Deputy R.J. Ward:**

This year?

**The Minister for Social Security:**

Hopefully we will be able to do it ... I would hope we can do it this year. It seems a relatively minor thing but we have got law drafting time, Law Officers' time, law drafting time. I do not see a reason why not to do it. I am not trying to not do something, I am really not. I just cannot say. Everything takes longer than ...

**Deputy R.J. Ward:**

I am sure you understand that one of the key things for Scrutiny is to have timescales so we know what we will be looking at in the future, so you will be getting that question a lot. I am just warning you in advance.

**The Minister for Social Security:**

Yes. We are about to consult on something else and once we have got the response back on that consultation, certainly those things we will, I would anticipate, be rumbling together possibly by the start of the post-summer sitting, I would hope. But as I say, I always think things can be done very quickly when they cannot.

**Deputy R.J. Ward:**

There is nothing wrong with that. Long-Term Care Scheme. Do you want to ask some questions on the Long-Term Care Scheme as well? You want to do that? Okay.

**Deputy A. Howell:**

Yes, me, I think it was. It is me, yes. It was your intention to complete an evaluation of the operation of the Long-Term Care Scheme and carers benefits by the end of quarter 2. Has this work been completed and are you able to share the results with the panel?

**The Minister for Social Security:**

The work is ongoing. I think we talked about that at our last briefing. The work is ongoing and we should be able to update on that by the end of the quarter, I would hope. There is a lot of work happening on that. There may be other things. Elements of it will be done by then but other elements may take a bit longer, but we are driving that.

**Deputy A. Howell:**

Your legislative work programme states that you are due to amend the Income Support (Jersey) Law 2007 by quarter 2, 2023 in respect of the long-term care. It is just at what stage are you at with this work, with the legislation?

**Assistant Policy Director, Cabinet Office:**

That is not going to be ready in quarter 2. That is part of the Care Needs at Home project, which is doing well but we have slightly changed the way in which we want to implement the final thing. So the Minister needs a report on all the fieldwork that has been completed. That is what is being worked on and once we have seen it we need to work out the next steps. The problem with the delivery plan is you had to write the delivery plan last autumn for this year, so sometimes the shape of a project will change during the year. So we are still doing the projects during the year but it will come out in a slightly different order to what was said last year.

**Deputy A. Howell:**

Let us know how you are going to amend it. Are you able to share that with us, what changes you are going to make and what amendment you intend to make?

**Assistant Policy Director, Cabinet Office:**

We will provide you with an updated ...

**The Minister for Social Security:**

We do not necessarily know just yet because the work is ongoing. The fieldwork is still ongoing so we do not know just yet what changes we want to make. The Care Needs at Home project is kind

of supplementary to long-term care and that is more about helping people with equipment that they need. It is not just about ... at the last briefing we talked about the money for provision of care. The Care Needs at Home is to help families with things like if you need special equipment for somebody who needs care. It is a wider ... it is a kind of bolt-on, it is an add-on to long-term care to help support families.

**Deputy R.J. Ward:**

A quick question about something you said about delivery plans were written some time ago. Are you saying then to Scrutiny that we need to take all of those dates with a pinch of salt? I say that with a smile but it is quite a concern. We do need to know delivery plan dates because we have to plan our workload and I will say publicly, as I would say privately, if things all come together to Scrutiny then expect them to be called in because otherwise they will not be scrutinised appropriately and that is not a warning, that is the wrong word, but I flag that up as an issue. In Scrutiny Panels we have had this before and it really does make things difficult. That is why delivery plan dates are really important to stick to as much as possible.

**The Minister for Social Security:**

Yes, I understand that. I absolutely understand that and we will be trying to meet them.

**Deputy A. Howell:**

Can I just ask one additional question? I think you get a carer's allowance in certain circumstances if you under 65 but if you are receiving a pension you do not get it. Can you explain that?

**The Minister for Social Security:**

Not quite. What happens is that the home carer's allowance is a contributory benefit. It is paid by the Social Security Fund and it is a working age benefit, so if you cannot work because you are caring for someone you get the home carer's allowance. It is a working age benefit. The Social Security Fund works on the basis that everybody puts in their contributions and everybody gets one benefit out. When you turn pension age often people may not have a full pension history and when they move on to their pension you do not pay 2 benefits. There is a law on overlapping benefits so you cannot get 2 benefits out of the system and the home carer's allowance and pension are both the same benefit coming out of the same pot, but what we do do is when someone retires if it is beneficial to them to stay on home carer's allowance they can stay on home carer's allowance and they will get more money than they would do by going on to the pension.

**Deputy R.J. Ward:**

But they do not get the pension.

**The Minister for Social Security:**

They still get home carer's allowance, which may be more valuable to them. If the pension was more valuable to them, they would stop getting the home carer's allowance.

**Deputy R.J. Ward:**

There have been some issues around that with a few individual cases where they have had real issues in terms of looking long term. I think I can honestly say to you I think some of those rules are out of date because of the changing nature of long-term care. People are living longer with particular conditions, which leads us on ... have you finished?

**Deputy A. Howell:**

Yes, I have finished, thank you.

**Deputy R.J. Ward:**

That leads us beautifully into the next section, which is about the high level review of benefit areas. We segued that in really nicely. We understand that an evaluation of all existing benefit areas was undertaken this year, due to complete a workplan for the remainder of 2023 based on the outcome of that review by the end of quarter 2, which is effectively now. Has this been completed?

**The Minister for Social Security:**

We went over that plan a couple of weeks ago.

[11:15]

We had a draft of that plan and I went through it and I said: "No, I want to bring that forward, bring that forward." I shifted it around a bit in terms of what we had already said we were going to do. We do have a workplan and we are now working on going through that.

**Deputy R.J. Ward:**

Can you identify some of the actions the review identified?

**The Minister for Social Security:**

Well, the ones that we have talked about already are things like extending ... these things are extending the death grant. At the moment if you have a child who is stillborn at 26 weeks you do not get a death grant. If you have a child that is born at 26 weeks and dies within 2 hours, if it is born alive and dies within a day, there is a death grant payable. A stillborn child on the same date would not, so we are going to deal with that.



**Deputy R.J. Ward:**

That is a ridiculous anomaly, yes. It is a good change.

**The Minister for Social Security:**

We are going to deal with that. There are cases I am aware of where, for example, you have a family ... home carer's allowance is generally paid where the person being cared for is level P3 in terms of care need. Now, we have come across cases where a family has perhaps 2 children who are P2, so that means they do not get P3 but caring for 2 children at P2 is probably much more difficult than P3, so we are looking at extending home carer's allowance where there is more than one person in the family who is in care.

**Deputy R.J. Ward:**

I have got to ask the question then, those are the easy things. What about the more difficult things?

**The Minister for Social Security:**

Those are easy things. The more difficult things is we are looking at pensioner benefits, we are looking at things like the asset disregards, the income disregards for pensioner benefits. We are looking at things like cold weather bonus, whether it should be extended. We have got quite a big list, but there are a number of areas where we want to make changes but pensioner benefits particularly is a priority because there are some low income pensioners who we want to help. We are very aware that there is ... it is all about fairness. As far I am concerned, it has to be fair and we are aware of situations where you may have pensioners who own their own home but have limited income are getting benefits where people who have some income and are renting and maybe do not have as much income are not getting benefits because of their income. There is a clear disconnect there. It seems to me it is not fair that we are supporting people who own their own home and people who do not own their own home are not getting benefits, so we need to look to close that gap.

**Deputy R.J. Ward:**

That will be a cohesive workplan with clear things that will be achieved?

**The Minister for Social Security:**

Yes.

**Deputy R.J. Ward:**

Will it also have things that are not going to be taken on but may have been addressed in the overall evaluation? I think sometimes it is just as important to say what you are not going to do as is going

to be done when you have this high-level review of benefits areas because it will be all encompassing, will it not?

**The Minister for Social Security:**

I do not think necessarily ... we looked across the benefit as a whole and we either thought that is fine, we do not need to do anything or we have identified the things that we think need reviewing or changing.

**Deputy R.J. Ward:**

We can assume that things that are not changed ...

**The Minister for Social Security:**

I think you can take it ...

**Deputy R.J. Ward:**

... then it is fine in your opinion.

**The Minister for Social Security:**

... we think it is okay for the time being, but we have got quite a detailed workplan.

**Deputy A. Howell:**

Can I just ask about the ladies who are on red cards?

**The Minister for Social Security:**

Sorry?

**Deputy A. Howell:**

There are some women who are on red cards and I just wondered if you had thought anything about them in this review.

**The Minister for Social Security:**

No, because I am not aware ... I think women who are on red cards get the pension and get the contribution so I am not aware of an issue with that.

**Deputy A. Howell:**

I thought they got a reduced pension.

**Assistant Policy Director, Cabinet Office:**

No, a red card is an exemption from paying social security contributions. It has not been available to married women since 2001, so if you got married after 2001 so that is now 22 years ago ... if you got married in the last 22 years, as a woman you are paying your own contributions the same as a man would do, the same as a single woman would do. People who were married before 2001 who are not of pension age, who will be a smaller number of people as it goes on, who retain their red card can work and they are not required to make any contributions at all. Their employer makes the contributions but they do not have to. That person is not putting money into the Social Security Fund, they cannot claim working age benefits, as Minister just talked about, they cannot claim short-term incapacity or areas like that. When their husband gets to pension age ... it also only works for husbands and wives, it has not been extended to civil partnerships because obviously that came in after 2001. It is a husband and wife situation. When the husband gets to the pension age he can claim a pension on behalf of his dependent wife until she reaches pension age. When she reaches pension age she will receive a two-thirds pension based on the husband's contributions in her own right. So the red card is a very, very generous deal.

**The Minister for Social Security:**

I think that is why they have taken the red card away.

**Assistant Policy Director, Cabinet Office:**

Since 2001 they have not been able to do that.

**Deputy R.J. Ward:**

From that - it is just a thing that came up - have you looked at the system of unemployment? If someone is unemployed, one of the issues is paying your social security contributions. You could claim no benefits but may be able to claim your social security contributions being paid.

**Assistant Policy Director, Cabinet Office:**

In credits, yet.

**Deputy R.J. Ward:**

You get credits. That happens now, does it?

**Assistant Policy Director, Cabinet Office:**

Yes.

**Deputy R.J. Ward:**

Anyone who signs on, so to speak, will know it is a different system?

**Assistant Policy Director, Cabinet Office:**

If you have been made redundant. It is limited to if you are made redundant. If you are made redundant, although all the people who were made redundant recently through the various building firms have got jobs, so they are not unemployed at all so they do not need it. But if you were made redundant from another company you can get unemployment credits but you do need to show that you are looking for work. If you just leave a job of your own volition, then unemployment credits are not available for that. The credits will give you a full record while you are looking for work.

**Chief Officer, Customer and Local Services:**

Also if you have a very low income you can also not pay contributions. Sue has described something where you can have contributions paid for you, but if you have a very low income then you also do not have to pay contributions but you do not get the benefits.

**Assistant Policy Director, Cabinet Office:**

You do not get credits for those periods.

**Chief Officer, Customer and Local Services:**

There is 2 potential groups.

**Deputy R.J. Ward:**

But in a world where we are trying to encourage people to make sure they have pension provision, that is not a good idea. It might be something to look at, but anyway.

**The Minister for Social Security:**

I think they get pension. People on low incomes still get pension, do they not?

**Assistant Policy Director, Cabinet Office:**

No, if you have got such a low income that you are not earning enough to pay contributions at all, you are not accruing into your record for that period of time. You are very unlikely to not work in your whole life, so the thing about a pension is every month that you work is a month towards your pension. It does not matter when the months are, they all would get added up together.

**The Minister for Social Security:**

Sorry, the point I am trying to get to is these people are not sitting in the gutter when they are 65. They would get income support, so they are not high and dry. They may not get pension but they would still get income support.

**Assistant Policy Director, Cabinet Office:**

Yes.

**Deputy R.J. Ward:**

Well, let us not talk about income support that way but anyway. Do you have questions?

**Deputy B. Ward:**

Yes, it was over the long-term scheme and benefits. When people are getting their long-term care moneys, some of the treatments of their long-term care includes physiotherapy but the long-term care does not pay for that or give any help. Is there any consideration going forward in the review of the long-term care that that could be included, because it is an important aspect?

**The Minister for Social Security:**

Physiotherapy is a health treatment. It is a therapy and the long-term care is there to provide care in things like eating, grooming, getting out of bed. It is physical or personal care. It is not about a health treatment.

**Deputy B. Ward:**

Would you give some consideration, because physiotherapy a very, very important aspect?

**The Minister for Social Security:**

I think that is Health ... it is a service provided by Health and I do not necessarily think it should come into long-term care because once you are in that and you then bring lots of other things in and ...

**Deputy R.J. Ward:**

It might be something to ask the Minister for Health. Deputy Alves, you are going to ask some question on the community cost bonus.

**Deputy C.S. Alves:**

Yes, thank you very much. Minister, are you still on track to lodge the draft legislation revising the community cost bonus before the summer recess?

**The Minister for Social Security:**

I think the answer to that is we are going to do something slightly different. I think what we are going to do is I think the community cost benefit does need some careful thought. I think it is quite an historic benefit and I think it needs looking at. However, I am conscious that ... I will give you some understanding of what we are going to do. I am conscious that this is not the time to delay and mess around with it, so what we will do is we will continue the scheme on a non-statutory basis. I hope to be able to make an announcement about the community cost bonus by the end of this month, so we

will have something for this year. Then over the end of this year and the start of next year we will be working on a new form of community cost bonus, which will be in a new set of regulations next year. We are doing something slightly different but we are doing it largely because with the ongoing cost of living crisis this is not the time to start making ...

**Deputy C.S. Alves:**

So you will not be making legislation in relation to this before the summer recess; is that right?

**The Minister for Social Security:**

No, we will not be. There will be a provision but it will not be legislation before the summer recess.

**Chief Officer, Customer and Local Services:**

The Minister will let Scrutiny know what those plans are.

**The Minister for Social Security:**

Yes, we will explain that to you.

**Deputy C.S. Alves:**

Okay.

**Deputy R.J. Ward:**

Will there be legislation after the summer later on?

**Chief Officer, Customer and Local Services:**

Next year.

**The Minister for Social Security:**

We will leave it to next year because ...

**Deputy R.J. Ward:**

Is there an intention to have some legislation?

**The Minister for Social Security:**

We want to spend the time thinking about it carefully, but I think I am more keen that we have something that is available for people sooner rather than later and I do not want to wait for legislation going through and changing it. It is about making sure we can continue our provision.

**Deputy R.J. Ward:**

Okay.

**Deputy C.S. Alves:**

Am I right in saying that the deadline for that was extended to the end of this month? Is that right?

**The Minister for Social Security:**

It is to the end of June, yes.

**Deputy C.S. Alves:**

I know we have had some behind the scenes conversations about this. You mentioned that there had been quite a lot of duplication in the applicants recently. Is that still happening? Are you still getting new applicants?

**Chief Officer, Customer and Local Services:**

The vast majority of people claiming now have already claimed, so duplication. That is something the Minister is very aware of but we had extended to the end of June and I think the States Assembly agreed that. If somebody has not claimed it, the 2022 to 2023 community cost bonus, they have got a month left to claim it.

**Deputy C.S. Alves:**

That was first opened from September, was it?

**Chief Officer, Customer and Local Services:**

September.

**Deputy C.S. Alves:**

So basically anybody that has claimed since September does not need to claim again.

**The Minister for Social Security:**

Do not claim again.

**Deputy C.S. Alves:**

If they have not, claim now until the end of this month?

**The Minister for Social Security:**

Yes.

**Deputy C.S. Alves:**

Okay, that is great. I am going to hand over to Deputy Howell and the parental support payment.

**Deputy A. Howell:**

Thank you. The application period for the one-off parental support scheme was extended until the end of March. In early March you advised us that 104 families had applied and that 32 payments had been made and 10 were pending. Please could you give us the final figures for the applications and payments?

**The Minister for Social Security:**

Yes. I am just trying to find my notes on that. Yes, 157 claims, 50 paid and we had 109 claims disallowed, mostly due to ... either because the applications were duplicates or they were above income limits or they did not meet the criteria for registration. We paid a total of £14,720. There were 41 payments of £250 where the family had one child and 9 payments of £500 where the family had 2 or more children. We did everything we could to try to reach people through local media, social media. We mailed direct to families that we thought met the criteria. States Members, charitable organisations, community groups, head teachers, Family Nursing, Better Futures; we really cast the net pretty widely. It is a surprise ... we did think we would have more applications but we think this ... we were targeting at families with under 5 years residency and we think that since Brexit and the pandemic there are just fewer families here with under 5 years residency because either they have been here long enough that they are now in the system and can claim income support and with the post-Brexit rules when people come here short term they do not bring their children with them. Again, we will be thinking over the course of the next few months if there is something else we need to do for the under 5 years group to see what support is needed.

**Deputy A. Howell:**

Do you think you will repeat this or possibly not?

**The Minister for Social Security:**

I do not know. I am open-minded. I think we will just look and see. I think we need to try to understand the demand.

**Deputy A. Howell:**

And how many families, I guess.

**The Minister for Social Security:**

How many families there are but, again, it appeared to be not as many as we had thought.

**Deputy A. Howell:**



I think perhaps it might have been a lot to do with Brexit.

**The Minister for Social Security:**

It could well be, yes.

**Deputy R.J. Ward:**

I think there were some real challenges faced during that and I think people did leave.

**The Minister for Social Security:**

Yes, I think during the pandemic they have gone back and not returned.

**Deputy R.J. Ward:**

Is that everything on that area?

**Deputy A. Howell:**

Yes, thank you.

**Deputy R.J. Ward:**

There are some questions on women's health issues, is the title.

[11:30]

**Deputy B. Ward:**

Your delivery plan states that you are working with the Minister for Health and Social Services to establish schemes to address women's health issues on an ongoing basis. Can you provide an update to us on this work and provide any examples of the schemes that you are discussing at this moment?

**The Minister for Social Security:**

Yes. The Minister for Health has set up a women's health group, which I am part of. There is a political advisory group, which is supported by a women's health officers steering group. I think the first piece of work there we are looking at is a Jersey strategic needs analysis. That is trying to look into where the main needs are, what we think the women's health issues are that we most need to focus on. We met in March. We have not had another meeting but I think some preliminary work has been done by the officers group. I think once some strategic work is happening we are looking at gathering data in Jersey about women's health and that is in progress, talking to service providers, professionals and voluntary sector organisations to get their views. Then there will also be a consultation running over August, September and October with local women and girls to seek their

views and looking at best practice guidelines from elsewhere. So we think the ... obviously we have done some work in the U.K. and the areas that they have identified, which may or may not be relevant here but it would be a fair assumption that we will have the same issues, are menstrual health and gynaecological conditions, fertility and pregnancy, pregnancy loss, menopause, mental health and wellbeing, cancers, the health impacts of violence against women and girls, and healthy ageing and long-term conditions. Those are all ... it is going to be quite a far-reaching piece of work, so I think we are trying to make sure that we understand the needs and that we are targeting the work in the greatest area of need rather than just saying let us do this and putting it out there and it is not appropriate. There is work ongoing but again the Minister for Health is leading on that.

**Deputy B. Ward:**

One of my questions was going to be about themes and you have pre-empted that. Thank you for that. I want to bring the old chestnut up and it is about free period products and also about contraceptives. You only get free contraceptives up to the age of 23 when obviously the fertility of women extends to a lot more than the age of 23 and especially devices where people have ...

**The Minister for Social Security:**

I think the issue is that the actual medication is free, the actual prescription. So whether it is the oral contraceptive or an implant or whatever, I think that itself is free. The issue comes if you have to go to a doctor and have it ...

**Assistant Policy Director, Cabinet Office:**

The implant is not.

**Deputy C.S. Alves:**

The implant is not.

**The Minister for Social Security:**

Well, it is the insertion, that is the problem. The actual device is free but you have to pay the doctor to have it inserted. I think things like the coil last 5 years but you still have an impact. I think we are aware of that and again the Minister for Health I believe is looking at that.

**Deputy B. Ward:**

I think it does need addressing because, as I have just said, a woman's fertility extends a lot further than the age of 23.

**The Minister for Social Security:**

Yes, absolutely.

**Deputy B. Ward:**

The cost of maybe an unwarranted pregnancy ... it is not just monetary cost, it is about the psychological aspect as well to the woman and family.

**Deputy C.S. Alves:**

Just picking up on what you said there about the Minister for Health, if the coil is done via the hospital it is all completely free, so it is only when it is done through Le Bas Centre or the G.P.s where it is quite a significant cost.

**Deputy B. Ward:**

It is into the hundreds.

**Deputy C.S. Alves:**

I have got a question around the period products.

**The Minister for Social Security:**

The Minister for Health has a review of contraception costs in her ministerial plan, so that sits there. I think doctors can prescribe some contraception for up to a year and then again the Health Access Scheme, that is a small amount. Yes, the Minister for Health is looking into this.

**Deputy R.J. Ward:**

Can I just ask on that before we move on? Is that an example of where the H.I.F. pays for the device, the prescription, but because it needs a medical procedure, which is a health issue, that has to be paid for separately, so that would be paid for by the person and that is where the Health and Social Security Departments have those 2 separate roles but on one issue? Is that an example of where we are?

**Assistant Policy Director, Cabinet Office:**

The H.I.F. is the prescribed. For several years now contraceptive medicines and devices have been available through the Health Insurance Fund, so that is free. As you say, that is one part of our health system but the Minister for Health, as part of her women's health review anyway, is going to look at contraception as a whole. This is the point that there may be in the future you may have a different way of funding this. The Health Department already do pay G.P.s to do some themselves. Le Bas is run by the Health Department. It is a mixed economy at the moment.

**Deputy R.J. Ward:**

Yes, but it is just an example. It seems illogical you can get the actual device but it is not going to work unless it is inserted.

**Deputy C.S. Alves:**

Can I just confirm then, from what you have just said there, that the cost of the actual devices, whether that is a coil or an implant, is covered by the H.I.F.?

**Assistant Policy Director, Cabinet Office:**

If it is done through a G.P. I am not quite sure what happens at Le Bas because Le Bas comes through the Health Department so I am not confident I can say anything.

**The Minister for Social Security:**

I have got Le Bas. My note is free for under 23s, charged for over 23s, there is an attendance fee. Well, Le Bas, there is an attendance fee for over 23s plus the cost of the contraception but if you go to a G.P. you get the ...

**Deputy C.S. Alves:**

But G.P.s are not doing them any more really because it has been referred to Le Bas. I think maybe that is something if we could just have some clarification about which devices are covered.

**Deputy R.J. Ward:**

I think that is really important and that is exactly why I asked the question about the interaction between the 2 departments. You can see where the confusion is.

**The Minister for Social Security:**

We are working on these ... we will be working on these things and, as you know, the Minister for Health also has the ongoing review of the health scenario, the whole health provision in Jersey and the funding for it, because it does not make much sense to me that we have got different funding structures for primary and secondary care. To me, there is just that obvious benefit in bringing those more closely together.

**Deputy C.S. Alves:**

I wanted to ask about the free period products and whether you can provide us with an update of how that pilot scheme is going with regards to the provision of free period products.

**The Minister for Social Security:**

It is still going. We have extended the places where you can go to. I think there were 5 venues and 7, is it, now, the St. James and ... we have extended the range of places where you can go to collect

them and they are still available. The consultation has closed and we will be working on bringing together data from the consultation at the moment.

**Chief Officer, Customer and Local Services:**

We are also talking to ... the team are also talking to ... in addition to the additional places that the Minister just referred to where people can just go in and get them, and we are promoting that, there are also other places where we can place period products but perhaps not just for public access but for the user groups that use them and perhaps for other groups that you would not want the public just coming in and out of. We are also expanding that, but we are not going to publicise that but the user groups will publicise it to their users, so we are looking to expand in that way also to try and extend the reach of the pilot.

**Deputy C.S. Alves:**

You said something there when you said they can go in and get them. My understanding was always that this pilot scheme was going to be people would be able to go and pick up a box of sanitary towels or whatever, but that is not necessarily what is happening in practice. What I have seen is there is boxes with the items inside but with the packets open so you can take individual items but not necessarily ... I have also seen where there is, for example, only tampons and there is no towels left or there is only ... so how is that being managed and ... because my understanding was there would be boxes there available and it would not just be a case of you can have one for free while you are here.

**The Minister for Social Security:**

That is not my understanding.

**Chief Officer, Customer and Local Services:**

It is take what you need. That is the exact campaign, take what you need.

**The Minister for Social Security:**

In a way that is quite good because it is not a universal benefit that anybody who wants them. It is not we are providing them to every single woman but there will always be women who will go and buy their own because they can, they are able to, but it is you have a short-term immediate one and you might just need one, so people may take one, but the idea is that if people need a box they will take a box. We just need to keep working on the supply being there.

**Deputy C.S. Alves:**

That is what I was going to say. These places are not necessarily always very well stocked, I would say, in my personal experience from what I have seen.

**The Minister for Social Security:**

We just need to work on that and I would like to look at some kind of delivery mechanism. That seems to me to be better but then there is always somebody who says that does not work for those people. To me, we manage to deliver boxes of (inaudible) so I think we could deliver boxes of sanitary products.

**Deputy C.S. Alves:**

Yes, that is true, so that is something possibly for the long term as well.

**Deputy A. Howell:**

Can I just qualify, are they available in schools all the time?

**The Minister for Social Security:**

They are available in schools all the time.

**Deputy A. Howell:**

Are they available to food banks?

**The Minister for Social Security:**

Yes, food banks have them as well.

**Deputy A. Howell:**

Thank you.

**Deputy C.S. Alves:**

Does anybody else have anything else to add on that? I am moving on to I think it is the final section around gluten free vouchers. In response to a written question in April you advised that further areas of work included reviewing the future eligibility of gluten free food vouchers. Are you able to elaborate on this, please?

**The Minister for Social Security:**

Work in progress to come up quite soon with our position on that.

**Deputy C.S. Alves:**

Okay. In another written question, written question 236 of 2022, you advised that the value of the gluten free vouchers would be reviewed. When do you intend to complete this work?

**The Minister for Social Security:**

At the same time. I think it is rolled up in the same thing and we will have something definitive on that very soon.

**Deputy C.S. Alves:**

Okay. That was everything from me. I do not know if anybody else has got anything.

**Deputy R.J. Ward:**

Anyone got any other questions on those and are there any other questions? I am just going to ask something as regards ... I very strongly support the provision of free sanitary products as well. There is a growing men's health issue, which is becoming aware and men are becoming more aware of it and open about it, which is a good thing, that there are growing numbers of men who use products as well for all sorts of incontinence, whether it be a lot or a little, following procedures or spinal injuries and diabetes and all sorts of things. Is there a move to try and make some of those products available for free that men can use? I was pleased to see there is something about ... I think it is was in St. Saviour and one of the Deputies there is encouraging more bins to be available in men's toilets. This is a step forward in our society because men do not talk about anything. That is a terrible stereotype but I am allowed to say it. Is there any thought of extending it to those products as well, that men do need increasingly with treatments changing?

**The Minister for Social Security:**

I know it is an issue because people have written to me at the time of the period product launch. I know it is an issue.

**Deputy R.J. Ward:**

I want to make it really clear, it is not to say there is anything wrong with ... it is not either/or. It is just there is an increased awareness and I think that is what has happened, because there is an increased awareness that these products are needed, some men are now thinking there is an increased need among significant groups in our society.

**The Minister for Social Security:**

I completely agree there is the need. Is the plan right at the moment? No. I do understand it is a problem because I think the incontinence pad issue is almost much bigger than period products because men can have incontinence issues from quite a young age, women can have incontinence from quite a young age, and it can go right forward into quite old age.

**Deputy R.J. Ward:**

I have a lot of men contact me and that is one of the healthy things about men talking about issues, but certainly as well with age groups. I have learnt an enormous amount from the contact I have had.

**The Minister for Social Security:**

I think once we bed down the period product project and that is working well, then I think there is clearly a demand for that and either we or the Minister for Health will have to give it consideration I imagine. That is a whole bigger piece of work in terms of demographics: how do you get them to people, where do you put them, the cost.

**Deputy R.J. Ward:**

I always thought as well with men's toilets and bins they are a great receptacle as well for advertising to men about health checks and so on. So there is an opportunity there at primary healthcare that could be used really, really well. Perhaps we could talk about it outside this meeting as well.

**The Minister for Social Security:**

Yes. I think some of the government buildings ... I want to say that I think there are more bins being put into men's toilets, sanitary disposal bins in men's toilets for that use as well, and maybe we need to do more work on that and promote that, that they are there. It is the same issue of the disposal.

[11:45]

**Deputy B. Ward:**

Just to make a note that it is not one incontinence pad fits all because men's incontinence pads are designed quite differently and sometimes can be more expensive than it would be for females, but the issue when I raised it before is incontinence pads, whether that is male or female, to meet their needs.

**The Minister for Social Security:**

Yes, absolutely, which again, as you say, they look dramatically different from a period product as well and it is about how do you get them out there. I think it is a ... I am not saying it is not something that needs to be done but it strikes me that that is a very big piece of work in terms of understanding the product, understanding delivery, understanding demand, and I am sure it is something that we will get on to in due course.

**Deputy R.J. Ward:**

One way in might be when the strategies are published by Health, because there are more strategies coming out about particular health conditions, diabetes and cancer strategies and so on, that that is



one strand to that that might ... that is that link again between Social Security and Health. It is just a suggestion that might be one way in, if you like, to look at those issues.

**The Minister for Social Security:**

That is where it is very helpful having Deputy Ferey as Assistant Minister in both departments. He can feed back between the Minister and I very effectively.

**Deputy R.J. Ward:**

That is good and there is a lot to be done there as well. Is there anything else that you want to ask? Deputy Alves, anything? We have got a few minutes, which we rarely have. We have done well.

**The Minister for Social Security:**

We are into quickfire rounds.

**Deputy R.J. Ward:**

Yes, fingers on the buzzers.

**Deputy C.S. Alves:**

There is just one thing. Going back to the health access, before individuals obviously did not have to ... those that could not basically had their G.P. visits paid for them through the system, so they did not have to physically hand over any money as such. We know of some people that obviously have difficulties managing their finances in the community, so are they being looked after and how are they being looked after and monitored? I think that often even finding that £12 to physically hand over can be a struggle if they are already struggling to manage their finances and have possibly other issues as well that go with that.

**Assistant Policy Director, Cabinet Office:**

We do not believe there has been any feedback from G.P.s to say there has been a problem with collecting the £12, because it is the G.P. surgery where the £12 is collected and the G.P. keeps that £12 as part of their income. In the previous scheme lower income people were paying more money for their G.P. fees because the full cost was being deducted through the benefit system, so the Health Access Scheme has provided them with significantly improved weekly kind of spend power. The £12 was thought about very carefully and it is a £12 inclusive fee, so there is basically no hidden extras, so when you go if you need a blood test or something like that, it is all in the £12. So we think it is a good deal, it is affordable and we have not had any feedback that that has been a particular problem with people being able to pay the £12.

**The Minister for Social Security:**

Can I add something? It might be a slightly different point to what you are asking but where people do not have the capacity to manage money ... well, if someone is struggling, as long as they have the capacity to do it and they pick somebody that they trust and who is reliable, they can appoint an attorney now. It is relatively inexpensive; it costs about £25 through the Greffe. So you can appoint someone to help manage your finances and they can help you. It does not take away all your powers but the attorney will be able to do things like help pay your rent. That may be a solution to some people. If there is a family member perhaps that is able to come in and help, that is all suitable. If somebody cannot manage their money, has a capacity issue because of that, an impairment ... I think it is an impairment of the brain and they are really struggling, it is making it difficult, then they can have a delegate appointed by the court. Again, that sounds difficult but ...

**Deputy R.J. Ward:**

I will give you an example I think of what you are more thinking of is there was an issue a few years ago when there were changes made to payments for States workers in some areas, going from weekly pay to monthly pay. There were just some individuals who had spent their life on weekly pay, are not on high incomes, Friday comes and monthly pay is just a disastrous idea because organising that is not something they can do. I know we can all sit here and say they should be able to but it is simply not the case, whereas if you run out of money on a Thursday and you have only got one day that is very different from running out of money 2 weeks in and you have got 2 weeks left. I think it is those issues. I think that sometimes G.P.s just write it off when that happens.

**The Minister for Social Security:**

I suspect they do. I think G.P.s are much more sympathetic than people give them credit for.

**Deputy R.J. Ward:**

I absolutely understand that and they certainly do that I think sometimes with children, but that is not a system that we want to have. You cannot informally have that system. I think that is more like it. I have a couple of things I was going to ask that have come up. In terms of C.L.S., there have been some planning officers put in there. What impact has that had in terms of your footfall and capacity? Has it taken away any capacity from your staff in terms of space, et cetera?

**Chief Officer, Customer and Local Services:**

Absolutely not, no. It only started today about 10 o'clock so I cannot really comment on how well that has gone.

**Deputy R.J. Ward:**

So 1,000 people have turned up in the last 2 hours.

**Chief Officer, Customer and Local Services:**

Yesterday went well. It was the last day for tax returns, pay for tax returns yesterday and that went well and the Revenue Jersey staff handled the volumes well, so that was good. Today, Planning are back into the offices. We have got 2 desks for them. It is actually the space they occupied previously and the only real Customer and Local Services involvement will be where people come, directing them to the right place and giving them a ticket to go and see those planning officers.

**Deputy A. Howell:**

Is it only from 10 o'clock to 1 o'clock or something?

**Chief Officer, Customer and Local Services:**

Yes, it is either 10.00 to 1.00 or 10.00 to 2.00, I can't ... 10.00 to 2.00.

**Deputy A. Howell:**

It is quite reduced. It is not very long, is it?

**Deputy R.J. Ward:**

The irony is you have got to plan a visit to Planning.

**The Minister for Social Security:**

There is someone there, hopefully. The problem is there may not be a steady flow of people so you are going to have somebody sat there not doing anything.

**Deputy R.J. Ward:**

Just thinking of a longer-term thing, there is an increasing encouragement to make phone calls and to call rather than call in person at C.L.S. Just some reassurance that we are not heading towards a call centre type approach, because I think there have been real issues with that.

**The Minister for Social Security:**

We are open. If the door is open, you can drop in.

**Deputy R.J. Ward:**

We do not want "I, Daniel Blake" call centre approach in Jersey.

**Chief Officer, Customer and Local Services:**

When we set up Customer and Local Services and reorganised ourselves into being more around the customer, we have a work and family team, a pensioners and care team, because they are 2 discrete types of customer, for example. We used to have a small pocket call centre that would

triage calls and when we made those changes we removed the call centre. So, yes, there is a “press 1 for this, 2 for that” and so on but you get straight through to the team, so there is no longer a contact centre in perhaps the traditional way. That was, we think, a better fit to get through to the person who can answer your questions directly rather than just be triaged first.

**Deputy R.J. Ward:**

During COVID, there was a thing that mobile phones were free to call, they were made free to call for a while because you could not go in in person. Do you remember this situation?

**Chief Officer, Customer and Local Services:**

It was freephone number.

**Deputy R.J. Ward:**

Does that still exist for those ... because there is an issue that people might want to make a call but if you run out of credit on your phone, which is a reality if you are on low income. Are public phone boxes still free to call Social Security? They were, which seemed to me ironically now during ... I do not know if there are any.

**The Minister for Social Security:**

I can only think of one.

**Chief Officer, Customer and Local Services:**

It is a good question. I will have to check on the answer. I thought local phone boxes were free for local calls, is what I believe. That is what I understand. That was already the case and obviously we do answer the phone very quickly in Customer and Local Services. Even though we have that new system in terms of people getting through to an expert, we answer calls very quickly indeed and of course we have got the doors are open, people can come in. Likewise, they can contact us online and also book appointments over the phone or online.

**Deputy R.J. Ward:**

It is why I asked about the phone because you could get quite a volume of calls. Planning seems to generate quite a lot of issues.

**Chief Officer, Customer and Local Services:**

The officers who have come from Planning are planning officers. They are not part of C.L.S. They are just sat in our building.

**Deputy R.J. Ward:**

Do they have a separate call number?

**Chief Officer, Customer and Local Services:**

That still goes to Planning.

**Deputy R.J. Ward:**

Okay, so it is a separate number to ring them. Okay. This is an issue where we suddenly get somebody coming 5 or 6 times.

**Deputy A. Howell:**

Can I just add, I think it has improved a lot, the telephone access. Thank you.

**Deputy R.J. Ward:**

Are there any questions you want to ask us? That is quite important as well. Please do. I do not know what we are going to answer. We do not know what the question is yet.

**The Minister for Social Security:**

I notice you are doing your long-term care review, so that will be interesting.

**Deputy R.J. Ward:**

It is an overpayments review. Yes, we are looking to ... some of the questions we raise in this, as we wait for legislation to come through we have got to do something. So there you go. Is there anything else as well that you want to ask, any other questions? Failing that, I think we are about to finish just about dead on time, which is end of the lesson. With that, we say thanks and we will call the hearing to an end.

[11:56]