

# STATES OF JERSEY



## **LONG TERM CARE OF THE ELDERLY (S.R.12/2008): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES**

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**Presented to the States on 30th March 2009  
by the Minister for Health and Social Services**

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**STATES GREFFE**

## **LONG TERM CARE OF THE ELDERLY (S.R.12/2008): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES**

### **1. Introduction**

The Minister for Health and Social Services is pleased to take this opportunity to respond to the Scrutiny Panel's Long Term Care Report of 2008. He acknowledges the findings, recommendations and general ethos of the report and congratulates the Panel for providing such a detailed and accurate account of the challenges facing the Island.

The knowledge and experience of Professor Julien Forder, the Panel's external advisor on this initiative, is particularly recognised and the Minister notes that many of his comments and recommendations are very much in line with the thrust of the New Directions Strategy.

During the course of their investigations the Panel interviewed the Minister for Health and Social Services along with senior managers and senior clinicians.

### **2. Main observations**

The Panel condenses its findings into 3 main observations which are –

- an over-use of residential care;
- numbers of people receiving some form of home care is relatively high, but intensive home care services which would effectively reduce the need for residential care are lacking;
- fragmentation in the delivery of services.

The resulting recommendation that the provision of intensive home care services should be increased is wholly endorsed by Health and Social Services and indeed forms an integral part of the New Directions Strategy.

### **3. Recommendations**

The Scrutiny Panel has made 7 key recommendations and an additional 11 for further consideration.

The main recommendation is that a working group be formed, to be led by the Minister for Health and Social Services and joined by the Ministers for Social Security, Housing and Planning and Environment. The group would be charged with producing a report which responds to all of the recommendations contained within the Long Term Care Report.

The Minister endorses this recommendation and is committed to progress discussions with the appropriate Ministers identified to establish this working group if it is considered appropriate. His initial thoughts are that this group could also consider the overall community element as described in the "Red Flag" initiative. He hopes that other Departments to which recommendations relate will embrace them where applicable.

Addressing those additional recommendations specific to Health and Social Services –

- (i) ***Service Level Agreements should be established with all providers of services to the public sector backed up by packages between providers and clients which should become a requirement under the new regulatory system.***

The Minister endorses this recommendation, however a clear decision should be made between Departments as to who will be responsible for establishing and monitoring these SLAs.

- (ii) ***Health and Social Services and Social Security should work together to produce an accessible guidance and education package about entitlements to care and funding support for the elderly to enable people to plan for their own family's future.***

This recommendation is accepted. Given the transitional nature of funding support at present, current enquiries are dealt with on an individual basis. As financial support systems for residential care are fully transferred to the Income Support system and then plans for long-term care funding are agreed by the States, booklets and websites will be produced and presentations will be given to all relevant professional and voluntary groups.

- (iii) ***The funding of elderly care should be approached as a discrete issue and considered as a matter of urgency rather than being tied to agreement on the entire "New Directions" package.***

The Social Security Department is leading on the development of a funding scheme for long-term care. Although it is important that decisions on the funding requirements for long-term care are taken in the context of New Directions, progress on the long-term care scheme is not intrinsically dependent on agreement of the entire "New Directions" package.

The Scrutiny report (p.25) identifies an implementation date of 2012, which is described as being "an unacceptably long time". The approval and implementation of a completely new funding scheme is a major project which will not be completed in a matter of a few months.

This scheme will be funded by members of the public. Given the current economic situation, it is vital that the public fully support the funding method that is chosen. Suitable schemes for Jersey must be identified and referred for public consultation. The 2009 business plan for Social Security identifies this item (PR.08) with a commitment to produce a Green (consultation) paper by June 2009.

Following public discussion and then political approval for the chosen option, a new Law will need to be drafted. Law drafting time has already been allocated for this project and is available from 2009 onwards, but is more likely to be needed in 2010. Business systems will also need to be set up to administer the new benefit. This work has also already been scheduled for 2010. A very optimistic timetable would suggest implementation during 2011; a realistic timetable would be, as quoted in the report, 2012.

During the development of the long-term care funding scheme, full financial support will remain available to all local residents requiring residential care under the Income Support scheme.

***(iv) The ability to carry out effective police checks on all care staff should be investigated.***

Health and Social Services is presently investigating this matter having sought an opinion from the Attorney General in July 2008 regarding the interpretation of Regulation 18 of the Rehabilitation of Offenders (Exceptions) (Jersey) Regulations 2002 that pertains to individuals working in health and social services working with vulnerable adults. It is our understanding from the Police vetting department that this Article is currently interpreted as relating to staff working in the Health and Social Services Department, therefore excluding those working in the independent sector from a requirement to disclose previous criminal records. However, it is anticipated that the vetting and barring legislation, currently being developed by the Home Affairs Department, will relate to all individuals working with children and vulnerable adults.

The longer term solution is that there will be an explicit requirement under the new Regulation of Care (Jersey) Law 200- for all staff working in registered health and social care facilities to have criminal records checks as part of an adequate recruitment process. This Law has been allocated drafting time in 2009 and it is anticipated that it will be lodged at the end of 2009.

***(v) The working group should consider a requirement for registration of all those working in social care.***

Currently, professional health and social care staff are registered in Jersey under the Health Care (Registration) (Jersey) Law 1995, and for most professions registration in Jersey is dependent on registration with a U.K. regulatory body. At present, health and social care staff are not registered in the U.K. although there is an intention for this to happen in the future. When this becomes a requirement in the U.K. this group of health and social care workers will be added to the schedule to the Law of registrable professions. The logistics and costs of setting up a register that would require the development of professional standards, a framework for education and training standards and the provision of an infrastructure to manage a fair and judicial process for misconduct allegations would not be feasible in the absence of access to the U.K. regulatory system.

***(vi) Changes to the funding of regulation should bring in an appropriate ‘user pays’ contribution from the industry.***

It is an intention in the new Regulation of Care (Jersey) Law 200- that the regulations will specify a fee structure that is set at a reasonable level, proportionate to the size and complexity of the service. A realistic fee will be set, however it is unlikely that this would cover the entire cost of regulation and some State funding will need to continue.

***(vii) Respite care services should be reviewed in consultation with care providers and carers.***

As stated in the report, a Carer’s Strategy has been developed and a final version should be published during March 2009. This strategy acknowledges that flexible

respite services will need to be developed and investment will be required to deliver this service improvement.

*(viii) Possibilities for delivering a continuing programme of training opportunities for care workers supported by (refundable) States grants should be investigated as a priority within the working group.*

Training programmes are subject to regular review in relation to content and also to ensure that health and social care practitioners, whether they work in the public sector or within voluntary agencies, have reasonable access to continuing training.

*(ix) Accommodation for public long stay patients should be addressed to ensure that single rooms become the norm for all long term care provision (except in the case of couples where both partners are in need of care or wish to stay together). Plans should be brought forward for the replacement or redevelopment of any outdated facilities as part of the strategic planning process recommended in (vi)*

The principle of single room only accommodation is accepted by Health and Social Services and is provided in our public facilities at the Limes and at Sandybrook. Contracts for nursing beds purchased in the private sector include a specific requirement for single rooms only. Spot purchases are made only for single rooms. The buildings in existing wards used for the Elderly Mentally Ill at St. Saviour do not allow, at present, for the provision of single rooms for any except a minority; this is recognised as a deficiency and will need to be addressed in future developments and upgrading of existing facilities.

It should be recognised that single room accommodation is much more staff-intensive than multi-occupancy rooms. The higher staff complement relates to ancillary and nursing staff. Future developments or the purchase of single room facilities will, of necessity, incur higher staff costs.

#### **4. Conclusion**

The Minister for Health and Social Services recognises the high degree of cross-departmental working that will be required to bring about the changes necessary to care for our ageing society.

Although some progress can be realised within the short term, the changes required in infrastructure are complex and require extensive planning in order to achieve a successful and cost-effective outcome. Jersey is not alone; this is a task currently being undertaken all over the world as societies search for the most effective way of caring for older people.

The Minister wishes to thank the Panel for allowing a 2 week extension for submission of this response and looks forward to working with them in the future.