



Health and Social Security Scrutiny Panel

Quarterly Public Hearing

Witness: The Minister for Social Security

Thursday, 10th November 2022

Panel:

Deputy G.P. Southern of St. Helier Central (Chair)

Deputy P.M. Bailhache of St.Clement

Deputy B. Ward of St. Clement

Deputy B. Porée of St. Helier South

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

Mr. I. Burns, Director General, Customer and Local Services

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

[11:46]

Deputy G.P. Southern of St. Helier Central (Chair):

This hearing is a normal quarterly hearing with the Minister for Social Security. For those people who want to tune into this and this only, can we have a round of names? It is Geoff Southern here, Chairman of the Health and Social Security Scrutiny Panel.

Deputy P.M. Bailhache of St. Clement:

Philip Bailhache.

Deputy B. Ward of St. Clement:

Deputy Barbara Ward for St. Clement.

Deputy B. Porée of St. Helier South

Deputy Beatriz Porée from St. Helier South.

Scrutiny Officer:

Sally McKee, Scrutiny Panel Officer.

The Minister for Social Security:

Elaine Millar, Minister for Social Security.

Assistant Minister for Social Security:

Malcolm Ferey, Assistant Minister for Social Security.

Associate Policy Director, Cabinet Office:

Sue Duhamel, Associate Policy Director, Cabinet Office.

Director General, Customer and Local Services:

Ian Burns, Director General for Customer and Local Services.

Deputy G.P. Southern:

We are starting to get to know each other well. Minister, your ministerial plan states that you will be revising the community cost bonus in 2023 and during your meeting with the panel noted that the current community cost bonus is due to expire at the end of next year. When will considerations for how the community cost bonus might change begin and when will you engage with the panel on this matter? I will save the third element.

The Minister for Social Security:

Yes, I can only manage one question at a time. In terms of timing, I think the current community cost bonus crosses over this winter. I think it is normally paid in the autumn, so we have some time at the start of next year so we will work on that. I have seen a very preliminary workplan which was on a big spreadsheet. I share your views about spreadsheets. So it will be slotted into that plan so that we are ready to launch ... well, we will need to launch by the late summer, I imagine, in time for the autumn, so we will certainly be working on that by spring, I would imagine.

Deputy G.P. Southern:

In discussing the Government Plan, it is stated that there is about 1,000 claimants for the community bonus and you suspect there may be up to 7,000 potential claimants. How are you going to get to the right people?

The Minister for Social Security:

In its original iteration we thought there might be 7,000 eligible households. With the amendment that came in to the mini-budget we think that is an even bigger number. We are doing everything we can to promote it. We have had adverts in parish magazines. I have heard the advert on the radio several times driving in and out of town. We have gone to parish halls. We are doing everything we can to push it. Do you have the up-to-date numbers?

Director General, Customer and Local Services:

We have had 3,600 claims. That is compared to previous years heading towards 4 times as many.

The Minister for Social Security:

The communication plan continues and people can claim right through the winter. The window to claim has been extended as well, so every opportunity I get I will say to people: "Have you seen the community cost bonus?" If I am in a group of older people, for example, I may say: "Have you seen about the community cost bonus?" I think if we can all do our part to promote that, that would be helpful.

Deputy G.P. Southern:

But you are happy that you will be able to deliver this to that scheme or ...

The Minister for Social Security:

We need to design the scheme. I think we need to look at ... the current scheme I think has been around for quite some time, so we will look at how it works, what the criteria are. I think we just need to look ... we do need to think about have we got the criteria right in terms of obviously there were the initial criteria and we have got amended criteria which admit into the scheme people who pay some amount of tax. I think we just need to make sure we think about which group we are trying to target and then how we communicate it as best we can.

Deputy G.P. Southern:

Okay, I will leave that there and skip on to what is our question 3. Your ministerial plan also described a scheme to support workers through increases in minimum wage and taking action to improve their rights in 2023. What specific rights are you wanting to improve and specifically what actions will be made in order to do so?

The Minister for Social Security:

I think we are already doing a piece of work on zero hours contracts, so that I believe is already in hand and we will be working on that. We have committed with P.78 last year to look towards the feasibility of moving the minimum wage to living wage, how we can do that in a way that works for

Jersey, so that is quite a big piece of work. The minimum wage has gone up from 1st November this year, so that has come forward by 2 months this year. There is a review planned, I believe, of the family friendly legislation in terms of how that is working and how that is playing out. I think I have also just signed off drafting instruction for the parental bereavement leave, which will give parents who lose a child a statutory period of 2 weeks leave and we are working on there will be an allowance. There will be financial support; it will not be unpaid. There will be financial support and we are working on that as well. We discussed it just yesterday in fact. So we are working on that scheme. So those are the main ones that are in my memory from the discussions we have had about this.

Deputy B. Ward:

The question I was going to ask is about, Minister, do you still see a future use of the Employment Forum in providing advice in respect of the living wage and other matters? In some ways you have already answered my question but it is about the longevity. I know what is happening now but it is about the longevity of the Employment Forum because other jurisdictions are sort of letting it melt away.

The Minister for Social Security:

I personally see no reason to disband the Employment Forum. I think they do some very good work. It seems to me that a lot of their time is spent on things like minimum wage that could be spent more wisely on things like zero hours and looking at other things, other changes that would benefit employees in terms of rest breaks or holiday periods or sick ... whatever. There are other things they could be doing, but I think they are a very effective consultative group. I think there is a view in some quarters that there is an element of bias and I think the Employment Forum themselves are quite offended by that, I believe, because they are not biased. It is not an employers' group. They do listen to employees. So I think they serve a very useful function and I believe they do so largely voluntarily, so why would we not have them?

Deputy G.P. Southern:

When are you expecting to hear from the Employment Forum on the results of their study of zero hours and insecure working?

The Minister for Social Security:

When will I hear from them? I am not sure. Do you know, Sue?

Associate Policy Director, Cabinet Office:

Early next year probably.

The Minister for Social Security:

Sometime next year. They are working on it. I think it is a reasonably big piece of work.

Deputy G.P. Southern:

Is that early next quarter?

Associate Policy Director, Cabinet Office:

Early next quarter, yes.

Deputy G.P. Southern:

There are 2 versions: sometime next year and early next quarter. I like that answer.

Deputy B. Porée:

Your ministerial plan states that you intend to evaluate the operation of the long-term care scheme and the carers benefit. When do you think in 2023 you will be expected to report your findings from this review?

The Minister for Social Security:

I think that will take some time because there is quite a large number of stakeholders. We need to talk to the person who receives care and we need to think about what their experience is. We need to think about families. We need to talk to the providers and I know some providers ... the long-term care scheme when it was established we principally had residential care. There was a very well established provision of residential care. Over the piece, home care has developed and the law has kind of evolved alongside that. That really needs looking at, so we need to look at the domiciliary care providers and the residential care providers, because they are private businesses. I think we really need to work on how we communicate it. I think it is a very good scheme. I think other jurisdictions would envy our long-term care scheme and it serves very many people very well, but I think it can be very closely tailored to an individual and I think because of the level of tailoring it can be quite complicated to understand. I really feel very strongly that we need to look closely at how we communicate it, how we explain things to people, because I think the actual communication is the source of some of our issues with it and lack of understanding how it works.

Deputy B. Porée:

It sounds like a big piece of work.

The Minister for Social Security:

It is a big piece of work. I think it is really important because of what our forecasts are in terms of the ageing population particularly. It is really important that we get it right and that we do have the

right level of provision and an affordable level of provision that we are not sitting in 5 years' time going: "This is not working anymore." So I think it is a piece of work that we need to take seriously. The communications will work in parallel with that. I think we can start looking at our communications almost as we go along as business as usual, thinking: "Does this work?" I can tell you that I regularly have people saying: "They said this." There is lots of confusion caused by the letters we write and I have already said we need to look at these urgently.

Deputy B. Porée:

So perhaps maybe in the short term you could come back to us and give us approximate dates.

The Minister for Social Security:

I am very happy to. Again, as I say, the workplan is being worked out, so there does need to be quite a detailed process in terms of how it is operating, what the issues are that we know about and then consulting. But, yes, we will provide a timeline for that.

Deputy G.P. Southern:

I will just come in there before you move on. Has your attention been drawn to the ethical care charter for domiciliary care? It has been passed by the States twice and has never been enacted, and since I proposed it I am quite miffed. Has your attention been drawn to it?

The Minister for Social Security:

No, I am not aware that that has come to my attention yet.

Deputy G.P. Southern:

Okay. Well, when you do lay eyes on it, let me know.

The Minister for Social Security:

I will. Someone will perhaps tell me about that in due course and I will look at it, yes.

Deputy B. Porée:

We do know that you are going to announce an uplift to the long-term care plans. What consultation have you carried out to ensure that the uplift will be sufficient in light of the current cost of living crisis?

The Minister for Social Security:

My officers have been looking into that and, as I say, the announcement will be coming very soon, I hope. It will be coming very soon. I have said that I would like to announce that well before

Christmas and ideally in November. I cannot remember what the outstanding points were but we will pick up on that.

Deputy B. Porée:

Thank you for that. Your ministerial plans also state that you will consider the support provided to people receiving care in their own homes, their carers and younger adults also. Following those considerations, what will be your next steps following the review?

The Minister for Social Security:

I think some work is already underway on that. We have, I think, a lot of people who are carers and what they really want is support in services. It is not necessarily money. They want support, I think, particularly respite, and I think there does seem to be a real shortage of supply of respite at the moment.

[12:00]

I think that really sits with the Minister for Health and Social Services, but we will work with the Minister for Health in terms of respite provision. We have an ongoing project called the Care Needs at Home project where one of the officers has gone and has met with very many carers to talk about what they want and what they need. I do not know, Sue, if you can give any further ...

Associate Policy Director, Cabinet Office:

That is really it. There has been lots to do with that this year, yes.

The Minister for Social Security:

But that is it. We have talked to lots of carers in terms of their needs and I think respite comes up regularly, whether that is day care provision or other provision for the people they care for that gives them a break, and respite is a very important one. That project has been ongoing for some time and I think will be rolling out in the early part of next year I believe.

Deputy B. Ward:

Just a question on long-term care, Chair, if I may ask. Is it fair to be charging seasonal workers long-term care contributions?

The Minister for Social Security:

I believe the model is that everybody who works pays, if they are paying tax. Long-term care comes from your tax, so I think our model is that if you are a taxpayer you make a contribution for long-term care and everybody who works here pays that contribution. I think that is a general policy that has

existed for some time. I do not know the background to it but that is my understanding of how it works.

Deputy B. Ward:

One may perceive that seasonal workers do not attract enough to pay tax.

The Minister for Social Security:

I believe many of them will not.

Deputy B. Ward:

There are some that do, obviously, because they work extremely hard and long hours, some of it is their choice. But, yes, it does attract income tax and I just wondered whether that is fair if you have got people from all over the world who cannot access in the future.

The Minister for Social Security:

I think it is a tax. It is a tax on people who are working on Jersey, I suppose is the bottom line, and our system says everybody who is earning will contribute to this pot for long-term care if they pay tax.

Assistant Minister for Social Security:

Of course, many people come over as seasonal workers and stay for the rest of their lives, so it is not they will not ever ...

Deputy B. Ward:

Yes, there is that but a lot do not. They do go back.

The Minister for Social Security:

Some of them do get benefits back. They will receive certain benefits through our systems as well. I think the idea that they come and they pay all this money into the system and they get nothing back ... I think there are benefits they will receive at certain points.

Deputy B. Ward:

That is out of the social security fund, not out of the ring-fenced or should be ring-fenced long-term care fund. That is separate.

Director General, Customer and Local Services:

The other comparison is there are lots of existing residents, permanent residents who will pay long-term care their whole lives but never actually get to claim it, because it is only a small number of the

population who will end up needing the financial support of long-term care. The scheme is built on the fact that many people will pay in and only a small number will, but the fact is it will be a growing number with the ageing demographic. That is the reason why the States previously agreed to set up the fund because the demographics are such that the costs in going forward rapidly increase.

Deputy B. Ward:

The criteria obviously are about to qualify to get it. That is why I asked about seasonal workers because they would not qualify going forward.

The Minister for Social Security:

It is what it is. As Deputy Ferey said, people come here as seasonal workers and end up becoming long-term residents and may well qualify for long-term care or they will qualify for other types of benefits. So they may stay here and have income support at a time in their lives or sickness benefits or incapacity benefits. I think it is difficult. There will always be people who pay in and do not take very much out and there will be people who pay in and take a lot out. It is how we have to fund our benefits.

Deputy G.P. Southern:

I am aware of the clock. Could we move it on?

Deputy B. Ward:

I know, okay, thank you, Chair. It is about reviewing the incapacity and health benefits to enable Islanders to stay in work and access the primary healthcare that they need, so it is questions relating around that. Minister, you have committed in your ministerial plan to minimise the impact of health conditions on employees and self-employed people by updating benefit rules and constructing a new support service. Could you please detail what this support service will entail and who would be eligible for that, please?

The Minister for Social Security:

What we are trying to do with this piece of work is to try to avoid long-term sickness in the first place, because our system effectively says if you have a health condition you may be signed off work and once you are signed off you cannot work, you cannot do volunteering, you can do nothing economically and you are on benefits. All the research, every piece of research says our system is not good for people because I think there is research that says if you are long-term sick for 6 months you will struggle to go back to your job at the right level, if you are off for a year ... long-term sickness impacts your career, your work opportunities and the research shows this. Your career and work opportunities, your general life chances and in fact your general longevity, so all the research says that it is better for people, if they can work and they want to work, to be able to work. It is good for

their ... some conditions are better. Some mental health conditions, if you are able to work, being out and working can help manage those conditions. Some musculoskeletal conditions are helped by movement and not just by sitting down. I am telling you things you already know. So what we are trying to do is a system which once somebody has signed off it enables them to return to work on a phased basis and while there are some employers who already accommodate that, some employers get very nervous about bringing people back on light duties or how do we manage that. We are trying to support employers to get people back where they are able to work. It will be more of an occupational health-based model. I believe it is not going to copy something that happened in the U.K. (United Kingdom) that did not work well. There has been work ongoing and talking to various stakeholders. It is about really trying to promote good health and recognising that long-term sickness is not necessarily in the individual's best interests because it is better for them to be able to go out and do things and it is better for people to be able to work and earn some money rather than just to be at home just receiving benefits, which will limit what they can do with their time of itself by virtue of not having a wage coming in as well.

Deputy B. Ward:

It was very black and white, was it not, sadly? You are off sick and you are off sick, yes.

The Minister for Social Security:

It is a very black and white system. I have had very few sick notes in my time but saying: "I am fine, I will work." "No, no, you cannot. You cannot because of insurance. You have got a sick note, you cannot work." Sometimes people want to work and it is better for their recovery. It is absolutely not about getting people into work when they are not fit to be there. It is about enabling people to work where they are able to work and it is good for them to do so.

Deputy G.P. Southern:

This brings into the whole attitude of people to mental illness, so how do you assess that, yes, you are fit for work? How does that work?

The Minister for Social Security:

I think the individual plays a big part of that. There will be people who have a mental health crisis of some sort, something happens and they have a severe mental health incident and they cannot possibly engage with work and it is quite apparent they cannot engage with work, but as they begin to come out crisis with whatever support they get, it is better for them ... they may think: "Well, I could do some work, I could come in and work for a few mornings a week." What I have seen with people like AXA where you have occupational health support, AXA may often recommend, particularly with mental health but also with other forms of health conditions, that when the person comes back they come back on a phased basis. That may be one day a week for a time or 2 days

a week or mornings only and the employer has to work with the individual, and I have done this as an employer, trying to ... well, my team as an employer has done that to try to schedule time for people to come back at a pace that does not then send them back into crisis. It is about managing their workload and managing their time. Again, there are signs around it which say that coming back to work may aid people's recovery rate rather than just sat at home. You are at home, you are unwell, you are out of ... you are not seeing colleagues, you are not seeing friends, and suddenly someone says: "You are better now, you can go back to work" and suddenly you are back doing 5 days a week full-time. That is a recipe for disaster. It is trying to understand it is not about forcing someone into work when they are not ready but if someone says: "I know I still have my moments when I cannot deal with things but I feel I could come back and work for a few days a week or a few mornings a week, can I try that out?" it enables people to come and try out coming back to work and it will aid them to get back. But if somebody is in crisis, it is absolutely not about saying to somebody who is in mental health crisis: "You must be at work." It is absolutely not about that.

Deputy G.P. Southern:

It also asks the question about variability of symptoms, for example, physical or mental. On one day you may be perfectly fit to work but the next day you are in a complete mess.

The Minister for Social Security:

I think our current system ... I think benefit systems do struggle with variable symptoms but it is about trying to have a flexible system that says to someone if you get up on a Monday morning and you are feeling absolutely great and you want to come to work, come in to work and work that day. Tuesday is fine. If on Wednesday, something happens on Wednesday morning and you just think: "I just cannot go" you do not go. It is allowing people to say: "Well, can I work at home today?" it is about trying to help both employees and employers with systems that enable people to work when they are able and they want to work rather than saying to them: "You must just stay at home, you cannot come to work and you cannot even volunteer."

Deputy G.P. Southern:

I am thinking again - and it is a real case - of the plasterer whose back has gone as he cannot get up a ladder with a load of plaster. Where does he fit into this this? There are some people for whom that is the position they will be in and they will not be working for perhaps the next 10 years.

The Minister for Social Security:

I think in that case it may be that what we would want to do, what you would hope to do with that person ... because that plasterer is used to doing a very physical job and if he says: "I cannot go up and down a ladder with a load of plaster and a plasterboard" ... I cannot imagine that. That is not a job I would like to do. What you perhaps say to that person is: "You cannot go up and down a ladder

with a plaster load but what can you do? There may be other things you could be doing.” We would be looking to say: “Can we support you into some form of training to do another job?” If you are used to doing that, you are probably working with other people and if you are then in an environment where you cannot work, you are not getting social contact and that is not going to be good for your mental health. So I think the new system, what we would be wanting to do is try and help people find work that does suit their level of ability.

Deputy G.P. Southern:

What will that system look like? You are scrapping the rule that says: “You cannot work. You will be on sick for 12 months and you cannot work during that period”, so you are scrapping that. What sort of period are you looking at? How is it going to change? Do you have thoughts?

The Minister for Social Security:

I cannot go into that level of detail. I know there is a big piece of work underway and it will be communicated properly. It is really about trying to help people know just be signed off and be on sick for the rest of their lives, because that is not necessarily good for people. So it may be we can help people find new employment, new training that helps them. It cannot help anyone’s self-respect if they are just sat at home thinking: “I cannot contribute anything anywhere.”

Deputy B. Ward:

You have stated that you will establish schemes to address women’s health issues. What health issues are you referring to and what might these schemes look like?

The Minister for Social Security:

I think those are in conjunction with the Minister for Health. I think it is about trying to address things like ...

[12:15]

Again, it goes back to Deputy Southern’s point about variable conditions. There will be female health conditions where you are absolutely fine most of the month and then you have 2 days where you can ...

Deputy B. Ward:

Menopause.

The Minister for Social Security:

Not just menopause. Menopause is certainly the one that we hear a lot about at the moment where it is variable but younger women can be in the position of being absolutely fine 27, 28 days a month and have 2 days where they can barely stand. So it is trying to get everybody to recognise that and maybe just offer a bit of flexibility to recognise that there may be one or 2 days. I am sure there are other conditions, but it is trying to not have people going into work when they are really not fit to work but enabling them to work when they can and just recognising that some people have challenges with health that will impact their ability to work.

Deputy B. Ward:

Thank you, Minister.

Deputy P.M. Bailhache:

Minister, we understand from your ministerial plan that you are wanting to review the Health Access Scheme. Could you tell us how many members of the public are currently accessing the scheme?

The Minister for Social Security:

My memory says 3,000 but I am not sure that is right.

Associate Policy Director, Cabinet Office:

That is children. About 11,000 altogether.

The Minister for Social Security:

About 11,000.

Deputy P.M. Bailhache:

I am sorry, how many?

Associate Policy Director, Cabinet Office:

So 11,000 people altogether, so adults and children.

Deputy P.M. Bailhache:

Has there been any feedback from members of the public and in particular G.P.s (general practitioners) on the scheme?

The Minister for Social Security:

What did the G.P.s say about it?

Associate Policy Director, Cabinet Office:

I think the G.P.s are very happy with the scheme.

The Minister for Social Security:

It is provided under a contract with the G.P.s, so the G.P.s receive funding for it and it guarantees people who are an income support household. So households receiving income support can go to the doctor for £12 a visit, £9? £12 for a visit for an adult and free for children.

Deputy P.M. Bailhache:

Has any consideration been given to widening the eligibility criteria?

The Minister for Social Security:

We will look at the review and see how it is working and we will take feedback and see whether there is scope to increase it.

Deputy P.M. Bailhache:

We recall you detailing plans to enable more people to return to work with the support of the short-term incapacity scheme. Do you think, Minister, that workers' health and recovery should be prioritised over the desire to get Islanders back to work?

The Minister for Social Security:

Health and recovery is absolutely key to it. These schemes are not about forcing people to work when they are not able to work, not fit to work. It is about recognising that being at work can sometimes be an important part of the recovery process and there will always be medical advice. The medical profession will still play a huge part in assessing how fast a person is able to go back to work or not and maybe a doctor will still say: "Yes, I would say you are suffering from stress or anxiety but given the nature of your illness being at work may help you. Your form of depression may not be helped by being stuck at home. It may help you to work part-time. Let us try and facilitate that part-time work."

Deputy P.M. Bailhache:

Thank you. You have said you are going to work with the Minister for Health and the Primary Care Body to enhance primary care services in the Island. How do you envisage doing that?

The Minister for Social Security:

I think the Minister for Health is really the driver of primary care. I think what everybody wants to do ... do you want to say something before I plough in?

Associate Policy Director, Cabinet Office:

I was just going to refer you to the very good meeting you had in the last week or so with the Minister for Health and with lots of health officials and the very good discussion about women's health issues and it needs to be embedded in health services as a whole. I am not sure it is all about primary care. It really is about health as a whole and taking account of the role of women's health in that area and then making sure that services are designed to take full account of the needs of women as opposed to the needs of people. Sometimes the needs of women and the needs of men are different and sometimes, certainly in traditional medical science, "people" has been taken to mean "men" and there is much more effort these days in treating men as men and women as women where it has different impacts on their health. I think it is raising awareness and we had non-executive members in that meeting, which was helpful as well. So it was a very good initial meeting.

Deputy P.M. Bailhache:

Thank you very much. Just on a slightly different tack, we were talking to the Primary Care Body about the work that is being done on sustainable health funding and we were told that the Primary Care Body had endeavoured to engage with the officials undertaking this work and had not been able to do so. Do you have a reaction to that?

Associate Policy Director, Cabinet Office:

The health review is being undertaken by the Minister for Health and her team. It is in that department.

Deputy P.M. Bailhache:

So it is nothing to do with Social Security?

The Minister for Social Security:

I was going to say, clearly we have regular meetings with the G.P. body and the pharmacists and I think what everybody wants is a system that is modernised. Our system appears to me, from what I have read in the last few months, is that it is historically very G.P. centric, so we are wanting to ... everybody wants to look at public health messaging, getting the contracts we have ... for example, we now have contracts with the G.P.s for them to give flu jabs. That has increased the uptake of the flu jab, particularly among vulnerable groups. We have a contract with the G.P.s to provide screening for cervical cancer. That has massively increased uptake, so Government pay for that and the doctor provides the service. We have done the remote Health Access s=Scheme. We have lots of specific arrangements with G.P.s to improve and the Minister for Health will have wider views in terms of primary care provision, and I think that rightly sits with Health. I suspect where we will come in, where I will come in is in terms of the actual funding model, which may, I speculate, include a discussion about the Health Insurance Fund and how is the Health Insurance Fund used to support

primary care going forward and how do we get the best use of that fund or other funding in the new model.

Deputy P.M. Bailhache:

Minister, medical benefit has been stuck since 2012 on £20.28. Has there been a ministerial decision to freeze medical benefit?

The Minister for Social Security:

I do not believe there has been a decision to freeze medical benefit. I think what has happened is that rather than just increase the benefit, we have entered into specific contracts with doctors to ensure the provision of certain services, because just increasing the benefit does not necessarily mean anything about performance or standards. I am absolutely not suggesting there is any problem with how doctors provide services but there is no real oversight of how the money is spent.

Deputy P.M. Bailhache:

For years and years there has been a regular uprating of the medical benefit. In 2009 it was £15, 2010 £19, 2011 £19.59, 2012 £20.28, and then it has been stuck. This is perhaps not entirely a fair question for you because you have only just become a Minister, but I am curious that there does not seem to have been a ministerial decision to freeze the benefit when nothing has changed since 2012.

The Minister for Social Security:

I do not believe there has been a decision to freeze the benefit. I do not believe that has happened but we have approached it in a different way.

Associate Policy Director, Cabinet Office:

I can explain the history. You have just read out a list and it went from £15 to £19 in one year, so that was a significant uplift of £4 per visit. That was to help the doctors move towards a modern system of governance and a modern system of I.T. (information technology) provision. At the same time G.P.s were also given ... well, the Government paid for the provision of I.T. systems within the G.P. practices, which they now use. Then at a similar time the law was changed to allow contracts, which the Minister has just referred to. So what has happened since then, since the benefit has not been uplifted, is that a range of other contracts have been introduced. The biggest one is called the Jersey quality improvement framework, so that is providing about £2 million. These are laid on top of the existing medical benefit.

Deputy P.M. Bailhache:

This does not help members of the public, does it?

Associate Policy Director, Cabinet Office:

Yes, it does.

Deputy P.M. Bailhache:

It does not help the average person who goes to see a G.P. The cost of the G.P.'s consultation goes up and up and the contribution from the H.I.F. (Health Insurance Fund) remains exactly the same.

Associate Policy Director, Cabinet Office:

The contribution from the Health Insurance Fund has increased significantly because doctors are now being paid against a range of contracts that did not exist before. Doctors are paid to do monitoring for people, doctors are paid to do smear tests for women, doctors are paid to provide flu vaccinations for target groups. So all of these things help to reduce the cost to the patient and the exact charge that is made by the G.P. is a matter for the G.P. The G.P. is a private practice, a private business.

Deputy P.M. Bailhache:

G.P.s have to put their fees up, do they not, in accordance with inflation? Their costs go up but what has happened so far as the public is concerned is that they are not getting the kind of rebate that they used to get.

The Minister for Social Security:

What we are trying to do, as I say, is modernise. My understanding is to modernise the provision of primary care because what the rebate does is it says ...

Deputy G.P. Southern:

Can you explain what you mean by modernise?

The Minister for Social Security:

It says you can see a doctor and only a doctor. Under the previous system, this is my understanding, doctors were paid if a patient saw a doctor. Now, that means that may be not a good use of the doctor's time and it may be more expensive for the patient. So if you have a long-term condition and I am just trying to use an example, that says you have to have a blood test taken every month, under the old model you would have to go and see a doctor who would take the blood from you, but there is no need for a doctor to do that. What we are trying to do now is enable other healthcare professionals to provide services and be paid for them. So if you have to have a blood test, you can

go and see a nurse and the cost to the patient will be less but also the doctor's time is not being spent just taking a blood test when a nurse could do it or another professional could do it.

Deputy P.M. Bailhache:

Minister, all those things are very beneficial, I entirely accept that, but this is a contributory scheme. The public contribute money to the Health Insurance Fund and the expectation from that contribution is that they would get a benefit in terms of the medical benefit, which subsidises their visit to the general practitioner. That has been going down and down for the last 10 years.

The Minister for Social Security:

I think what Sue is saying as well is doctors are being provided in 2021 ...

Deputy P.M. Bailhache:

Doctors are being funded but the public, the contributors, are worse off, are they not?

The Minister for Social Security:

In 2021 doctors received just shy of £11 million from Government; £5.5 million of that was medical benefit. We have no oversight of that money. If I said to you in any other context I am going to give £5 million to private business to provide a service and I am not going to ask any questions about it, you would be concerned. That is effectively how the health rebate works. What we are trying to do is to establish a system where we have clear contracts. If we just increase the amount of money, if we increase the rebate then there is no guarantee that increasing the rebate reduces the amount the patient pays because that is in the hands of the doctors. I know there are lots of different arguments on this but we have a contract that the Jersey quality improvement framework is just shy of £2 million and what that does it allows doctors' practices to employ nurses and to charge for nurse visits, being able to charge for remote consultations, which they could not do. There is a lot of money being provided and we are trying to do it under a proper contract. The Health Insurance Fund requires us to look at governance and standards and that is what we are trying to do with the contract model now.

[12:30]

Deputy P.M. Bailhache:

Are you prepared to consider increasing the medical benefit?

The Minister for Social Security:

Well, there is no decision not to increase it, so we will look at it but we will look at it in the context of how does it benefit the patient and if the G.P.s will say: "Absolutely, we will reduce the ..." the G.P.s would need to commit to the reduction.

Deputy P.M. Bailhache:

The G.P. charges £60 or whatever it is and the question is how much the patient gets back in medical benefit for them to ...

The Minister for Social Security:

They do not control that. That is a decision for the doctors, so we would need to look at how we if we were going to increase the benefit ... my understanding of how the thinking is developing is that if we were going to say to the doctors: "We will increase the rebate, say by £5, but we want your undertaking that patients will pay £5 less" because without that clear undertaking, as I understand it, there would be no guarantee of patient benefit.

Deputy P.M. Bailhache:

That is obviously a matter for discussion with the doctors but that would certainly benefit patients, would it not?

The Minister for Social Security:

It would benefit patients but there are other things that can be done with the funding.

Deputy P.M. Bailhache:

Would you take it from me that if an R.P.I. (retail price index) calculation were applied to the £20.28, it would now be £27.28.

The Minister for Social Security:

I believe our calculations were £26 something.

Deputy P.M. Bailhache:

I have looked at the States R.P.I. calculator and that is my calculation. It is quite a substantial increase for members of the public, is it not?

The Minister for Social Security:

I think it was in 2008. Was it 2008?

Deputy P.M. Bailhache:

From June 2012 to September 2022.

The Minister for Social Security:

I think the calculation I saw was slightly different but, yes, it would be different. But I would still say we are still providing doctors with money to help them provide services to their patients, which is trying to improve patient uptake.

Deputy P.M. Bailhache:

Just a final question on this point, because I looked at your very impressive, if I may say so, essay in the *Jersey Evening Post*.

The Minister for Social Security:

Thank you very much.

Deputy P.M. Bailhache:

You say: "I have always believed that any sophisticated society must care for those who need help with daily living." The information that the panel has received is that many patients find it quite difficult now to meet the cost of going to see a doctor. Medical benefit is part of that and I hope that you might be willing to have a look at the question of medical benefit and see whether it should be reviewed.

The Minister for Social Security:

Everything will be reviewed next year as part of our overall review of the benefit structure.

Deputy G.P. Southern:

Could you release the piece of paper, the information you have been tapping on for the last 5 minutes? Could you release that paper to us?

The Minister for Social Security:

Yes. We can send it to you. Yes, it is just what we provided to ... I think it is important as well that when we are giving large sums of public money that we do think about the governance of how we do that. It seems to me that the model that was established in 1967 just says: "We will give doctors money and we will just rely on you to go away and provide a service without asking too many questions about it." I think that model no longer works. I think we do need to ask questions where we are providing money about how services are provided and are they meeting patient interests as best for the patient. It may be best for the patient to see a nurse and pay less or to see a pharmacist. Pharmacists also play an important part in primary care and everything from the U.K. Government says: "Talk to a pharmacist before you talk to a doctor." There are things that pharmacists could be doing that they are not doing at the moment, so we are talking with the pharmacists about how we

can expand the services that they can provide and that will also benefit patients. We are looking to what the best outcome for the patient is and it may be that seeing a pharmacist for a routine prescription may be better, where you have got a long-term condition or a minor condition, than seeing the doctor. It is trying to give patients the widest and best service.

Director General, Customer and Local Services:

The Minister has highlighted it but I want to emphasise that this year the previous Minister agreed a £9 million package to support primary care G.P. surgeries to recruit additional healthcare practitioners, nurses, paramedics, healthcare assistants. We are paying the wages of those individuals for the next couple of years and that means that people can go in and see a healthcare assistant where it is appropriate and the surgery is still getting subsidised for that meeting but of course the patient will probably pay much less to see a healthcare assistant than they would a G.P. That helps in terms of helping the access but also they are probably seeing the right person at the right time. The Minister's example about blood tests I think is a good one but there are many others as well. That was launched, that announcement has been made and that is happening from 1st July onwards. We are obviously in early days but G.P.s are recruiting additional practitioners and having those wages covered on a sliding scale over the next few years.

Deputy G.P. Southern:

That system is temporary?

Director General, Customer and Local Services:

The wage subsidy support is temporary because you would expect as they become more effective and the numbers increase, the income they receive will enable G.P. surgeries to cover the wages themselves from the income they are getting from Government. As I say, if you go and see a nurse, the G.P. surgery will get a subsidy to support that visit.

Deputy P.M. Bailhache:

Does the patient get a medical benefit on the nurse?

Director General, Customer and Local Services:

Effectively they get £20, yes, so a similar amount, very similar amount, towards it. So the G.P. surgery gets the money but in effect that helps them subsidise the cost of the member of the public seeing the nurse, yes. It is the same effectively but it is not through a medical benefit.

Deputy P.M. Bailhache:

If you go and see a practice nurse you will get a contribution, you will get a deduction from the cost of seeing the practice nurse?

Director General, Customer and Local Services:

Yes, £20.

Deputy B. Ward:

I think the cost is around about £12 a session to see a nurse.

Deputy G.P. Southern:

Can I just return to the previous question on the Health Access Scheme? There must be some sort of payment from the department to subsidise the rate at which ... can you say what that is, how much?

The Minister for Social Security:

The Health Access Scheme, £1.3 million in 2021, to doctors in 2021, for the Health Access Scheme.

Deputy G.P. Southern:

So that is the people on the Health Access Scheme pay £12?

The Minister for Social Security:

They pay £12 and the Government pays a total of £1.3 million to the doctors.

Deputy G.P. Southern:

How much per ...

Associate Policy Director, Cabinet Office:

Sorry, there would also be H.I.F. benefit on top of that as well. The doctors will also benefit as well.

Deputy G.P. Southern:

We know how many people are eligible for the health access scheme. How many visits have the 11,000 people done?

Associate Policy Director, Cabinet Office:

We can send you that.

The Minister for Social Security:

We had that information I think. Could you have a look? I thought we had a question about that recently. I think we have given you that information.

Associate Policy Director, Cabinet Office:

We sent you some information recently on that.

The Minister for Social Security:

I am sure we have looked at that recently.

Associate Policy Director, Cabinet Office:

We have the new active figures.

Deputy G.P. Southern:

This is about developing schemes to improve financial well-being in old age and promoting the role of older people in government policymaking. The panel is aware of plans to develop a policy framework for a statutory workplace pension scheme and that the Minister will also be investigating possible long-term savings products with the aim of improving financial well-being in old age. Would the Minister confirm when this framework is due to be developed and completed and how older people will be able to engage in government policymaking?

The Minister for Social Security:

Can I answer the second part first, which is involvement of older people? That will be through the Older Persons Forum, which we have talked about already. So that is established. In terms of the pension scheme, that is still a work in progress. We are working on that. It is quite a complex area. What certainly has become clear to me in the last few weeks is that the words "workplace pension scheme" cause a huge amount of anxiety among businesses and employers who are struggling and they are concerned that they are facing a looming additional cost. So we have to look at how we develop that. People have already raised concerns with me about how this will work, can we make it work efficiently on a relatively small scale. So I think there is a whole spectrum of how we do it. For me, it is about how we facilitate people making savings for their old age. I know from my experience some years ago when I was self-employed I was told there are no personal pension products. There is not a pension scheme you can contribute money to. That was 10 years ago, so I believe things have developed and there are ways of people making their own provision but I think those tend to only really work for people who are earning bigger sums of money. So I think we want to look at ways of allowing people across the board really to be able to make effective savings for their old age. So there could be numerous ways of doing that.

Deputy G.P. Southern:

By effective, you mean making a contribution and having a contribution from the employer as well?

The Minister for Social Security:

I do mean having a contribution from the employer, yes. Some employers will be able to do that, some may struggle. Lots of employers do have pension schemes; there are very many who do not. I am aware that some of the big law firms, for example, do not offer pensions. There may be many different ways of doing it. I believe they have got something in Guernsey but it has not properly launched because I believe they have struggled to find a way to do it cost effectively because of the small scale. Various suggestions have been made to me recently and I think I will be sitting down with the team working on this to say ... because it has to work for everybody. It would be ideal if employers also contributed but I certainly think it is important that the individual at least can contribute long-term savings that will be there to form a pot for them in their old age, because a state pension scheme will give you the basics of life. It will not necessarily give you 2 weeks in the sun. Again, just if we look at the demographics and the forecasts about the ageing population, it really is important that we encourage people to save for their own retirement.

Deputy B. Ward:

I absolutely fully support pensions. It is deferred salaries, basically, but we have to put in some safeguards for people for themselves. It is not a short-term savings plan, because they may go from one employer to another to another. You have got to look at about being in the club, the pension club, so that they have that safeguard where they can transfer or it gets deferred. It is not that they take all the money out because then that totally defeats when you retire. I am sorry, I am probably making a speech and not asking a question.

The Minister for Social Security:

No, I absolutely agree.

Deputy B. Ward:

I am sorry about that.

The Minister for Social Security:

I absolutely agree with that point. There is an element of people ... there is something called a small sum commutation and people can say: "I have got such a small amount there, I am going to take it out."

Deputy B. Ward:

It is a trivial pension.

The Minister for Social Security:

It is a trivial pension and I think you are absolutely right that part of the issue with pensions is that in the days gone by someone would start work with an employer when they were 18, 19, 20 and they

would work for that employer for 30 or 40 years, and that does not happen anymore because people move round and they pick up lots of little bits of pensions. Again, this is purely in my head at the moment but I think there is merit to say we need something that attaches to the person and that if they change job they go to one employer and say: "I have my pension scheme over here. Will you pay money into it?" The employer says yes and they change. Then they go to another employer and the second employer pays money into it, so that person has a pot which is continuing to grow. I would hope there is ways of structuring it but I think that is a model that may be more effective and more palatable for business than each business having to set up some kind of scheme that gives them an insurmountable administration burden as well the cost.

[12:45]

Deputy B. Ward:

Just be mindful that it is not a quick fix for some people and when you are looking at it, Minister, that you have got safeguards in that they do not just take all the money out because you have defeated the whole object.

Deputy G.P. Southern:

I am getting the impression that it is indeed complex and not straightforward. Whatever progress you do, you make with it, can you share that with us as it goes along?

The Minister for Social Security:

Yes, as soon as we have a proposal or a scheme that we think will work for people we will certainly bring that to you.

Deputy G.P. Southern:

If it needs to be in confidence because you are still developing work then so be it. At least we have got some understanding of where we are going.

The Minister for Social Security:

Absolutely, and that goes across the board for any of the things, for example the benefits review when we have done that, if we say: "These are the changes we are going to make" we will absolutely tell you about those.

Deputy G.P. Southern:

At which point, thank you for your contribution.

The Minister for Social Security:

Thank you. Perfect timing again, Deputy Southern.

Deputy G.P. Southern:

There are at least another 10 questions here, some of which will be winging their way to you in paper form or email to get some sort of response about those aspects as well. Otherwise, until we next meet, sayonara.

The Minister for Social Security:

Thank you very much.

[12:46]