

# STATES OF JERSEY

## Health and Social Security Scrutiny Panel St Ewolds

**TUESDAY, 25th JULY 2017**

**Panel:**

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

Deputy J.A. Hilton of St. Helier

Deputy T.A. McDonald of St. Saviour

Senator S.C. Ferguson

**Witnesses:**

Community Visitor, Parish of St. Helier

Director of Finance, Parish of St. Helier

[9:59]

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

Please do have a read. What we normally do is do apologies first because the Chairman is not here. I am afraid he has been called to the U.K. (United Kingdom) for a family matter, so I am chairing the meeting.

[10:00]

Normally we announce ourselves around the table just to identify ourselves for the recording so we know exactly what is said. So, it is Deputy Geoff Southern. I am the Vice Chair of this Scrutiny Panel looking at long-term care.

**Deputy J.A. Hilton of St. Helier:**

Deputy Jacqui Hilton, panel member.

**Senator S.C. Ferguson:**

Senator Sarah Ferguson, panel member.

**Deputy T.A. McDonald of St. Saviour:**

Deputy Terry McDonald, panel member.

**Scrutiny Officer:**

Kellie Boydens, Scrutiny Officer.

**Community Visitor, Parish of St. Helier:**

Julie Garrod. I am a community visitor for the Parish of St. Helier and a homes liaison officer.

**Director of Finance, Parish of St. Helier:**

I am Neil Macdonald. I am the director of finance for the Parish of St. Helier.

**Deputy G.P. Southern:**

Okay. Sarah, do you want to kick us off?

**Senator S.C. Ferguson:**

Yes. Basically, I suppose, if you could give us an idea, a sort of a quick overview of the services you provide at St. Ewolds and the type of clientele you have.

**Community Visitor, Parish of St. Helier:**

I am sure you probably know that we have ... at the Parish of St. Helier, we have 2 residential homes. We have St. Ewolds, which we look after 66 residents there of all abilities and disabilities. Residents are generally level 1 residential care through to nursing care at level 4. We have 6 nursing beds and 60 residential beds. Our 6 nursing beds are a variation on registration. So we cannot admit into a nursing bed but we can transfer a current resident. The idea of that was that we did not like to lose our residents towards the end of their life, so just the way we set it up so we could retain those residents in a nursing bed. St. Helier House has 56 residents and I think by virtue of the fact that it is ... we have narrow corridors and a small lift, we generally look after people at level 1 residential care there, but we can take a number of residents at level 2. But we are restricted because of our ... the building, really, the way the building is set out.

**Senator S.C. Ferguson:**

Level 1 residential care is ...?

**Community Visitor, Parish of St. Helier:**

It is basic residential care and level 2 is higher residential care.

**Deputy G.P. Southern:**

Which would mean? Just to give us a focus.

**Community Visitor, Parish of St. Helier:**

Okay. It is to do with residents' ability. So, for example, a resident who was relatively ... they could look after themselves perhaps a bit more but just needed help with a bit of washing and a bit of dressing, so it is the basics of residential care and it is the entry into the long-term care scheme.

**Senator S.C. Ferguson:**

Right, and how are you finding the long-term care scheme?

**Community Visitor, Parish of St. Helier:**

We have a number of issues, I have to say, generally with long-term care. We have issues about how long claims are taking to be processed. Currently, the parish has £230,000 worth of debt with Social Security. I have to say that I think they would probably take umbrage with that. They would probably contest that sum, but I have evidence to support it. Essentially, what it is is because they pay on a 28-day system, sometimes they are in arrears. So, as of this date, I have a number of clients who they have not paid me for yet, but they will pay me because their claims are open. So, I am waiting for that money. Others, they are taking a long time to process claims so when their claims have been processed we are in a shortfall scenario, so I then go to the client and get the shortfall of fees from them because of the way the claims are set up. So, Social Security can set up a claim in a number of different ways. They can either pay the residential home in full, in which case they ask the client to forfeit their pension income on an authority to Social Security and I then pay them ... they then pay me in full. More often than not now, they are paying me part of the money. They are not taking the client's pension income on authority to Social Security, so I then have to recover the pension income from the client. That is the shortfall scenario. That obviously has inherent problems because I am dealing with elderly people who have limited access to banks, probably do not have a chequebook, probably do not have an A.T.M. (automated teller machine) card, certainly cannot do internet banking or telephone banking. A lot of them do not have family on Island who can assist them, so a lot of my time is spent trying to bill residents and then trying to help collect the money in. It is an ongoing thing.

**Deputy G.P. Southern:**

Is there any method ... I am trying to think. Is there any difference between those 2 cases where they forfeit and they do the admin around the pension and leaving it to you to ... is there any rhyme or reason behind that?

**Community Visitor, Parish of St. Helier:**

I think, essentially, the long-term care funding form, which is a 12-page document for people to fill in, that in itself is not easy, I do not think, for the elderly to complete. The section around funding simply states: "Where do you want your funding to be paid? What bank account do you want it to be paid into?" It does not then say to you: "Option A is we will pay the home direct if you forfeit your pensions; option B is this and option C is this." Because, essentially, they do not really want pension income to them, and I can understand that because they are having to maintain people's incomes. When pension increases go up, they have to make substantial changes and whatever. So, they do not encourage it, I do not think, really, so I do not think the form from that point of view helps towards that. I did think the policy initially when they took over the funding ... when it was income support residential care before long-term care, they were doing it the same way as we had done it at welfare. That is how we had done it at welfare. We always took pension income. They did seem to start doing that, but they are adopting a different way of doing it now. They are making changes to doing it now. So, that is essentially, I think, the difference. I think it is the information. The form itself is a difficult form, as I say, to complete, I think.

**Deputy G.P. Southern:**

That is applying for the money side, not the assessment of the need?

**Community Visitor, Parish of St. Helier:**

No. The assessment of need is ... there are 3 pieces of work done by the social workers. There is a B.I.C.A., which is the first piece of work, and that is a background information and contact assessment. The second piece of work they do is a needs profile, and that is around the level of need that the client is requiring. That is essential as to determine whether that client actually is eligible for funding for long-term care or not. Surprisingly, some people who do apply to go into care do get turned down because the needs profile comes out that, do you know what, you do not need to go into care, you can stay at home with a care package at home. I do think people do want to go into care sometimes and are being persuaded that they are better off staying at home with a care package in place. That is the second piece of work. Then the third piece of work is a budget summary, and the budget summary is around the money attached to the funding. So those 3 pieces of work need to be done by the social worker and they all get sent to Social Security. At that point, it triggers Social Security to send out an application for funding form to the client, but that can be quite a way down the line. So the form does not get sent out for quite some time, so we are already ... you know, they have been in care probably 3 weeks or 4 weeks even.

**Deputy G.P. Southern:**

I was just going to ask that question. Where is the client when these assessments are being made? Are they at home waiting or are they already in your beds?

**Community Visitor, Parish of St. Helier:**

Different ... I have to say, if they are at home it can take up to 8 months to get a social worker assessment, to go and assess somebody at home.

**Deputy G.P. Southern:**

Is that historically when it first started out? Were you aware of delays?

**Community Visitor, Parish of St. Helier:**

No, that is pretty current, I would say, really. There are delays. It has probably come down to about 6 months now, but they have struggled to get assessments done by the social workers. I think the ...

**Deputy G.P. Southern:**

So the assessment of need is taking between ...

**Community Visitor, Parish of St. Helier:**

The initial social worker assessment, the initial first visit, yes, can take 6 to 8 months for that to be done.

**Deputy G.P. Southern:**

So 6 to 8 months to get in the system?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

And recognised?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

Before we do any assessments?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

That is completely ... that is unacceptable, is it not?

**Community Visitor, Parish of St. Helier:**

Well, the argument, I suppose, for that is that they are living at home. They probably have a care package going in at home and they are in a relative place of safety. It is very difficult to then I think prioritise, you know. I will go and see somebody and I will think they are in a dreadful state and I will send a referral in, and they will just think: "Oh, this is Julie just being maybe a little bit dramatic and perhaps this person does not need to be seen." So a couple of phone calls will follow: "We are really, really busy. How urgent do you think this is?" So there is obviously a triage process that goes on at some point.

**Deputy G.P. Southern:**

Okay, so we are talking about these people might be at home with a package already, and we are talking about their condition has deteriorated and they need to be in residential care?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

Okay, that is a difficulty, okay.

**Deputy J.A. Hilton:**

Do you know of any instances where the person has been at home without a care package in place and their condition has deteriorated to a point that in your opinion they should be in care, that they have faced these difficulties?

**Community Visitor, Parish of St. Helier:**

No. I think what I have faced is that they have been ... they should have been accessing care and their condition is deteriorating worryingly to the point where we have called private carers in and they have had to fund their own self-care in the short term, or we have asked ... we have gone back and asked for an urgent reassessment because we are worried about them. But in those cases these have been people who have been desperate to stay home. They have not wanted ... because I do look after community as well, and not everybody wants to go into care. Even if some of them I

feel would be much happier and healthier in that sort of environment and much safer, they do insist on staying at home and in those cases we are putting carers in up to 4 times a day or 5 times a day, but they are insisting on staying home and I can understand that. They are probably the worrying ones, I think, really.

**Deputy G.P. Southern:**

So when you say “we” how do clients come to your notice? Is it G.P. (general practitioner) referral? What is the route in?

**Community Visitor, Parish of St. Helier:**

Yes, I get self-referrals. I get referrals from G.P.s. I get referrals from neighbours who are concerned. I can get a referral from the J.E.C. (Jersey Electricity Company), who will say: “This person’s electricity consumption has gone down to nothing. Could you make a visit - they are in St. Helier - to see what is wrong with them?” As it turned out on that occasion, the gentleman had gone blind and was still living at home. I can get ... I get referrals from social workers who are really busy and are concerned about somebody and they think it is something I can help more with in the short term until they get around to going to do the assessment.

**Deputy J.A. Hilton:**

So are these generally individuals who have no family, generally speaking?

**Community Visitor, Parish of St. Helier:**

Or family that they do not see very much of.

**Deputy J.A. Hilton:**

Yes, so they are alone, basically, and they need somebody to be there assisting them?

**Community Visitor, Parish of St. Helier:**

Yes.

**Senator S.C. Ferguson:**

When social workers go to do the assessments and so on, do you find that they are ... you know, do they come back and talk to you about the case? Do they just go on what the particular client says?

**Community Visitor, Parish of St. Helier:**

Yes, quite often. I mean, quite often when I do my S.P.O.R. (single point of referral) referral, which is the referral I do to prompt a referral, a visit from a social worker, I will put in here: “The client will probably report to you that she is eating well, but just so you know every time I go to her house I

end up throwing away out of date food from her fridge. She has lost weight in the last month. Her personal care has not been perhaps what it should be. Family are worried about her, finding her confused on the phone when they ring from the U.K.” I try and put as much information as I can in these referrals and generally when I see the client and I tell them I am doing the ... because I have to ask if they are happy for me to do a referral to the social workers. If they refuse, I cannot send somebody in and a social worker would refuse to go. But quite often I will say to them, you know: “We are looking at putting a care package in here. If you do not want to go into care, that is fine, but you need some extra help and we can get funding for that. But when they say to you, you know: ‘You look well. Are you well?’ you have to be honest because you are not doing yourself any favour.” But a lot of people, a lot of the elderly who are proud, do not want to admit that they are not able to look after themselves or managing at home.

**Deputy G.P. Southern:**

That is right.

**Community Visitor, Parish of St. Helier:**

So, yes, I think there is ... I probably put a lot of information in that S.P.O.R. Quite often I will be there when the social worker does their visit if that helps.

**Deputy G.P. Southern:**

Right.

**Deputy J.A. Hilton:**

So is all your work, Julie, in the community of St. Helier ... is the bulk of it around elderly care now?

**Community Visitor, Parish of St. Helier:**

Mostly, yes, I have to say. The occasional other clients that come my way, but essentially it is the elderly now. Because it is ... obviously, part of what I do is it is in our best interests to keep St. Ewolds and St. Helier House full, so I get involved in all aspects really with the homes as well, I have to say. Of course, when they go into care they still need somebody to advocate for them if they have no family. So I generally do that role as well for those in care or help them with their pensions, benefits or other bits and pieces like that.

[10:15]

**Deputy J.A. Hilton:**

Okay. Can I just go back to the money side of it again? So, you said that at the moment ... so if you have a client who is being financed by the long-term care fund because they have no other means,



are you saying that Social Security send them the money for their care package into their bank account and they then pay the Parish of St. Helier for their care?

**Community Visitor, Parish of St. Helier:**

That is another way of doing it and that is personalisation of funds, which I think they have always advocated, really. So, I think that would be their payment of choice from Social Security's point of view. They would rather pay the fees that they are entitled to into their account and then I can set up a direct debit if they have that type of account - many of them do not, I have to say - to collect the full fees. That leaves them their personal allowance in their bank account.

**Deputy J.A. Hilton:**

Which is the £130-something a month?

**Community Visitor, Parish of St. Helier:**

It is £35.70 a week.

**Deputy J.A. Hilton:**

Yes, about £140 a month. Do you ever get a situation where you have had clients who have had the money paid into their account and then they have gone to spend it on other things, not on their care?

**Community Visitor, Parish of St. Helier:**

Yes, and at the moment a lot of the debt that I have that Social Security would say is the shortfall scenario is simply because some of them have taken up to 6 months to sort out claims. Although I will go to the residents when they move in ... I will always go and see our new residents when they move in and explain my role to see if they need any help or whatever, and I will say to them: "Look, your pension will continue to go into your bank account while your assessment process is taking place, but please do not think that this is like a windfall because you will be asked to contribute that money towards your fees at some point." A lot of them obviously forget or they think: "Oh, it will be fine" or family spend it or, you know, so then I have this shortfall scenario that crops up, which can be thousands and thousands of pounds, which is very upsetting for a lot of elderly people to suddenly realise they have this debt.

**Deputy J.A. Hilton:**

So how do you address that when that happens in those circumstances, when they spend the funds?

**Community Visitor, Parish of St. Helier:**

Well, I will work out sometimes a repayment plan out of their £35 a week.

**Deputy J.A. Hilton:**

That is what I mean. I mean, £35 a week is not ...

**Deputy G.P. Southern:**

So you are only doing ... chasing the money on behalf of Social Security, who are operating the system, personalising the payments, and crossing their fingers that it does not go astray because the contract is between the client and the home or the services?

**Community Visitor, Parish of St. Helier:**

Yes, and the alternative is that we have to write off the debt.

**Deputy G.P. Southern:**

Are you writing off a lot of debt?

**Community Visitor, Parish of St. Helier:**

No, not a lot, I would say.

**Director of Finance, Parish of St. Helier:**

Not a lot.

**Senator S.C. Ferguson:**

What do you call not a lot?

**Director of Finance, Parish of St. Helier:**

It does not get to 10. It is not in 5 figures, put it that way, but it does create problems and the debt level is there, and at £230,000 that is working capital issues now. While the parish may appear to be relatively cash rich, as Deputy Hilton will know as the Accounts Committee, there is not a lot of free cash available. I think as well if we are one party, then if it is happening to other parts of the sector, then you are putting a big risk on what are basically commercial operations, whereas we do not see ourselves as a commercial operation, to be honest. So you are putting a lot of strain on that sector.

**Deputy G.P. Southern:**

Can we just while you are talking about the finances explore the situation with St. Helier, which is running 2 largish residential homes? This changeover from the old system, (a) the welfare system and (b) income support and now long-term care, could you talk us through the situation of where we

have now 2 homes rather than 3 at a time when demand is going up? What is happening in St. Helier?

**Community Visitor, Parish of St. Helier:**

Essentially, we lost all the control, did we not? I have to be honest. It might not be what you want to hear, but in St. Helier, for example, we did the placements. The social worker would say: "Can you take this resident at one of your homes?" and we would say ... I would agree, I would say: "Yes, that is fine, they can go there. As long as the home can meet their needs that is fine." The home manager would do the assessment. Then I would go and see them and I would do the funding and I would make the payments, so it was all done by St. Helier.

**Deputy J.A. Hilton:**

In-house, type of thing?

**Community Visitor, Parish of St. Helier:**

Yes, we had all the control. We have gone from that situation where we had all the control to now where we have no control. We are now advised when a client ... when a social worker feels that a client would be appropriately placed at one of our homes, can we take them, and our home manager will make the assessment to see whether we can meet their needs or not, but we are in competition with every home on the Island now. So, that is the scenario we are in, really, and we have to wait for funding to be decided by another agency and we have to wait for funding to come from another agency. As Neil said, because we are in the fortunate position where we have ratepayers' money behind us, we can afford to carry the debt, I suppose, to a certain extent, although whether we should be or not is another matter. So, yes, we have very little control now, I have to say. It has resulted in us having to close one home, really, ultimately. We are not for profit, that is the other thing that is important to bear in mind, and if we as a not for profit cannot make our homes run, you know, it makes you wonder how anybody else is doing it.

**Deputy G.P. Southern:**

The question then asks itself: are you having problems making the homes run? What is your occupancy rate?

**Director of Finance, Parish of St. Helier:**

I think at St. Ewolds it is about 100 per cent. St. Helier House is high 70s, 80-ish, but to make it viable we basically look to break even. That is our target on the basis that it is ratepayers' money and all the other aspects around that. We can just about manage that but we have to put in place various controls and various other things. We are not out there to make money, which is what most other homes would be, and I think that is the viability aspect. I certainly would say from a financial

perspective if I was sitting in a commercial operation, to break even just would not work. You would be questioning your investment and other things. We are likely to invest or certainly more likely to invest in a redevelopment of St. Ewolds and that, you know, investing into the area, means that we have a commitment to the sector without breaking even, but then I would question whether really anybody else would want to invest heavily into the sector without generating profits for their shareholders or whoever else and that is ...

**Deputy G.P. Southern:**

So, without profit you are struggling to make ends meet and providing a service ...?

**Director of Finance, Parish of St. Helier:**

Yes, we break even. To be fair, obviously the likelihood is this year we will probably ... after attaching a building depreciation we will make a deficit in the homes and it is a ... it is something we will do, but we expect to break even over time.

**Deputy G.P. Southern:**

So it is a long-term commitment?

**Director of Finance, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

Over which you might break even. But you then questioned the whole ... so, in my mind, I am saying: "Hang on, have we got the right level of conversion from need into cost? Have we got the right numbers in the system?" If I were making ... if my aim was to make a profit, I do not know how they do.

**Director of Finance, Parish of St. Helier:**

I think various people, various sectors or various competitors can make money in different ways, self-funding rates and other things they can play around with, rather than the care level 1, 2, 3, 4. So they could charge more for a self-funder. As the finance director, I probably do not have many sleepless nights, but when I look at the debt level related to the homes it does give me a degree of concern and has always given me a degree of concern, but it does not fluctuate too much from the level it has currently been.

**Deputy G.P. Southern:**

So is there a risk, let us put it that way, is there a risk of developing a 2-tier system? Have we got those who self-fund accessing one system and those who cannot accessing ...?

**Community Visitor, Parish of St. Helier:**

We have a 2-tier system now.

**Director of Finance, Parish of St. Helier:**

We do.

**Deputy G.P. Southern:**

We have?

**Director of Finance, Parish of St. Helier:**

Yes.

**Community Visitor, Parish of St. Helier:**

Really, we have, I have to say, yes. I think ... I have had conversations previously with staff at long-term care. They always ... when the resident goes in they always send me an email that says, you know: "What was the date of admission? What is the current funding rate?", those sorts of bits and pieces. I have gone back and I have said: "They have gone in as a self-funder." They have come back to me to say: "But you do not do self-funding." Well, actually, yes, we do. What we do at St. Ewolds and at St. Helier House is if a resident goes into care and they declare that they have sufficient funds to self-fund and then they come into long-term care benefit, I will always honour the long-term care benefit rate once they have accessed it and they have come into it because that is our policy. It has always been our policy. But other homes do have a top-up situation and do charge a top-up on all residents as far as I am aware.

**Deputy G.P. Southern:**

Okay.

**Director of Finance, Parish of St. Helier:**

I think as well, too, you have ... for the next 2 years they have set the rate increases at below inflation, so you are at 1.5 per cent for 2018 and 2019, but given the fact that you have other factors ... I think last week inflation was 2.5, but then the R.P.I. (Retail Price Index) for pensioners was actually 2.8. You have Brexit. You do not know how that is going to apply. So, to set it in the long term and say: "This is your next year and the year after," while it might be nice for budgetary purposes and ... it does not really ... you are going, like: "Well, how do I make this work?" and I do think that is an issue.

**Community Visitor, Parish of St. Helier:**

We have been following ... we have said that. When they first ... when they initially set up long-term care, they adopted our what they call level 1 and level 2 rates, basic residential care and higher residential care. They were the rates that we charged at St. Helier House and St. Ewolds. They adopted our rates as level 1 and level 2. We have continued as they have made their increases to adopt the same percentage uprate that they have honoured because most of our residents there are funded by long-term care. The residents we have generally in St. Helier are residents that have lived in St. Helier all their lives and want to stay in St. Helier, and by virtue of the fact that we have most of the social housing in St. Helier, you can imagine that it is quite easy for us to fill our homes with residents from St. Helier. So, obviously we want to keep them so we honour the long-term care rates. We are able to do that simply because we have this not for profit scenario, but with the introduction now of everybody who pays tax paying this long-term care tax, it is kind of like a question you must put to your ... or your ratepayers must be thinking about in future. You know, why should we carry a debt from the parish homes in our rates if we need to when we are also contributing to our income tax via long-term care? It is like a double whammy for St. Helier residents to a certain extent. That is why it is even more important that our homes do not lose money, you know, so we need to keep them full.

**Senator S.C. Ferguson:**

Why is there such a disparity in occupancy levels between St. Helier House and St. Ewolds?

**Community Visitor, Parish of St. Helier:**

St. Helier House mostly, as I said before, had residents who were at level 1 care by virtue of the fact that we cannot have people in wheelchairs because the corridors are not wide enough and the lifts are not wide enough. There is more money attached to a resident at level 2, the higher residential rate, but I have to keep them level 1 residents there because of the building, the lifts, the bathrooms, the toilets. It is that level of care that I can look after safely at St. Helier House. Yes, with one or 2 exceptions, but that is generally the reason, I have to say.

**Deputy G.P. Southern:**

Does that mean that the clients that go to St. Ewolds have changed over time with their more complex needs?

**Community Visitor, Parish of St. Helier:**

Generally, I have to say, but we have ... we do have a little bit of an ongoing debate about this because I could not have everybody at St. Ewolds at level 2 or at nursing level, level 3 or level 4, because it would change the dynamic of the home. You need the home to be vibrant so you need a mixture, or I always think, of levels of care because you have those who are more able that like to socialise with those who are more able, and those who are less able physically, there is no reason

why they should not be able to mix in with everybody else. So, it makes for a better dynamic in a home, I think, if we have a mixture of care. I know Neil would like perhaps to have a few more level 2s there so there is a bit more money coming in, but it has to be a balance, I think, really. There are fewer and fewer residents going into level 1 care. They are being kept at home now longer, so by the time they need care they go in at level 2, generally. So that is another reason that St. Helier House is a little bit harder to fill.

**Senator S.C. Ferguson:**

It would need, presumably, quite a lot of money spending on it to make it possible for level 2s?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

Does that mean you are under-occupied to what you are ...?

**Community Visitor, Parish of St. Helier:**

St. Helier House?

**Deputy G.P. Southern:**

St. Helier House.

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

So, 70 per cent to 80 per cent is actually under-occupied ...

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

... and significantly ... and reducing, therefore, your income, et cetera?

**Director of Finance, Parish of St. Helier:**

Yes. I think, just slightly expanding on Julie's comment about St. Ewolds, the mix around the care levels, one of the key performance indicators we have is that we compare our costs to per room

occupied, and for a care level 1 our costs are about £25 per day more than what we are actually earning, getting in, although you do have to have a mix and I think it is right to have the mix.

[10:30]

Maybe not as large a mix as we currently have, but that is my finance head saying it. But a care level 2 we break even. Care level 4 largely we make it sort of cross-subsidised to a certain extent and there are self-funders as well, too. So there is a mix there, but losing £25 to £30 per day, per room, is quite significant.

**Deputy G.P. Southern:**

Yes. Problems with staffing, can you ... nursing beds. I know that was a problem in the past. What is the state of play now on beds?

**Community Visitor, Parish of St. Helier:**

Well, our staff are very well paid and they are pensioned. They are very well trained. We train our staff. We do not have an awful lot of staff turnover, which is great from the residents' point of view. We have a lovely, loyal staff. It is one of our assets in our St. Helier homes. When we do lose a nurse, the nurses are hard, I have to say, to recruit. But, yes, we are managing. In fact, our ratio of nursing staff to our nursing patients, we are at the top end of that. It could be lower. Other homes I do not think have as much nursing cover for their nursing clients as we currently do for our 5 nursing clients. Our ratio is much higher. Our manager is also a nurse; she is a nurse manager. That takes our ratio up as well.

**Deputy G.P. Southern:**

That is a conscious decision to have a higher ratio, is it?

**Community Visitor, Parish of St. Helier:**

It was historical really, because we had senior carers in post. Senior carers were very well paid. A senior carer left and we realised that for the money that we were paying our senior carer we could afford to pay a nurse. So, we thought it was a no-brainer really. We needed to employ a nurse instead, so we took on nurses. Rather than downgrade the post, we paid the same salary and got a nurse in exchange for a senior carer. So, change the dynamic very slightly between the nursing and the caring staff.

**Deputy G.P. Southern:**

Future plans for St. Ewolds, you have now closed the nursery and I think you are looking to take that space. What is the plan?



**Director of Finance, Parish of St. Helier:**

The plans, I vaguely remember, about an additional 25 residential rooms. We are looking at whether the potential is to set up ... the ground floor is potentially a dementia unit, separate, but that is just something to look at. We are trying to put all things in to consider. The investment would be in excess of £8 million. It shows the parish's commitment to residential care and long-term care. That is what we are likely to do.

**Deputy G.P. Southern:**

Yes. It is early days, but in the particular dementia units ...?

**Director of Finance, Parish of St. Helier:**

It is possible. To be fair we are looking at ... basically to future proof, effectively. But if are going to spend that much money, we want to make sure we have various options to consider and allow us to perhaps move the position around during the course of the ... as it evolves over time. But it will also be a refurb of the rest of the home as well, which is probably looking a little bit dated and it probably needs to be done properly for the long term. But it does show a level of commitment. I think we can really get ... because we are planning to break even long-term wise. That is what the view is. With that we are providing a good service, an excellent service, and I think it is a commitment to do that.

**Deputy G.P. Southern:**

To be very straightforward about it, that is an £8 million investment through the end ... higher income?

**Director of Finance, Parish of St. Helier:**

It may initially be as we refurb the rest it will be a transitory approach to move people down and back up to their rooms, but the main aim is to set each room up as being the home for life, except for ...

**Deputy G.P. Southern:**

Change of philosophy.

**Director of Finance, Parish of St. Helier:**

I think that is quite critical on that aspect. So, certainly my perspective is that it is their home, so they should not need to move at any time. When dementia comes up, it is really just how the numbers sits with the parish ethos and how it sits overall. It is long-term thought process. The first thing is to redevelop and create the opportunity, should we do that in the future, to do that.

**Deputy G.P. Southern:**

You are not suggesting that somehow getting the iron string is not the appropriate thing to do? There will be more dementia cases as we age.

**Director of Finance, Parish of St. Helier:**

As the costs association with that, it is the viability around it. That is probably my area to look at. While I am the financial person, there are a lot of people who have more conscience than I have and they keep me well grounded.

**Community Visitor, Parish of St. Helier:**

I think in addition the residents that we do lose because we cannot look after them is often because of dementia. We do not want to lose our residents that have been with us for a long time. It is their home.

**Deputy G.P. Southern:**

It adds to the complexity of needs.

**Director of Finance, Parish of St. Helier:**

I think when they move into the residence that is their home. They have the room, but it is their home. I think you should never forget that and they should be there until the end of life. I think that is quite critical about it. I think that is about providing the service from when they come in, at care level 1 or care level 2, all the way through.

**Senator S.C. Ferguson:**

Yes, because if you move them when they have dementia they get even more confused.

**Director of Finance, Parish of St. Helier:**

I think you would have to move them anyway, because you would have to move them into a separate unit, but within the same building it is hopefully less of a ...

**Senator S.C. Ferguson:**

With potentially the same people.

**Deputy J.A. Hilton:**

Can we just move on to respite? Do the parish homes provide any respite?

**Community Visitor, Parish of St. Helier:**

Yes, we do. Respite is a difficult one. If you talk to social workers, they say there is no respite, because there is no respite budget. But I am constantly booking respite at St. Helier House, particularly at the moment because we have the availability. So, it lends itself obviously to short term. We do offer respite. We advertise a little bit for respite for holidays, for example, for families going off the Island and who would like their older residents to move into St. Helier House for a temporary period. We look after them while the families are away, for example. We have always done that. We are also looking at respite for residents who are Health and Social Services funded and long-term care funded. How the budgets are organised for that I do not know. We are just asked if we can provide this care. Sometimes it can be for a variety of reasons. For example, a client may have had a fire at home and cannot stay in their home environment, so we are asked to provide respite for them until such time as alternative accommodation has been found for them.

**Deputy J.A. Hilton:**

Basically, you are asked by the Health Department via the social worker?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy J.A. Hilton:**

But you are not sure where the budget comes from to pay for that.

**Community Visitor, Parish of St. Helier:**

Well, in that instance it came from Health and Social Services. I have also provided respite for other clients and funding has come from long-term care. So, how it is divided I do not know. Unfortunately, I have one scenario at the moment of a lady who went into respite from December and I am still trying to find out who is going to pay for her. At the moment it keeps bouncing back between Health and Social Services and Social Security.

**Deputy J.A. Hilton:**

She is still a client?

**Community Visitor, Parish of St. Helier:**

She has been in and she has gone home. It is just trying to get the bill paid.

**Deputy J.A. Hilton:**

Were you asked to take her by Health ...?

**Community Visitor, Parish of St. Helier:**

We were asked to take her by a social worker.

**Deputy J.A. Hilton:**

It is going to help the Health Department then, is it not?

**Community Visitor, Parish of St. Helier:**

I would like to think so.

**Deputy G.P. Southern:**

It is not a model of clarity where funding is going for certain clients.

**Community Visitor, Parish of St. Helier:**

No.

**Deputy G.P. Southern:**

There is still a remnant of what used to be funded directly from the Health Department?

**Community Visitor, Parish of St. Helier:**

I think it is fair to say that the majority of the respite we are providing at the moment at St. Helier House is for mental health, either people who are not a candidate to go on to a ward at St. Saviour's, for example, but need a lot of extra help in the short term or being discharged from hospital but not quite ready to go home. Funding has been ... the social workers involved there are adult mental health social workers. A lot of that is down to the fact that our head of home at St. Helier House has a particular expertise in mental health. She is mental health trained. She has a very good reputation and a very good rapport with the mental health team, so can manage clients of that type very well.

**Deputy J.A. Hilton:**

I would imagine that the capacity that you have and the expertise in person at St. Helier House, that that must be quite an attraction to the Health Department because they know that they can call upon you to deliver respite in emergency situations.

**Community Visitor, Parish of St. Helier:**

Yes, we do.

**Deputy J.A. Hilton:**

On average, how many clients have you taken this year from Health in that sort of circumstance?

**Community Visitor, Parish of St. Helier:**

Only about a dozen. We have turned down clients as well, I have to say, because we have to bear in mind our existing clients and because a lot of them are quite elderly and a little bit confused, sometimes it does not lend itself or is not an appropriate place for somebody coming in. Obviously, our current residents have to take some sort of precedent over that sort of scenario.

**Deputy J.A. Hilton:**

Would it be fair to say that you have not experienced any difficulties with regard to respite and long-term care?

**Community Visitor, Parish of St. Helier:**

No.

**Deputy J.A. Hilton:**

Okay. Thank you.

**Senator S.C. Ferguson:**

You have not had any residents who have needed to apply ... as I understand it, there are the 4 bands and then there is a hospital committee ...?

**Deputy J.A. Hilton:**

Policy 2.

**Senator S.C. Ferguson:**

Policy 2.

**Deputy G.P. Southern:**

Have you come across that categorisation of policy 1 and policy 2 for clients? Policy 1 are those at the lower end?

**Deputy J.A. Hilton:**

Yes, an hour a day, delivered in the home.

**Deputy G.P. Southern:**

Minimal input and at the other end, the high cost end, there are ...

**Deputy J.A. Hilton:**

Policy 2 is for people who fall outside the band of band 4 into the long-term care ...

**Deputy G.P. Southern:**

Whose needs cost more, so you have to go to a high-cost board.

**Community Visitor, Parish of St. Helier:**

That is with regard to home care as opposed to care home?

**Deputy J.A. Hilton:**

No, I think it is in residential homes.

**Senator S.C. Ferguson:**

Yes.

**Deputy J.A. Hilton:**

Yes, because by the sheer fact of the level of their disability, I think they would have to be in a nursing home. It is at the very, very top end, falling outside of level 4. So, you have not had an experience of that?

**Community Visitor, Parish of St. Helier:**

No. My highest level I am looking after is a level 4.

**Deputy J.A. Hilton:**

Level 4. Okay, thank you.

**Senator S.C. Ferguson:**

What is your overall thoughts about the long-term care scheme?

**Community Visitor, Parish of St. Helier:**

I think it is a difficult benefit to understand. It is certainly a difficult benefit to explain to older people and their families. I am having to go over it many, many times with people before they ... and even then I think some of them do not really understand it. I think it must be a difficult benefit to administer. I despair sometimes at the time it takes for claims to be processed. I feel a little bit like I am constantly on the phone to long-term care. I do think we have good communication between us, I have to say. I will pick the phone up to L.T.C. (long-term care) and I will get a response back the same day. That is not an issue, I do not think. I think we have quite a few errors coming through when claims have been made.

**Deputy G.P. Southern:**

Is that about who can assist and see to the assessment?

**Community Visitor, Parish of St. Helier:**

No, it is actual payments.

**Deputy G.P. Southern:**

Just getting things wrong.

**Community Visitor, Parish of St. Helier:**

Errors in the payment process. So, that causes a bit of upset sometimes.

**Deputy G.P. Southern:**

In the payment process?

**Community Visitor, Parish of St. Helier:**

When they have processed a claim and they will send me through notification of the claim and I check it and it is not right. I have to ring them up and say: "I think you have made a mistake here." They generally say: "Yes, you are right. Okay. We will reprocess it." So, it does not get as far as the payment scenario, the correction is made beforehand, I have to say. But I think that is also because they have had difficulty retaining and training their staff. They seem to have gone through a lot of staff. Less so in recent months, I have to say. The staff in place at the moment are very amenable when I am ringing them, asking them to make some changes to a claim. The claims when they come through are also quite difficult to understand. I have had a 100 year-old gentleman receiving a 9-page letter explaining his benefit to him. When I read it, I struggled to understand it. There was absolutely no way that he was going to be able to understand it. The claim that is sometimes ... I think there is no real format.

[10:45]

I think each adviser sends out their letters but the way they lay out their letter is not necessarily standard. So, it can be laid out in a separate way and it always ...

**Deputy G.P. Southern:**

So, even though you are used to dealing with it, it cannot go to the same ... should be there, but it is not ...?

**Community Visitor, Parish of St. Helier:**

Yes, I have to say. When there is an overpayment that has been made to us ... say, for example, if a client should leave our care home or sadly they pass away and payments continued to be paid to

us, long-term care can recover those funds within 2 weeks. The way they reclaim it is they reclaim it from a BACS payment to me that they are about to pay to me. So, they do not negotiate with me. They do not ring me and tell me they are going to take the money back and how much they are going to take. They just help themselves by paying me less on my next payment.

**Deputy G.P. Southern:**

They are treating you as if you were the client. You know: "We have the right ... as of now, because your benefit is this, so the payment according to that would be ... the monthly payment to you is less this time." Yes.

**Community Visitor, Parish of St. Helier:**

So that can be a little bit frustrating, I have to say, particularly when I am trying to balance the payments that come in.

**Deputy G.P. Southern:**

Absolutely.

**Community Visitor, Parish of St. Helier:**

I have an issue about hospitalisation, I have to say. When a resident goes into hospital, they are allowed 14 days at core rate. Then after 14 days they reduce what they pay you to 90 per cent of the daily rate, which may not seem very much, but it is 10 per cent less that they are paying but we are still providing the home with the same staff. We cannot reduce our food order by 10 per cent because the resident might be coming back any day. Our costs are still the same, but they are paying us 90 per cent of the daily rate. After 4 weeks, if the person is still in hospital, they stop payment completely and they do not pay for the bed after 4 weeks.

**Deputy G.P. Southern:**

Is there a bed waiting to be ...?

**Senator S.C. Ferguson:**

But they expect you to keep ...?

**Community Visitor, Parish of St. Helier:**

Apparently, they do not expect me to keep the bed, I found out recently. What I am expected to do is make that client homeless. I am not going to do that. So, I have a bed with that resident's belongings in their room, not being used by anybody. The difficulty I have with that ... I can understand that that is their working practice. There is no discretion. I have a lady, for example, in hospital at the moment. She went in with a fractured left ankle. While she was in hospital they had



to amputate her right leg. Her hospital period has become more protracted. They cannot mobilise her because she has a fractured left ankle. Her recovery has taken a lot longer. She is desperate to come back to St. Ewolds. Her daughter keeps ringing me saying: "You are keeping her bed for her, are you not?" Of course, I am keeping her bed for her, but I know I am not going to be paid after 4 weeks of hospitalisation for that bed.

**Deputy J.A. Hilton:**

I am a little bit surprised that they have not ... because St. Ewolds is a nursing home, is it not?

**Community Visitor, Parish of St. Helier:**

It is a mixture, residential and nursing.

**Deputy J.A. Hilton:**

I am just a little bit surprised that they would not release her back to St. Ewolds, back into a nursing bed if you have one available.

**Community Visitor, Parish of St. Helier:**

Well, because she need the rehabilitation that she is receiving on Samares Ward. She needs to be able to have physio and all the treatment and the therapies that she is getting currently to get her back to St. Ewolds. She is being reassessed constantly and we are hoping to take her back.

**Deputy J.A. Hilton:**

It is a really tricky situation, is it not?

**Community Visitor, Parish of St. Helier:**

It is a difficult one.

**Deputy J.A. Hilton:**

Is that the first time you have been faced with that situation, with somebody being hospitalised for a period of time?

**Community Visitor, Parish of St. Helier:**

It is the first time I have been faced with them stopping payment, which is why I questioned it. I did have another lady recently who got knocked over by a mobility scooter and had to be in hospital for a long period of time, but they did make payment for her. That is why I questioned it. But I was told: "No, it is the Long-Term Care Law." So I said: "Oh, so there is no discretion?" "No, there is no discretion."

**Deputy J.A. Hilton:**

How can they pay for one but not the other and what was the difference?

**Community Visitor, Parish of St. Helier:**

That is the argument I am going to use when I try and sort the funding out for her.

**Deputy J.A. Hilton:**

As of today's date, the funding has stopped?

**Community Visitor, Parish of St. Helier:**

No, her claim has not been processed yet. We have a significant debt accruing for her. She has moved from a new claim to a change of circumstance. Change of circumstances take a lot longer to process than a normal claim.

**Deputy J.A. Hilton:**

Okay.

**Deputy G.P. Southern:**

Change of circumstances takes a lot longer to process in your particular case?

**Community Visitor, Parish of St. Helier:**

In all cases, all change of circumstances take a long time, much longer. Change of circumstances are generally due to a resident being in care and their health deteriorates.

**Deputy G.P. Southern:**

Change of circumstances for long-term care takes a lot longer for that application?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy G.P. Southern:**

Despite the fact that on Income Support they say they can turn round a change of circumstances in 24 hours. So, the same standard does not apply to long-term care.

**Senator S.C. Ferguson:**

How long does it take?

**Community Visitor, Parish of St. Helier:**

At least 12 weeks.

**Deputy J.A. Hilton:**

Is that because of the pressure on the social workers, so they want to deal with what they would perceive as emergency cases first because that is where the highest priority is?

**Community Visitor, Parish of St. Helier:**

Yes, I think that is fair.

**Deputy J.A. Hilton:**

Yes. That is what I guessed.

**Community Visitor, Parish of St. Helier:**

I think that is a fair comment. Because you are getting the social worker back to do a reassessment and another budget summary needs to be done and another needs profile needs to be done. So it is 2 more pieces of work. Then we start back again down the track. I think there are fewer people within the long-term care team who are able to process change in circumstances as well, so I think they sit around a little bit longer as well. But you are right, it is because they are in a place of safety.

**Deputy J.A. Hilton:**

They are being looked after, basically.

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy J.A. Hilton:**

They will deal with the paperwork and hopefully pay the parishes what they owe. Can we just ask another question: where you have a client on long-term care benefit, including the co-payment, the personal allowance is £35 a week. In your opinion, do you think that is enough or does that cause problems?

**Community Visitor, Parish of St. Helier:**

It does cause problems, I have to say. All residents receive £35 when they are in receipt of both benefits. Some who have a little bit of savings gradually use their savings if they need to purchase anything. Some people would say: "Well, what else do people need to spend their money on?" Pension Plus covers chiropody and eye care and dental care to a certain extent. I have had 2 examples this week. One lady who required some shin protectors because she keeps catching her legs, they were £54. In the scheme of things that does not seem like a lot of money, but when we

are getting £35 a week and she likes to get her hair done once a week and have a game of Bingo, before you know it that money is gone. So I will apply to a charity for those sorts of payments. I have another lady who has put on a significant amount of weight lately and she could do with a new wardrobe really, but there are no special payments for things like shin protectors or clothing allowances or things like that that I can apply for. So, it is another application to a charity.

**Deputy J.A. Hilton:**

Do you feel that you have to rely on charities for lots of these extras?

**Community Visitor, Parish of St. Helier:**

Yes, I think so. Lot of residents who smoke or like a glass of whisky at night, for example - absolutely nothing wrong with that - when the staff go away and travel they will bring duty-free back for them so they can, you know, continue to help them with those. But it is not easy. Come Christmas time, for example, they rely on their Christmas bonus. Well, you know ...

**Deputy G.P. Southern:**

Part Christmas bonus some of them will get.

**Community Visitor, Parish of St. Helier:**

Yes, that is right. So, yes, I think it is difficult, really. Some struggle with it more than others.

**Deputy J.A. Hilton:**

Have you ever been involved with anybody who has had a property bond on their property to pay the long-term care fund?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy J.A. Hilton:**

You have. Did the client concerned, were they fully conversant with what was going on and did they understand it? How did the whole process operate, as far as you were concerned?

**Community Visitor, Parish of St. Helier:**

Well, luckily there were family involved in this one and it was the family that were making the application on behalf of their mother. But it is a scenario that I have where I have a large outstanding debt because it has taken a long time for it to be ... so it has taken since January for this one. We have had no money since January for them because the family are waiting for the terms of the

property bond, which only went out I think last week to them. So they have yet to accept the terms of the property bond before they start receiving some funding.

**Deputy G.P. Southern:**

So that is a problem not necessarily for them but for you to then give it?

**Director of Finance, Parish of St. Helier:**

I think if you are on ... just to put a bit of perspective, when you are on care level 1 the average level of debt is about £3,000 per month so any delays it racks it up fairly quickly. Also I think the stress level as well goes on to the resident because they think: "Do I have to pay this money?" Twelve weeks does not sound like a lot but it works out effectively £12,000, it is a lot of money.

**Deputy G.P. Southern:**

I might be revisiting it, but is there a back payment element there as well because certainly dealing with Social Security elsewhere it is from the date the form was correctly filled in, despite the fact it had taken 4 weeks to get it correct. So the 4 weeks just disappears.

**Community Visitor, Parish of St. Helier:**

No, I have not had that.

**Deputy G.P. Southern:**

You have not had that?

**Community Visitor, Parish of St. Helier:**

It has always been from date of admission.

**Deputy G.P. Southern:**

From the first day they have the application form it is running?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy J.A. Hilton:**

Have you had any experience of a situation where there is property and there is a spouse remaining in the property?

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy J.A. Hilton:**

How did that whole scenario work for the person left behind?

**Community Visitor, Parish of St. Helier:**

Difficult, I have to say. Difficult for the clients, I have to say, because they believe that ... generally they are more worried about the spouse remaining in the property. It has not caused particular problems for me. There has been sufficient capital for the spouse remaining at home to continue to pay fees for her partner who was in care once long-term care had kicked in.

**Deputy J.A. Hilton:**

After it reached the care cut-offs?

**Community Visitor, Parish of St. Helier:**

Yes, and she had sufficient capital to pay until that time.

**Deputy J.A. Hilton:**

So the only situation that you have been aware of it has not been a particular problem?

**Community Visitor, Parish of St. Helier:**

No.

**Deputy J.A. Hilton:**

Thank you.

**Senator S.C. Ferguson:**

Going back to assessments for a moment, you do not have any residents who are awaiting assessment?

**Community Visitor, Parish of St. Helier:**

Yes.

**Senator S.C. Ferguson:**

What sort of percentage?

**Community Visitor, Parish of St. Helier:**

Do you mean assessment for long-term care funding or assessments by Social ... we are still waiting for funding to be sorted out?

**Senator S.C. Ferguson:**

Yes.

**Community Visitor, Parish of St. Helier:**

I have probably got about 8.

**Senator S.C. Ferguson:**

Not a very high percentage.

**Community Visitor, Parish of St. Helier:**

No.

**Senator S.C. Ferguson:**

All of your residents who are on the long-term care, have you had any of the annual reviews that were promised?

**Community Visitor, Parish of St. Helier:**

No. No, very few, I have to say. There was a spate of them about 6 months ago but I think they were some temporary social workers that had been appointed or were on a contract basis.

**Senator S.C. Ferguson:**

There were 87 last year.

**Deputy G.P. Southern:**

One's happened one way or another.

**Community Visitor, Parish of St. Helier:**

But not recently. We are struggling to get reassessments done, I have to say, when we are doing a change of circumstance to get the social workers back at the moment. The other thing we are struggling with is we had a situation recently where we believed a resident had gone from residential to nursing care level. The assessment was done and we were told: "No, she does not meet nursing care level."

**Deputy G.P. Southern:**

Without a review?

**Community Visitor, Parish of St. Helier:**

Yes, and we really did feel that we had a case for it and she really did need more care and needed to go to a nursing care bed. We appealed and a second assessment was done and again it was turned down. Then we struggled to find someone to appeal to after that. There was no appeal process that we could go through. Anyway, the third assessment was done and she was finally assessed as needing nursing care, so that is fine. But the time it took it was protracted and I think unnecessary. That funding was not then backdated to our initial change of circumstance date. That one was backdated to the date of the third assessment.

**Deputy G.P. Southern:**

But you are dealing on a day-to-day basis with the department and you are not aware what the route is to appeal?

**Community Visitor, Parish of St. Helier:**

No. Also we do not have sight of the needs profile that the social worker completes. So I am being asked by Social Security when the resident is going in, and they have received all pieces of work and they are going through the assessment process. They will send me the email that says: "What level of care are they?" "Well, I do not know what level of care they are because you are the ones that have received the needs profile and that profile is not shared with the home manager."

[11:00]

We have asked social workers for a copy of it and we have asked Social Security for a copy of that paperwork. Each of them have said: "There is no reason why you should not receive it" but never has it been forthcoming. It is one of those.

**Deputy G.P. Southern:**

It is data protection again that is getting in the way because the contract is between Social Security and the client who then pay the provider. It is the client's information.

**Community Visitor, Parish of St. Helier:**

The difficulty is, and it does not happen often, is that I will ring the home manager and I will say: "What level of care do you think so and so is?" and she will say: "Do you know what, at the moment we are struggling with him. He is having seizures. We are having to give him medication. We are doing this, that, I think it is level 2." So I will put level 2 down and expect to get level 2 and then I get a response back: "Actually the needs profile came out at level 1."

**Deputy T.A. McDonald:**



Just going back to that wall of forms, there is a needs profile form, a budget summary; what was the other one? The B.I.C.A. form?

**Community Visitor, Parish of St. Helier:**

The B.I.C.A.

**Deputy T.A. McDonald:**

And that ...?

**Community Visitor, Parish of St. Helier:**

The background information contact assessment.

**Deputy T.A. McDonald:**

That is fine, thank you.

**Senator S.C. Ferguson:**

Given your experience with dealing with residential homes and long-term care and so on, how long before we start putting up the rate? What is your sort of prognosis?

**Director of Finance, Parish of St. Helier:**

Looking at it purely financially, I think if I was looking at ourselves we can probably break even over a 3-year spell and we would like to get it to that stage. But if every cost continues to increase at an inflationary rate the rate either has to catch up or keep up or there has to be a last payment because otherwise the only way you can effectively break even ... and we are only aiming to break even. We will continue to provide the service, so ultimately we have to ask the ratepayers to fund that to a certain extent. However, if I was looking for the rest of the sector, I would say there would be a pot in the care provider because staff costs are the highest costs associated with that. I think that is where I would look at it. Also my question would be: why would I invest in the sector or in additional facilities? Because we had a discussion outside and I think long-term care is just going to go bigger as the population becomes older and older. Who would want to come into that and provide additional facilities when there is no effective return? That is really a question ... I mean, I know it is 1 per cent now. I am young enough to probably pay tax for a few years yet, but I still expect my tax rate to go up. I think most of us of my generation would say that is probably accepted and we would understand that, provided that the service is there for when we get to that level. That is what you are basically putting the money aside for is the long-term future. But I had elderly relatives as well in the U.K. and I think there is a danger potentially that Jersey will develop down the U.K. sector in the way that ... my grandmother fell over twice and got a visit once a month, so the responsibility

sits on families accordingly, and I think ... while I might be a hardnosed finance director, I am not necessarily thinking about that. I have got to think about it as an individual.

**Deputy G.P. Southern:**

As you say, unless payments keep up with inflation the least we can end up ...

**Director of Finance, Parish of St. Helier:**

You are going to end up with an area where self-funders will pay X and then you will end up with the facilities and it affects the quality of care for those who are on L.T.C., on the benefit side of it, will be ...

**Deputy G.P. Southern:**

As you say, the highest part of that expenditure is staff and training staff and making sure you have got the right quality of staff.

**Director of Finance, Parish of St. Helier:**

Yes, as Julie said, we have good quality staff. We provide a good pension scheme and I think that is where we are looking after them. We want to retain the staff. I could not comment on what other providers do, but it is certainly something we are committed to.

**Deputy G.P. Southern:**

But the risk must be that if you are going to skimp anywhere it is staff ratios, it is staff training, it is the level of your staff and the quality of staff?

**Director of Finance, Parish of St. Helier:**

I do not think we intend to skimp anywhere, to be fair.

**Deputy G.P. Southern:**

I was not talking about ...

**Director of Finance, Parish of St. Helier:**

Yes, I think that is fair. Because we have got the ability to break ... our intention is to break even, it is not to make money for shareholders and other people.

**Community Visitor, Parish of St. Helier:**

I think the thing is we have this ... yes, the care homes inspectors, for example, who regulate the homes inspect us twice a year. They are really vigorous and they are rigorous at checking everything, from aspects of the staff that we are providing, what qualifications the staff have. They

are very, very thorough, I have to say, and we could not let our standards slip because we would not be allowed to let our standards slip. I wish there was as much in the community with regard to the provision of home care in the community because it seems to me that there are agencies providing care who are not being checked or supervised. I think there are clients in the community who are not being protected, either financially or with regard to the type of care or the standard of care they are being given. You know, I think there are care homes registered in the U.K. that are not even registered in Jersey providing care, being paid large sums of money without any checks at the moment. So I think there probably needs to be a lot of work done, more work done around that, certainly.

**Deputy G.P. Southern:**

At which point we will end, apart from the final question I ask everybody, which is: is there anything that you came to say that for some reason we have not touched on and you really must say before you leave?

**Community Visitor, Parish of St. Helier:**

The only thing I would say is that ... and I should have mentioned it when we mentioned hospitalisation and this reduction down to 90 per cent. The reduction, the 10 per cent less, is on the accommodation costs, which is the co-payment element of the benefit. For that co-payment, clients are asked to forfeit 100 per cent of their pension income. Yet for that period of hospitalisation they are not given a 10 per cent refund on their pensions or income. I have tried to address it with Social Security and they just say: "It is written in the law." That does not seem right. It does not seem right to me.

**Deputy G.P. Southern:**

Yes.

**Community Visitor, Parish of St. Helier:**

Finally, it is one that I have harped on about, I think, to numerous people over the years and it is about those people who are in care, paying their fees. Yes, they are getting long-term care benefit, but they are paying for the privilege. They are paying pension ... they are paying tax on their pension income and for those who have limited capital, their capital is dwindling ever more every year because they are still paying income tax. So, they are paying the residential care fees, they are in receipt of long-term care, they are paying the long-term care tax and they are paying tax on their pension income, even though their pension income is contributing towards their care fees. It just seems madness to me and it does not seem very fair.

**Senator S.C. Ferguson:**

They are just shifting it from one pocket to the other, yes.

**Community Visitor, Parish of St. Helier:**

Yes.

**Deputy J.A. Hilton:**

Okay. Thank you very much.

**Deputy G.P. Southern:**

Thank you very much.

**Senator S.C. Ferguson:**

If you think of anything when you get back to ...

[11:08]