

# **STATES OF JERSEY**

## **Health, Social Security and Housing Scrutiny Panel – Long Term Care of the Elderly**

**THURSDAY, 26th JUNE 2008**

**Panel:**

Deputy A. Breckon of St. Saviour (Chairman)

Deputy R.G. Le Hérisier of St. Saviour (Lead Member on Health matters)

Deputy J.A. Martin of St. Helier (Vice-Chairman)

Deputy S. Power of St. Brelade

Professor J. Forder (Adviser)

**Witnesses:**

Mrs. D. Minihane (Age Concern/Senior Citizens Association)

Mr. B. Le Brocq (Age Concern/Senior Citizens Association)

**Deputy R.G. Le Hérisier of St. Saviour:**

Well, hopefully we will stagger through to September, October, but by the time the House breaks up we will only have time to do a general report, although the theory was we were going to get into detail but this New Directions has really messed things up, as you have probably gathered.

**Mrs. D. Minihane:**

It has been hanging fire for years.

**Deputy R.G. Le Hérisier:**

Yes, quite. So, I think you are familiar with the witness procedures from previous appearances.

**Mr. B. Le Brocq:**

Yes.

**Deputy R.G. Le Hérisier:**

The emphasis today in our questions will be on the broad policy, Bob and Daphne. We are interested in your views on the broad policy, you know, on how you think the government should go forward and so forth. So we will each ask a question, but there will be various supplementaries asked, and Julien will pop up with his own questions, so to speak, to elaborate upon issues which we may not have dealt with in as detailed a way. It will be recorded, as you know. So, I wonder if I could kick off then by asking you a very broad question, almost like an essay question: what do you see as the key issues facing government in the area of long-term care?

**Mrs. D. Minihane:**

The numbers, first of all, I think the numbers that it is going to involve because we have an ageing population and we are going to have to find places for them come the time, and the cost.

**Deputy R.G. Le Hérissier:**

Numbers and cost, yes? Any issues within that, Daphne and Bob, that you can see?

**Mrs. D. Minihane:**

The issues have been so far that the older folk have had to declare their earnings and lose their house, and this we feel is totally wrong.

**Deputy R.G. Le Hérissier:**

Yes.

**Mrs. D. Minihane:**

This should not happen. It does not happen in Guernsey, or it did not. I do not think it has changed. I think older people who have saved to have a house of their own all their lives, if the time comes when they cannot look after themselves, then I do not think that that should be taken into consideration at all.

**Deputy R.G. Le Hérissier:**

Okay. Bob, what do you see as the big issues?

**Mr. B. Le Brocq:**

Along the same line. What I am sort of saying to myself that, take the average man in the street, or the average man and woman in the street, they have worked very hard all their lives and put a rope around their neck, for want of a better word, i.e. that they are buying a house on a mortgage and suddenly, because of age, either one party or perhaps both, in some cases, are not able to look after themselves. The result is that all their hard work is penalised and this is simply because of age. So the result is that it is, you know, a good way of practising ageism, that you take their house away, all they have worked for, and the result is that they finish up with nothing. Now, that to me says there is no encouragement for the people that take the chance. It is almost saying: "Well, do not take the chance, let the State provide everything." And I do not think the State should provide everything. I think people should be encouraged ... I do not want to be looked after from cradle to grave. That is where I am sort of coming out from and I think a lot of people in that same position, they like to feel that throughout their life they have actually achieved something by being independent. But I think their independence in the end actually costs them a lot, you know? That cannot be right. I go along with what Daphne said that Guernsey seems to have come up with a scheme, and Daphne went over to Guernsey 5 years ago and brought it in the States notice, and what happened is that the person came from Guernsey to explain the scheme. Unfortunately, through no fault of his own, there was a delay in the flight coming over. The meeting was scheduled, I think, for about 10.00 a.m. He could not get over here until 11.30 a.m. but in the meantime most of the States Members disappeared off the scene. Then you have got to turn around and say: "Well, are the States Members really interested in a scheme that might solve a problem?" and it seems that when it is a bit technical or it is a bit inconvenient, the States Members seem to disappear, which is unfortunate.

**Deputy R.G. Le Hérisier:**

We are booking to go to Guernsey to look at the scheme.

**Mrs. D. Minihane:**

Well, we brought over the Chief Executive of ...

**Deputy R.G. Le Hérisier:**

Of the Health Service, yes.

**Mrs. D. Minihane:**

... the Income and Social Security, we brought back their leaflet. And this is 2003 and because he had to be invited by a States Member, Terry Le Main was on my committee at the time, he was a trustee and he invited him over. The visit had to go through his own Minister or whatever they were at that time. He was very disappointed that when he came the States Members were not around, and we were even more disappointed because we felt it needed to be addressed then because we could see this ageing population arriving and now 5 years on we are still looking at New Directions and nothing has happened.

**Deputy R.G. Le Hérisier:**

Yes, quite. That is very useful. From your observations and the feedback you get from your members who are not shy in coming forward, as some of us know ...

**Mr. B. Le Brocq:**

You have not been speaking to ...

**Deputy R.G. Le Hérisier:**

From this bunch of very eloquent people, what are the sort of issues they are bringing up? I mean, we have heard the one which I know is worrying a lot of people about property and what happens to property if, you know, sadly a partner has to go into residential care. What other issues are they bringing up, your members, about how policy is working or not working as the case may be?

**Mrs. D. Minihane:**

Well, I think as they are getting older and we are living longer, they are very concerned about what is going to happen to them in the future. Will they have a choice? I think everyone deserves a choice. I mean, why should older people be treated differently when ...

**Deputy R.G. Le Hérisier:**

What kind of choice are the ...

**Mrs. D. Minihane:**

The choice of where they go.

**Deputy R.G. Le Hérissier:**

Yes, where they go, yes.

**Mrs. D. Minihane:**

You know, not just told: "Well, you know, you cannot go there because you have not got the money, you must go there" sort of thing. It should be made ... they should be able to choose. Being put out at St. Brelades when you have lived in St. Helier all your life - sorry, I am not really with it - you know, is not good because their friends are there. They may not have family, family have moved away, cannot afford to live in Jersey so they have moved away to New Zealand, Australia and other places and suddenly from being in a flat, say, at Convent Court, they are suddenly out in Silver Springs. They cannot afford to come in, there is or was no bus from there, I do not think, so they have to pay their own taxi fare in if they want to come and see their friends. Otherwise they are isolated out there. So there should be a choice of where they go and they are worried about whether they are going to be able to afford to have accommodation long term in a nursing home or residential home. But under the scheme in Guernsey again, if they go into a private home, all they give in is a certain amount; it was £126 a week, it may be more now. But they can go into a room which costs £500, £600. They are still only paying the £120 or whatever it is now - as I say things have changed recently with financial constraints and so on - but they can still choose and they do not have to give up their home and they still keep their savings. Just going back a little bit, I will not ... Bob was saying I think all of us were grandparents and some of you are too young to be grandparents, but we want to leave something to our children.

**Deputy R.G. Le Hérissier:**

Yes.

**Mrs. D. Minihane:**

You know, I ... sorry.

**Deputy S. Power of St. Brelade:**

Can I come in here? If you were to cherry-pick, in an ideal world, the best of the schemes you have seen out there - and you have obviously studied a number - cherry-pick, say, the Guernsey scheme or any other scheme and install it in Jersey, as I say, in an ideal world what would you advise? What would you ...?

**Mrs. D. Minihane:**

Well, ideally you want to keep people in their own homes for as long as possible, so you want to be able to provide the care in their own homes and that is already stretched, we know that. It is not about going in and getting someone up in the morning and for them waiting for meals on wheels to be delivered and then put to bed at night by a twilight scheme. That is not living.

**Deputy S. Power:**

No, it is not.

**Mrs. D. Minihane:**

That is not living, so you need to have a lot more input into their care if they are to be in their own homes and nobody really wants to leave their own home or, should I say, very few want to leave, they want to be independent. Surely that is the States policy at the moment, to keep people in their own homes for as long as possible. If they are ...

**Deputy S. Power:**

That was part of New Directions but it is still very much part.

**Mrs. D. Minihane:**

Well, New Directions take a long time for ... yes, but that is what is the ideal situation, the ideal solution, but if they are to go into a residential home then besides being in there and not taking all their money and all the other things we have already discussed, this £28 a week, which they are given as a personal allowance is a pittance these days. What do you buy with £28? Okay, their food is found and so on, but old ladies particularly like to keep their dignity and their smartness; they want to have their hair done, maybe £15 a week, they want to perhaps have a pair of slippers, a new

petticoat, a new skirt. They have got to pay for all that. Toothpaste, soap, all these things and, in addition, if they have lived a long life, they have got children, grandchildren, great grandchildren, what can they buy to give them a pressie or even a birthday card?

**Deputy S. Power:**

Yes.

**Mrs. D. Minihane:**

£2.50 is probably the cheapest or nearly your cheapest birthday card. £28 is nothing, is nothing these days. In fact, I have discussed that this week with Senator Walker.

**Deputy R.G. Le Hérisier:**

Yes, we did have ... oddly enough we had a representation from Maison St. Brelade when we were touring on that very issue.

**Deputy S. Power:**

We visited Maison St. Brelade.

**Mrs. D. Minihane:**

Did you get that same issue?

**Deputy S. Power:**

Yes, very strongly put.

**Mrs. D. Minihane:**

They are certainly looking at it in the U.K. (United Kingdom) at the moment, at giving more money.

**Professor J. Forder:**

It is even less in the U.K., it is only £19, so it is a very small amount.

**Mrs. D. Minihane:**

Yes, but the cost of living over there is at least 20 or even more per cent less than here.

**Mr. B. Le Brocq:**

One of the problems that I have had is that I sat on ... I am a member of the St. Helier Community Services Board, and since Social Security took over at the end of January we have not had a board meeting. So I cannot really bring you up-to-date experiences that I experienced when I was on the board and interviewing people on a regular basis about some of the challenges they had. The board also used to discuss the homes because we were responsible for them. But the Constable seems to have done away with the statutory board at the moment. We cannot even get him to call a meeting to find out where we stand. So I cannot give you any up-to-date information on that, but one of the queries that come along with a lot of our people is if they do own their own home they then find out that the difficulty of maintaining yourself, particularly if your partner has passed on, is that you are faced with the maintenance of the property, the insurance. And I happen to be a Director of the Jersey Mutual and for some of the people that I come across it is a struggle to pay their insurance fees because the value of the property keeps going up and they keep constantly having to chase the premium. Very difficult.

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

Is that not covered under the new scheme under Income Support? There is a house owners ...

**Mr. B. Le Brocq:**

Not that I am aware of.

**Deputy J.A. Martin:**

Yes. No, there are 2 things they pay. It is a very small amount weekly but I am told it would cover on an X amount house.

**Mr. B. Le Brocq:**

Yes. A lot of people ...

**Deputy J.A. Martin:**

Because they never, as you say, got a penny.

**Mr. B. Le Brocq:**

... are property rich but cash poor, you know?

**Deputy J.A. Martin:**

Yes, yes. I will look into that. But there definitely is and I will let you know. Our problem with the scheme as it is at the moment, what is available is not very advertised well. But that definitely is in it. I did query the amounts but, you know, for people who do own their own home it was to cover insurance, house insurance. There is another thing ... We tried to get insulation covered. Remember we tried to bring an amendment because if you have not got your house insulated, more energy bills and all that, but they did not get through. But there is a couple of things and I will check the regs and I will let you know.

**Mr. B. Le Brocq:**

But I know that from our organisation we have got people who are wondering how they are going to be paying their next bills, particularly fuel bills, because of the speed that the price of oil is going up, you know. That is right across the board; it is all the income systems, does not matter which one you have.

**Mrs. D. Minihane:**

And not everybody, Judy, is on income support. You have got that group in the middle there who are not receiving income support ...

**Deputy J.A. Martin:**

No, these people would not be. This is an extra thing that was put into income support because it was people who did own their ... you know, and they had a small income or pension. They do not need income support but they are entitled for 2 covers, and one is definitely house insurance.

**Mrs. D. Minihane:**

Even if they are not on income support?

**Deputy J.A. Martin:**

Yes.

**Mrs. D. Minihane:**

That is good then.

**Deputy S. Power:**

You are talking about an allowance as distinct from income support?

**Deputy J.A. Martin:**

Yes, it is an allowance that allows ... because, as you say, for years they have been missed out of the ... it is not a lot of money, I think, £5.34 sticks in my ... a week and it is a scale. But, I mean, that is the start of it. I did query it but I will check with, say, insurance companies on the amount, but I will let you know the regs.

**Mrs. D. Minihane:**

Thank you, because these same people who are just above ... what is the limit now? I mean, we cannot find out anywhere either.

**Deputy J.A. Martin:**

No.

**Mrs. D. Minihane:**

But we have tried. You know, these people who have a few savings are worrying about living longer and not having enough savings to keep them going.

**Mr. B. Le Brocq:**

Yes, quite.

**Mrs. D. Minihane:**

Not being able to pay for their own funerals. Now, that is a sad thing because we hear constantly: "My son has a mortgage and would not be able to help and my daughter is a single parent with 3 children", and whatever, and they are trying to save from their

pensions and the longer they have lived the less sure they were to have a pension ... a works pension, whatever you like to call it, they get an old age pension. So they are living on a very limited income of one pension and their savings and interest is not that much. So we are now very concerned and I did go and see, as I said, Senator Walker this week about the fact that with G.S.T. (Goods and Services Tax) on food and on heating, older people this winter will either be putting the heating on and going without food or eating and going without heating. If an older person sits for long enough, and most of them do, watching telly or something, they can go into hypothermia just like that and nobody will know because they are not getting visits every day all the time. They live alone, a lot of them, and we could face an awful lot of problems this year, fatalities, unless we do something about it and this is very worrying.

**Mr. B. Le Brocq:**

I will give you an example, if I may. In the paper last night, G.S.T. on ambulance alarms, a woman of 87, right, did you read it? I mean, that is ...

**Mrs. D. Minihane:**

I know the lady.

**Mr. B. Le Brocq:**

You know, that is ageist and, you know, practised by government and I would have thought that anybody over 65 who needed an alarm system that, you know, fair enough, you have got to pay for it, you do not go and stick a tax on the top. I mean, what is this Island coming to, you know?

**Deputy R.G. Le Hérisier:**

Then we will move to Sean's area. Daphne, you mentioned about twilight care and in a way we are quite proud of our community support services, even though it is all a bit of a patchwork quilt, as we know. Was that a comment on the general provision of community care or just sort of ...?

**Mrs. D. Minihane:**

Well, an older person does not really want to be put to bed at 5.00 p.m.

**Deputy R.G. Le Hérissier:**

Yes, quite.

**Mrs. D. Minihane:**

Because the nurse has 10, 12, 15 people to get to bed tonight. So if you are the unlucky one, you are put to bed at 5.00 p.m. or you could be 9.00 p.m.

**Deputy R.G. Le Hérissier:**

If you are number one on the list.

**Mrs. D. Minihane:**

Exactly, you know, it is a lottery, is it not?

**Deputy R.G. Le Hérissier:**

So have your dinner at 4.00 p.m. and ...

**Mrs. D. Minihane:**

Well, you know, it is ... older people deserve more. I know I keep saying this and you are probably fed up with my saying it ...

**Deputy R.G. Le Hérissier:**

No.

**Mrs. D. Minihane:**

And I am always in the paper, on television, because they ask me these questions. I feel older people are badly treated. And they are. I am not saying this against Family Nursing Services; my own daughter is a community nurse. They work extremely hard, all those girls. But there is a limit to what they can do and if they have got X number of people, as I just said, to get to bed, if you are the unlucky one, first to draw the straw, well, that is you. You know, should they ... a bad enough day without being put to bed at 5.00 p.m. or whatever it is, would it not, really?

**Deputy R.G. Le Hérissier:**

Yes. Okay, thank you. I will switch to Sean.

**Deputy S. Power:**

You will have heard Senator Le Sueur repeatedly talk about financial pressures on States finances. We know that you have in an ideal world a shopping list of what you think should be improved for care of the elderly in the community. Do you have any ideas as to how we could finance these better services, the ones you have just referred to?

**Mrs. D. Minihane:**

Well, just referring back to Guernsey, they have a contribution, which everyone pays a contribution, and according to this one, which is 2003, the contribution rate was 1.4 per cent and that included everyone right across the board, including the elderly. The States made a grant equalling 12 per cent of the contribution receipts. In the first year they made a saving of £5 million, so, I mean, it obviously worked extremely well. I have spoken to a number of people; I have spoken to doctors and professionals who all have no objection seemingly to paying that extra contribution if they thought at the end of their lives there was going to be care ...

**Deputy S. Power:**

Better provision.

**Mrs. D. Minihane:**

... of the provisions there. This is something we mentioned 5 years ago. States do not move very fast, do they? You know, and should this not be the way forward? I do not think people would object if they knew that their final years were going to be taken care of in a very positive way and that they would not have to be worrying about it.

**Deputy S. Power:**

So you would see a possible solution would be sort of copying the Guernsey model which would be a personal contribution at a percentage or 2 and then the States coming in and that would be a better provision for care of the elderly in the community?

**Mrs. D. Minihane:**

We are looking at a like for like here, are we not? We are an island, we have, you know, similar type of government, I suppose, really. I could see that as possibly working. It has worked in Guernsey, as far as I know, unless it has changed since they have had a new government, but I am not up to date on that.

**Deputy S. Power:**

No, it has not changed. In fact, we are going over there to have a look at this very area. I think it must have been before my time that you invited the Chief Executive, the Guernsey chap, over, but certainly we are going to go over and analyse their system and incorporate that system in our report as possibly a recommendation when we get to that part of it.

**Mrs. D. Minihane:**

Well, I just turned up on the dot because I was going over for Age Concern, Guernsey and I just went into the Social Security Department to pick up some leaflets and we said who we were and they phoned upstairs and he gave us ... Sarah, my manager, and myself, gave us so much time and was so helpful and then said, yes he would come to Jersey. So I am sure you will get the same sort of welcome from him when you go. You know, if they have made mistakes, let us learn from their mistakes, and this is the way ahead, is it not?

**Deputy J.A. Martin:**

Yes, and I cannot agree with you more and I cannot understand what has taken so long because I do not think Roy was on the committee then, but under Stuart before they brought it in ... and they did have a bit of difficulty selling it to the public over in Guernsey but they won the day. We had a joint committee meeting down at Halliwell with Peter Roffey who was their Health Minister. I do not know if you were there? And many a time after that when we were on the Health Committee we kept asking where is the research and we know, you know, following ... and basically when we have asked questions recently we kept being told: "It is not as good as ... it is not as hunky dory in Guernsey as you seem to think." But obviously now we are going to look because we cannot, you know, that that ...

**Mrs. D. Minihane:**

Well, I was told that by Senator Le Sueur, I have to say, that all is not well but ...

**Deputy J.A. Martin:**

That is all we hear, yes. We want to know what is not well.

**Mrs. D. Minihane:**

But going back a bit further, I mean, Stuart is not the Health Minister now and I have not spoken to Ben about it, but Stuart promised to do a lot and he did not.

**Deputy J.A. Martin:**

No, Stuart was the Minister then because he was one of my very first ...

**Mrs. D. Minihane:**

He was the Minister and he promised to ... when I ...

**Deputy J.A. Martin:**

And they were bringing it in within the next 6 months, but they have taken a couple of years to build up to sell it to the ... as you say, even the elderly pay it but they kept it ... doing that way they explained that they could keep it a very low start. Now, whether again that was going to be enough, I mean, we will find out, you know.

**Mrs. D. Minihane:**

My next move is to make an appointment with Ben Shenton and Mr. Pollard.

**Deputy J.A. Martin:**

Yes.

**Mrs. D. Minihane:**

Because if we do not keep pushing, all of us, you and us, we are not going to get anywhere.

**Deputy S. Power:**

It is patently obvious to anyone in the room this morning that it is 5 years from 2003 to 2008 and there has been no innovation of any kind, no provision of any kind. Even when it could be partially self-funding - and that is a big issue and I think it is something that we will have to address - I find it extraordinary. Within Age Concern itself, Daphne, is there tension between the membership, internal tension between the membership as to those who have lived, say, in social rented housing all their lives and then are looked after by the system, by the States and whatever, when they come into long-term care and those that have, as Bob has said, saved, bought a house, paid their mortgage, put their kids through school, did this, did that and then they find when they get to that age that they have to sell up and ... is there tension? Does that express itself within the organisation?

**Mrs. D. Minihane:**

That does express itself and particularly now from their own children who are saying if that is how they treat my mother and father who have saved all their lives then I am going to spend my money.

**Deputy S. Power:**

I am going to go on a cruise.

**Mrs. D. Minihane:**

It is not a good way to progress because this is what the younger members are now saying about their ... "If they can look after that lot in their old age and my mother and father scrimped and saved then, you know, why should we?" There is some tension and I am not racist but there is a certain amount of tension and they see a lot of our immigrants getting more help than the older people and that is a difficult one.

**Deputy R.G. Le Hérisier:**

Building on Sean's question, Daphne, I mean, in a way this question is almost naïve, but do people expect that there will have to be higher taxes as a result of the fact that the working population is apparently going to be in decline whereas the older population is going to stay high because of more longevity?

**Mrs. D. Minihane:**

Well, the people I have spoken are seemingly very happy to be asked to contribute towards older age and the over-65s will be asked to contribute something as well. They do in Guernsey, so as long as we are all contributing something, I do not think it would matter. Certainly the people I have spoken to and I have lots of contacts with doctors and so on, through my own family, you may know my son is a doctor, and I meet a lot of doctors and they talk to their patients and, you know, I think everyone realises that something must be done if we are to be looked after in our old age. You know, and if we have to pay a bit more then we have to pay a bit more.

**Mr. B. Le Brocq:**

I think that came out of the last Imagine Jersey 2035, people ... rather than have an increased population, the result would be, yes, I mean the idea of that was because we have got an increasing old age population that it has got to be paid for. The idea of bringing more people in, I think the general consensus was, no, we do not want to bring more people in if we have got to foot the bill or if we have got to work longer, we are prepared to. But one has to ask the question, why should you have to pack up a job if you are quite capable of doing it, just because you are 60 or 65? When you are 64 and a day before due retiring you are fit to do the job, the day after, because you have become 65 you have got to retire and if you are able to carry on I think people should be encouraged to carry on, should not be penalised.

**Mrs. D. Minihane:**

No, we have said this in public meeting.

**Deputy R.G. Le Hérissier:**

So you would like to see a much more progressive policy then, Bob, in terms of keeping people in the workforce and giving them a chance to do part time work and things like that?

**Mrs. D. Minihane:**

Well, we had a meeting on that, did we not? It came out at about 68; they thought people would be happy to continue to work until 68. But they should be given the choice as somebody said at the time. People at 65, 68 are not old any more. They used to be, but they are not old now, I mean, there is a lot of work left in them. Sorry

I had to interrupt but I had a meeting this morning with Work Wise before coming to this one and they were saying that the older people are being given jobs more now, B&Q, Marks & Sparks, Sandpiper and so on, because they are more reliable. They are not taking days off for sickness ...

**Deputy S. Power:**

Not hung over in the morning.

**Mrs. D. Minihane:**

... or drinking too much or whatever. No, but this is true and turning up on time and giving a better service. So, you know, there is no reason why older people should not be encouraged but they possibly have to have a bit of an incentive to do so. I mean, it will go on to their pension presumably or whatever.

**Deputy R.G. Le Hérisier:**

On the issue building - I am diverting a bit or digressing a bit from Sean's question - you mentioned medical care and, as you know, that is an area chosen for quite radical reform if New Directions was to go ahead. The role of doctors, putting more of them into group practices, getting practice nurses much more active on the Island and looking at what for an old person is this very hefty fee, albeit State subsidised, when you go and visit a doctor, I mean, now the norm is about £30 per visit.

**Mrs. D. Minihane:**

£27.30 since G.S.T., I think the norm is round £30.

**Deputy R.G. Le Hérisier:**

And I have not even got and I dare not get into things like dental care and so forth to which there is quite a history, Judy, which we will not bore you with at the moment. But do you think, Daphne and Bob, we need to look at that whole issue of how we structure those? Because it hits old people enormously when they are having constantly to go to the doctor at £30 a time. I mean, that is mad and the overnight visits, well ...

**Mrs. D. Minihane:**

They are ... yes.

**Deputy R.G. Le Hérissier:**

Yes, what is your view on that?

**Mrs. D. Minihane:**

Well, the people on income support do do it now, they get 4, do they not, 4 free a year?

**Deputy J.A. Martin:**

No, it is not free, they take ...

**Mrs. D. Minihane:**

Pay about £5 each or so.

**Deputy J.A. Martin:**

No, no. There was going to be a co-payment that when they went to the doctor they paid £5 out of their benefit money but their benefit money is now deducted to £44 per visit per week. So they have got their own medical account down at Social Security so if me and you were on exactly the same income support and I had medical issues I would be having less money in my hand each week but I would be accruing some money down in my medical account. But you would have it to live on. At the moment they just transfer the people who were on H.I.E. (Health Insurance Exemption), the free doctors. But now more people are asking to have their medical account, I think a lot of them do think it is free but it is deducted from their benefit. There is 4 is your average population and if you have got extra medical problems it is 4, 8 and 12. But they have not covered the issue of one overnight visit could knock that out because it is £100 at the basic.

**Mrs. D. Minihane:**

I could understand the reason for giving limited access because H.I.E. was abused, there is no doubt about that. I mean, some people have earache 5 days before Christmas and call a doctor out on Christmas Day and these sort of things because they were not paying, whereas you or I would continue with our earache and take a

paracetamol because it was too expensive on that day. But if they were not paying they just called them out. So I could see the need for that. The larger practices do not always work. Older people have grown up with smaller practices knowing the doctor: “He is my doctor, he knows all about me, he is God”, and now they go down, it is like, as they tell me, an airport waiting room, some of them, and they wait there and they are called when there is a free doctor who knows nothing about them. So they do not build up this doctor/patient relationship that they used to have and older people do not like that. The other thing is some of them are building up bigger practices and going off, say, I can think of one at the moment and I probably remember who is there, but it is top of Queen’s Road and older people say: “I cannot walk up that hill, Daphne, I cannot manage it.” So they are then thinking ...

**Deputy S. Power:**

Because the building is on the top of the hill?

**Mrs. D. Minihane:**

Exactly. So, you know, if they have these larger ones and move out of town it is not always easy for the townies to get there. This is the point I am really making and these are people who come to me and say this, you know: “I have to change my doctor, I cannot get there.” Or if they have a bus: “It is not at the time that I wanted because I have got an appointment at 2.30 p.m. and the bus is at 3.00 p.m.” or something. So, you know, larger practices are not always as good as they sound for the older person who has built maybe over 30 years a relationship with their doctor and: “The doctor knows all about me”, you know.

**Deputy J.A. Martin:**

But there is the issue again with ... I totally agree with what you are saying but, I mean, I have been to a couple of small practices and mine is quite a small one. I love my doctor, but if I had any serious issues, I could not go and see them because they are up the stairs and I would not be able to go up there and see the receptionist. It is on top of some flats and then you have got, sort of, there is stairs ... different issues, yes. I do agree with what you are saying but, I mean, for so long now, I mean, practices where you have got an illness that might mean you need your blood pressure taken monthly and water tested for it, they do build up elderly people in the U.K. but

they are used to the system. It would take longer obviously starting younger to get to build up with the practice nurse, which is a lot cheaper than seeing the doctor to have that done. You know, and they are quite capable of doing it, yes. So, it is a bit, as you say, culture, bringing people along with you but not just saying: “No, that is where you go now and this is how ...”, you know, it is going to be a slow process.

**Mrs. D. Minihane:**

Well, I think we have to be aware not to build up these super, super clinics, they are not working in the U.K. The doctors are resisting those anyhow so ...

**Deputy J.A. Martin:**

No, we would not in Jersey, we have got to keep everything to the size, you know, the same practice nurses and ...

**Mrs. D. Minihane:**

They are very important, practice nurses.

**Deputy R.G. Le Hérisier:**

Bob, what are your views on how we provide medical care?

**Mr. B. Le Brocq:**

I go to a practice and I have been going to the same practice for 50 years now and I have seen a lot of doctors come and go and I think the advantage ... there are disadvantages but the advantage is that the practice I go to is at the Hotel de France. So there are a lot of people within the super centre, if you want to call it that, that you can go to for advice or whatever it is. And unfortunately I had a bit of a problem with a knee and I went and saw my own doctor, who happens to be a sports doctor, and I thought I had caught this trouble and he said no, we will get rid of that with physiotherapy. Physiotherapist in the building, made an appointment and just one visit, that is all I needed. So it really is a question, do you want somebody who is ... I would not say an expert, but who specialises that you can go to who can cure your problems straight away, or do you want to go to somebody who will have a fair idea what is wrong with you but will then refer you to a specialist? So, you know, that is ...

**Deputy J.A. Martin:**

So they have got physiotherapists there, then?

**Mr. B. Le Brocq:**

There is physiotherapists in the same building.

**Deputy J.A. Martin:**

Yes, that is not bad because you could wait about 2 months to see ...

**Mr. B. Le Brocq:**

Well, I just went across to the physiotherapist and made an appointment and he just transferred the paperwork

**Deputy R.G. Le Hérissier:**

But that was essentially under private care, though?

**Mr. B. Le Brocq:**

That was under private care.

**Deputy R.G. Le Hérissier:**

What are your members telling you - you know there has been a big push - maybe I am getting into too much detail here, but there has ... hospital services free on the Island whereas the G.P.s (General Practitioners) are not, and the A. & E. (Accident and Emergency) is free and some people use A. & E. as a sort of G.P. emergency service or non emergency service. What I was going to ask you; there has been a lot of publicity on health that they have reduced waiting lists but, of course, we have always got that difficult decision also, what work is done on Island and what work is done in the U.K., which of course can lead to all sorts of psychological trauma for people who have to go. What do your members tell you about that? Are the waiting list improvements working for your members and what about this issue of where do we have our operation, is it Jersey or is it away?

**Mr. B. Le Brocq:**

I mean, a lot of people will not divulge that kind of information. Very, very difficult, you know, some people will say: “Oh, yes, I went away on a private visit to the doctor in the U.K.” or they were sent by the hospital service here. But a lot of people sort of are not really prepared to give you that kind of information, you know.

**Mrs. D. Minihane:**

I think the States rely far too much on charity to get people ... I am President of Jersey Cancer Relief and I have been Chairman for 30-some-odd years. I am now President as I had cancer myself and had to take time off. We have to pay for someone, a carer or husband or wife, to go with the patient because the hospital will only pay for the patient; that is all they say they can afford to pay. Now, when you go away for cancer, and I have, you need someone with you.

**Deputy R.G. Le Hérisier:**

Yes. They will pay for some people to go as accompanied persons, accompanying persons.

**Mrs. D. Minihane:**

Only if you cannot travel on your own and the consultant says it is okay. But whether you can travel on your own or not, having cancer and going off to a strange hospital on your own, knowing no one, no one to visit you, you need someone with you. I am speaking from experience and I am pretty strong so ... but I am thinking of the average little person who has not been away a lot and does not ... So the charity, our charity, picks up the bills. We pay their doctor's bills so that they can access the doctor at any time they want, coming back to Christmas Day or whatever day. We pay, but not now, their medicines, but we did, but medicines are free now. We help with their heating bills. We pay transport for them over there for the relative or whoever. If there are children we will even pay for the children to go and visit dad and mum to make sure that mum and dad, or dad, keep that contact. But they rely on charity for that and there are an awful lot of charities helping the States out in many ways. But if you look at the amount of money we pay per year for just the cancer patients, it is thousands of pounds.

**Deputy R.G. Le Hérisier:**

Really?

**Mrs. D. Minihane:**

Just to keep cancer patients feeling supported and when they get there the patient perhaps is in hospital but the relative or the carer we have to pay, or we do pay, so that they can be there to give time and be with that patient. Because there is nothing worse than being on your own.

**Deputy R.G. Le Hérisier:**

No, absolutely.

**Mrs. D. Minihane:**

I was there and Tom had to come back for a particular reason and I was there for a fortnight on my own after he had gone, and to see everyone else having visitors with them and be able to tell them how you feel and you are sitting in a bed trying to read a book so that you do not look conspicuous is not funny.

**Deputy R.G. Le Hérisier:**

This was Southampton, was it? Where there is a little unit almost Channel Islander based?

**Mrs. D. Minihane:**

Well, it is the Wessex.

**Deputy R.G. Le Hérisier:**

They have a little hostel for Channel Islanders.

**Mrs. D. Minihane:**

Well, of course, people go to London as well for cancer specialist, hospital and we pay for these bills that, such as I have just said, for people to go with them. So, you know, there is a lot of support comes from charities here for people like that. But we can only help cancer patients, but there must be other heart patients and so on who are needing that same sort of support.

**Deputy S. Power:**

I can come in here, Roy. I think the provision for those to be accompanied to any hospital in the U.K. for surgery, whether it is cancer or anything else, is largely based on the fact that that person physically needs assistance to get to the hospital as distinct from ... but there is no compassion provision of any kind within the States system. I went through the same experience as you because my wife had cancer and was in Netley for quite some time, and I had to leave for 3 weeks to go back to Jersey and then, because we had kids in those days, they were at home and it was tough on her as well because she did sit exactly the same, she sat there in the ... we used to use Netley Castle in those days, and people had visitors every day and she did not. So it is difficult. But there is no compassion provision at all within the States sector for a spouse or a partner or a son or a daughter or an in-law accompanying somebody to the U.K. for ... and I think ...

**Mrs. D. Minihane:**

And I think if a mum is over there, Sean, and she has got a couple of young children here, it is therapy for her to see those children and it is even more therapeutic for the children to see their mum. See that mummy is still alive, you know, that she is not dead because she is not here.

**Deputy S. Power:**

I think it is doubly difficult because we come off an island, you know, it is not as if you can jump into your car in Oxford and drive to Southampton or you can jump in your car in Kent and drive to London. It is simply not an option for us; we have to get on a plane or a boat.

**Mrs. D. Minihane:**

Well, we get charged very often £200-odd for a FlyBe trip for someone there and back, depending on when they go, when they travel ...

**Deputy R.G. Le Hérissier:**

How quickly you can book the ticket, yes. Any more questions on the finance area, Sean? Sorry, go ahead.

**Professor J. Forder:**

Just going back to the Guernsey thing, which I am obviously very interested in, more general question, though: in your view, do you think that an earmarked contribution, specific contribution, as in the Guernsey system, is a better way to go than raising the extra revenue through general tax system? Not necessarily your G.S.T. but through the other sources?

**Mrs. D. Minihane:**

I believe that the Employment and Social Security are set up in such a way that this would be the right way to go for it because then people who are paying this on their earnings ... and it is up to a limit, there would be a set limit, there are limits, yes, contribution limits in Guernsey that I could give you. But I would say that is the way forward.

**Professor J. Forder:**

Do you feel that people would see this as just another tax or something different? They could see it *quid pro quo* that they make a contribution and they have an expectation of receiving care in the future as a result?

**Mrs. D. Minihane:**

Well, I think it has to be marketed that way and I think people ... from the people I have contacted about this just to get their feelings, I have not had anyone say: "I would not pay", they have said: "I think that is the right way forward, if I know that my care at the end of my days is assured, fine. While I am earning let me pay it now, let me do it now."

**Mr. B. Le Brocq:**

I think it would have to be ring-fenced. You know, you would have to say: "Right, that is your contribution" and explain to me what ... as Daphne said, market it that that is for your old age or for other people's old age. You know, that money is not going to be touched for ... I think what a lot of people are concerned about is that the States come up with schemes on a regular basis and the money seems to all go into the general pot. You need to explain and sell the idea that this is a scheme and anything that is paid in, that is where the money goes.

**Mrs. D. Minihane:**

That is why I feel it should be Social Security because that is where they are geared for contributions and so on.

**Professor J. Forder:**

In the Guernsey system, as I understand it, it just covers care homes ...

**Mrs. D. Minihane:**

Private nursing homes or private residential.

**Professor J. Forder:**

And it seems to me that the underlying rationale is really about protection of housing assets, as you said, going back to your original comments.

**Mrs. D. Minihane:**

And their own funds.

**Professor J. Forder:**

Yes. I mean, do you think that creates any inappropriate incentives for old people to receive caring arrangements as you mentioned the priority is also that people should receive support and stay in their own homes as long as possible and yet they may have to pay for expensive home care out of their pocket ... their own pockets, and yet if they went into residential care they will receive the benefit through the insurance system.

**Mrs. D. Minihane:**

Well, as I said earlier, everyone wants to stay in their own homes for as long as possible, but I think the security of knowing that should I suddenly become ill and having paid this or this being in motion at the moment that, you know, we can pay, that at the end, if I need to go into a home, then I will have the care that I need and they will not be taking my house and they will not be taking my money. So, you know, I do see this as being a positive step really for people to look at, but we all want

to stay in our own homes for as long as possible but if we are helping to provide for someone else until our turn comes, well, does that matter really?

**Professor J. Forder:**

Would you then just - final point - would you then be in favour of perhaps extending the cover so they covered not only people in care homes but people that needed perhaps intensive home care support in their own homes?

**Mrs. D. Minihane:**

Well, that is all covered by the States already; they pay a huge amount to Family Nursing, do they not, to do this? There is a huge amount, like millions are paid by the States to Family Nursing so we need perhaps to take on more people to keep them in their own homes and that should be States funding. I do not think we should take everything away.

**Professor J. Forder:**

No, sure. But, I mean, perhaps you could see it as a system where instead of having the Family Home and Nursing Service - I can never get that right - Family Nursing, yes, which is funded through general tax contribution, then you could obviously direct, have some of that service funded through this insurance scheme as well as the ... move the funding on to a level footing so that the whole of the care, whether it be provided in someone's own home or whether it be provided in a care home, is consistently provided through the same financial mechanism.

**Mrs. D. Minihane:**

I feel that may be something to be looked at, but once the whole thing is set up and you see what sort of income you get and what the expenditure is on homes then I think you could start looking if we have got the money, the Island has the money, to start looking for other ways. As long as people get care it does not matter to me how they ... when they get it as long as they get it. That is the important thing.

**Professor J. Forder:**

I mean, certainly many countries now are moving towards this insurance system; Germany, Japan and many others, in fact, and mostly, though, their systems do cover

the range of care both in people's own homes and in care homes. In fact, in some of those systems you can take the entitlement, the benefit, as a cash payment to be used to direct care yourself; to employ a personal care assistant or make any arrangements you want yourself. That again is giving the individual maximum choice about care options that they can pursue.

**Mr. B. Le Brocq:**

I could never work out the line of thought that we ought to increase the population up to about 25,000. Somebody forgot that all these people would require pensions when they came up and they would also be requiring care when they came up. Really we are chasing our tail, are we not?

**Deputy R.G. Le Hérisier:**

Yes.

**Mr. B. Le Brocq:**

One of the ways to stop the population increasing and make perhaps the population more reliant on itself is to encourage people to work a bit longer if they want to. There are some jobs I have to accept - heavy manual work - a person of 65 I think they have reached their limit then. But there are other jobs there that people by way of retraining ... I can think of a lady who recently had a right go at Paul Routier (Minister for Social Security) at one of our meetings for about 25 minutes and said: "Well, it is all very well. You have got plenty of facilities at La Motte Street. The one facility you have not got is where do older people over 55 get a job?" Now it is even coming down below that. At 50 there are a lot of people that just cannot find a job.

**Deputy S. Power:**

It seems we touched on this 2 years ago with the Overdale Review, but it seems that within the thinking of the States there is a vacuum at that level both within the committee system before ministerial and ministerial sense whereby because you are a law abiding, tax paying conservative and do not want to go to something like civil unrest, that nothing will happen. There is a vacuum in the system there for the over

55s, 60s and it is like an inertia that you cannot break through. Would you agree with that?

**Mrs. D. Minihane:**

Yes.

**Deputy S. Power:**

When you have trumped in and out of Senator Walker's office, Senator Le Main's office, Senator Routier's office, Senator Le Sueur's office, it is quite remarkable that so little has changed in the provision.

**Mrs. D. Minihane:**

But there is ageism. This is what has happened here because you get to a certain age and they think you are on the shelf. They do not want to help you any more. You are over the hill. But you are not. Bob said earlier that if you are 64 and 364 days you are someone. You are 65 the next day, you become no one. You are nothing. But this is true. That is how it is looked at. But fortunately again in the U.K. - and I get all of this stuff from Age Concern England - this is being looked at by the government. Ageism is being looked at and a longer working life is being looked at. We usually follow what the U.K. does whether it is right or wrong so I am hoping that the right things might be picked up here and that we do follow these things because we have to do more for our older people.

**Professor J. Forder:**

Today, in fact, the U.K. Government will announce their policy in relation to the Single Equality Bill which covers ageism.

**Mr. B. Le Brocq:**

But one of the mental attitudes and I have always wondered why ... perhaps there might be an opportunity that when a person is 65 perhaps you cut them down to a 4 day week, 66 ... and gently bring them into ... because I come across a lot of people and they certainly do go mental because, fine, I am 65, first stop fortnight they are doing everything around the house then they have nothing to do. That should not be. You should be almost encouraging people to say let us go into your retirement, the

autumn of your life, productively because I think people have a lot to give. But it seems that States departments or even private business does not encourage people down that line of thought.

**Deputy R.G. Le Hérisier:**

There are some honourable exceptions like B&Q, for example, Daphne mentioned, Bob.

**Deputy S. Power:**

Yet the opposite is the case in America whereby in the Walmarts of America and in the big grocery stores and in the D.I.Y. (do it yourself) stores the preferred employee is now somebody who is semi-retired. As you said, they are far more reliable.

**Mr. B. Le Brocq:**

But there is a reason why Walmart go down that particular road. It is all about money and how you can squeeze people.

**Deputy S. Power:**

Perhaps Walmart is not a perfect example but I know in all of the other grocery stores that I have visited and the D.I.Y. stores that I visited over the years, the staffing at the front of house was definitely semi-retired people. They do 3 hours. They do 4 hours. Every guy or woman knew exactly where everything was.

**Mrs. D. Minihane:**

This is what they are saying at these other places we mentioned already that just looking in a voluntary way, older people being employed - not paid - by Age Concern in our shop. We have to run a shop to keep the place going because we do not get any money from your lot. I know I keep saying that. But they come in and they do their 2 hours and they enjoy it because they are meeting the public. They handle the money well, no problems. The money is right at the end of most days. It might be 5 pence out, 10 pence out, up or down, whatever. They thoroughly enjoy it because they are doing something and they are able to do it. That is the point I am making. That is why we should be encouraging people to stay on.

**Deputy R.G. Le Hérisier:**

I think we will draw a line. That will give us a good entrée into the role of the voluntary sector so, Judy, I wonder if you would talk about that.

**Deputy J.A. Martin:**

Yes, I think you have really touched on who is the voluntary sector over here and what should they ... I am not even reading this right ... what role should the voluntary sector play in the development and the provision of these services? I think you have touched on Family Nursing.

**Deputy S. Power:**

And Jersey Cancer.

**Deputy J.A. Martin:**

Yes, I said the question about voluntary and being a charity are completely 2 different things because Family Nursing and Home Care is called a voluntary organisation.

**Mrs. D. Minihane:**

But they are not because they are all paid.

**Deputy J.A. Martin:**

Of course. They set the overarching ball, I totally agree. But they do provide a lot, as you said in answer to Julien's question, a lot of the care and some intense care people are needed to keep in their home, but as you spoke right at the beginning it is very uniform. They have to be got up at a certain time and helped, bathed or whatever and sometimes just put in a chair. Then they go and do the same thing at whatever time of night. I think what Julien was saying there is something like that if they were allowed payment out of one when we get a scheme going ... because we are looking at all different schemes. Although we are not ideal where we are, with Julien bringing us in on I think the earliest countries were about 95, 96 starting insurance schemes, different versions, some inclusive, some rigidly it must be at home, some rigidly it must be in a care home, I think if we are looking at it because we are pushing the Ministers to do it because basically ...

**Mrs D. Minihane:**

We need to learn as I said earlier from other people's mistakes, do we not, so that really for us we have the right way forward?

**Deputy S. Power:**

It has to be balanced, does it not? It has to be States listen. You have the experience. Otherwise it will not work.

**Mrs D. Minihane:**

But older people need to have some motivation in their own homes; not just left there watching a television.

**Deputy J.A. Martin:**

No, of course.

**Mrs D. Minihane:**

I call on people sometimes at lunchtime - it is the only time I have - and they are sitting in front of the television with a tray on their laps watching whatever but for them it is a bit of noise, it is a bit of someone talking, maybe they are identifying with a soap or something. But this is not living. It is existing but it is not living.

**Deputy J.A. Martin:**

No, the only time I come across them is when we are knocking on doors canvassing. No, it is quite upsetting. The doors open and they are waiting for Family Nursing to come and see them or put them to bed or Meals on Wheels. Really that is the only contact that they have. Occasionally they will get the ambulance and they will go to one of the day centres. Other than that it is ...

**Mrs. D. Minihane:**

Otherwise they are there.

**Deputy J.A. Martin:**

You are totally right.

**Mrs. D. Minihane:**

One thing we have not touched on, if I just may say. You mentioned Meals on Wheels. We provide a meal service - a frozen meal service - which we deliver right round the Island and this gives them the opportunity to choose what they want. I have nothing against Meals on Wheels - do not get me wrong - but they have to have what is delivered whether they like it or whether they do not. We have a long menu and they can choose whatever. It could be roast chicken and all the vegetables are there as well. It could be roast chicken, it could be roast beef, it could be roast lamb, it could be fish and chips, it could be steamed fish, whatever. They can choose. This is another service for people who are in their own homes because all they have to do is pop it in the microwave or pop it in the oven. Although it is in foil it can go in a normal oven. They can eat when they like. Now, if you are going back to the lists - and they cannot help it - if you are first on the list with Meals on Wheels and they arrive at your house at 11.30 a.m. but the old Jerriais are used to eating at 1.00 p.m. it is not that good because the old Jerriais stick to that 1.00 p.m. for lunch. You must know the Jerriais, Roy, being a Le Hérissier. Again when you are talking about voluntary work, our volunteers go out and do this. All they do is phone up and choose what they want and we deliver. Now, they have a fee. Of course, we could not produce the food for nothing. I believe they pay about £2 or something. They can have a sweet. We have diabetic stuff and all sorts of things. That is another way that we - as Age Concern if you like - are involved as a voluntary organisation. We not only take to the elderly but anyone who is discharged from hospital who is unable to get out and has no one to get food for them, we deliver to them as well.

**Deputy J.A. Martin:**

It is very flexible. This is about all the care needs to be as flexible to wrap around to suit the person.

**Mrs. D. Minihane:**

If someone comes in for coffee today and they stay late, they do not have to worry about their lunch arriving. They can cook it tonight. The lovely thing - this is just a by the way - we always give them roast turkey for Christmas and they choose mince pies or Christmas pudding. Sorry to take your time but I thought it was lovely. An old gentleman happened to be from Trinity - my parish - but I did not know him.

**Deputy R.G. Le Hérisier:**

Yes, always a worrying parish.

**Mrs. D. Minihane:**

But he wanted 18 turkeys and 9 of each of the others. I said: “I think you misunderstood, Mr. so-and-so. We are providing this one free for you so that you have a proper Christmas lunch.” He said: “Yes, my love, but I want to invite my friends [Laughter]. It is the first party I have ever had in my life.” He was well in his 80s; about 88. So he had all his friends around.

**Deputy S. Power:**

So you delivered the 18 lunches?

**Mrs. D. Minihane:**

Yes, absolutely, and the puddings and whatever. Older parents say to me sometimes: “Do you think we could have another 3 roast beefs or something because I would like to invite my grandchild?” So they have a little meal at night with their grandchildren which we are able to provide. You may not know about that service and that is why I am putting that in because it is an important service.

**Deputy J.A. Martin:**

Yes, it sounds very good to me.

**Deputy R.G. Le Hérisier:**

In a way that has illustrated I think what Judy was getting at. I mean, when you gave the example of the cancer back-up, Daphne, you were intimating ...

**Deputy S. Power:**

Jersey Cancer Relief.

**Mrs. D. Minihane:**

Cancer Relief.

**Deputy R.G. Le Hérissier:**

Sorry, Cancer Relief. Back-up is another ... it is the actual name of the charity.

**Mrs. D. Minihane:**

Jersey Cancer Relief.

**Deputy R.G. Le Hérissier:**

Cancer Relief. You almost made it very clear that you were doing jobs that you really felt government ought to be doing.

**Mrs. D. Minihane:**

Yes, I ...

**Deputy R.G. Le Hérissier:**

Where is the boundary between government and voluntary organisations? Is there one?

**Mrs. D. Minihane:**

If we did not do it, these people would not get it.

**Deputy R.G. Le Hérissier:**

So that is the rough rule of thumb, is it, so to speak?

**Mrs. D. Minihane:**

I think so.

**Mr. B. Le Brocq:**

If the charities in the Island did not exist, particularly the ones we have been discussing, I just wonder where the States would be. I do not think the States really appreciate just how much is being put in by a lot of people who are doing it because we think the service ought to be provided. The unfortunate part is that there are some charities that have been set up with the best intention in the world and within 2 or 3 years we need to have a manager and a secretary and the whole thing starts to balloon and then it becomes ...

**Mrs. D. Minihane:**

You need fundraisers and all sorts, do you not?

**Mr. B. Le Brocq:**

The more charities there are, the less money there is to go round, because at the end of the day the man or lady in the street can only put their hand in their pocket so many times.

**Deputy J.A. Martin:**

Can I just ask you about the charities and the volunteers? I hear a ... you know, across the ... even for honorary police to volunteers and Meal on Wheels, I mean, they have such ...

**Mrs. D. Minihane:**

They are all looking for volunteers.

**Deputy J.A. Martin:**

... that some of the Meals on Wheels people, although they were fit, were as old as some of the people they were ...

**Mrs. D. Minihane:**

Absolutely.

**Deputy J.A. Martin:**

So it is a difficulty.

**Mrs. D. Minihane:**

They are not coming forward now as they used to. I think there are more things. When we retired ... I retired, Bob perhaps ... if I can call myself retired ...

**Mr. B. Le Brocq:**

Yes, I never retired.

**Mrs. D. Minihane:**

When the time came for us to take a bit of time to ourselves, we were looking at things to do so we went into League of Friends at the hospital, Cancer Relief, Rosemary Hall, things I did there, for instance. But now there are so many things. You can go and play golf. You can go and play bowls. You can go and swim. They are doing that now. They are saying: "I have done my working life and this is my time to relax." Having said that, a number of the younger older people are looking after grandchildren while their families go out to work. That is another reason why you are not getting the volunteers.

**Mr. B. Le Brocq:**

The other thing is that I think a lot of people sort of back off because they see the amount of red tape they have to go through.

**Deputy S. Power:**

Within your own area of expertise - both of you really, Age Concern and Jersey Cancer Relief - has your membership of both organisations remained static, increased or decreased, and has the level of voluntary support within the distribution of meals either in Age Concern or your other activities in Jersey Cancer Relief, how have the numbers changed?

**Mrs. D. Minihane:**

We have to work hard to keep the numbers up, put it that way. We run Age Concern with one full time paid person, one part time chef, one part time person on frozen meals that I just mentioned, and the caretaker who lives upstairs to keep an eye on the place and also keep it clean. Other than that it is people like myself who are working 7 days a week, and I do mean that.

**Deputy S. Power:**

I know you do, yes.

**Mrs. D. Minihane:**

I am not joking about that. It is night and day. Phone calls coming at all times. Other people like me. We have a group of people who do the frozen meals and we have a

group of the older people who come in to run the shop as I said. What I am needing to look at now very carefully is we do not pay them - they are all volunteers - but for people who have to get to us from the other side of the Island, the cost of getting to us now has risen.

**Deputy S. Power:**

With petrol and diesel.

**Mrs. D. Minihane:**

So I am going to have to start looking at offering a petrol allowance or something to keep them because quite honestly a lot of them are retired and living on pensions. When you start having to give money to charity as well it becomes very difficult. A number of people have already said to me: "Daphne, we have got parking here. Thank God we do not have to pay for multi-storey parking." But the cost of petrol has now increased so much. These things people look at as well. For us we have parking. Cancer Relief, we do not have parking so the people who are doing that and going into people's homes and offering help, they are having to pay their own petrol at the moment. I have never taken a penny for petrol, postage, telephone or anything but not everybody can do that so you have to make it available. I am not saying I can do it now but I mean over the years I have never taken it. But you have to make it now available to people. You have to attract those volunteers.

**Deputy S. Power:**

In the 3 or 4 voluntary areas that the 2 of you have mentioned, you are able to sustain your services and sustain the membership?

**Mrs. D. Minihane:**

Yes, but it is hard work, Sean. People are not coming and offering their services. You are having to go and tap someone on the shoulder and say: "Look, we are desperate for a visit to Cancer Relief, could you help?" Of course you have to get the right people. The other thing is now you have to get all these police checks. Some people are resisting that. Some people are actually resisting that. It is not that they have anything in their background. They just think it is just wrong. But when you are going into people's homes and you are dealing with older people who are quite

vulnerable - you know, forget where they left their purse - you have to have all this cover. So you have to go through all this with volunteers, who sometimes say: "I do not want to do all that, I am sorry. I would like to help you but ..." Yes, we are keeping up, Sean, but it is hard.

**Deputy S. Power:**

Only just.

**Deputy R.G. Le Hérisier:**

How affected are you ... I am sure you are, Daphne, both in the recruitment of volunteers and, indeed, in the number of people you have to deal with? Because obviously the Island socially has changed dramatically since the war. People talk of family breakdown but the old structures, there are obviously fewer and fewer people who have big extended families to support them. Do you find you are having to deal with a lot of people who are essentially very alone in the world?

**Mrs. D. Minihane:**

Absolutely. You can get people who phone and say: "Can you tell me what the time is?" because they want to talk. They do not know how else to start the conversation: "Excuse me, my love, would you tell me what the time is?"

**Professor J. Forder:**

It is really sad.

**Deputy R.G. Le Hérisier:**

We will refer them to Senator Perchard. He can tell what the European time is.

**Mrs. D. Minihane:**

But you cannot just say to that person: "It is 10.30". Someone will phone up and say: "I have some clothes for your shop. I have some men's clothes for your shop." You cannot say: "Thanks, my love, what time do we collect?" Why has she got men's clothes for the shop? She has probably lost her husband. She wants to talk. It could be the other way round. We get older men coming in who have just lost their wives.

They do not know how to cook an egg so they come to us for lunch. But they do not just come to have lunch. They come because they need the company.

**Deputy S. Power:**

Yes, the community.

**Mrs. D. Minihane:**

They do not want to just walk in and walk out. We need lots of people at Age Concern to keep this up. We are visiting in homes and hospitals and doing shopping. It has become a nightmare. I do not honestly think that the Island at large knows how much need there is out there.

**Professor J. Forder:**

Probably not, no.

**Mr. B. Le Brocq:**

We are providing lunch for around about ... it varies from 100 to 150 people a week.

**Mrs. D. Minihane:**

More than that.

**Deputy R.G. Le Hérissier:**

Then you add in the Meals on Wheels provision as well.

**Mrs. D. Minihane:**

Not Meals on Wheels; frozen meals because Meals on Wheels is a different organisation.

**Deputy R.G. Le Hérissier:**

No, I am saying ...

**Deputy S. Power:**

But Age Concern delivers ...

**Deputy R.G. Le Hérisier:**

... we have 2 groups very active in that area.

**Deputy J.A. Martin:**

So you are talking about lunches provided at the centre plus the frozen and then plus the Meals on Wheels. You are talking a lot of meals.

**Mrs. D. Minihane:**

We are going into St. Brelade. We are going into Sean's area. We are going into St. Saviour. We are going all round the Island. We have a big social, if you like, on a Tuesday afternoon. Every Tuesday afternoon in St. Thomas' Church Hall because Age Concern is not large enough - we do not have a large enough room to do it. They are coming from right round the Island because they need that company. People need company. They need to be in their own homes and are getting more and more depressed. If it was not for places like Age Concern and possibly Good Companions and others like us, there would be more people in hospital with depression I can tell you that. I can tell you that.

**Deputy S. Power:**

That is the next point.

**Professor J. Forder:**

Indeed that segues quite nicely into the last ...

**Deputy R.G. Le Hérisier:**

Yes, if we could move to Julien's area of ... he has a few questions; the whole continuum of care.

**Professor J. Forder:**

Indeed. In fact, in England we are doing a lot of work now on the so-called low level services. The way that the system is worked in the U.K. is it is focussing most of the resources on those people with very high levels of need and continuing to do so. Some argue if you only have limited resources, the people most in need are the ones that should be helped. But the upshot, of course, is that people with low levels of

need, as you have been describing, get left with very low levels of service or rely entirely on services which are funded through charitable means, as your own is, although Age Concern does tend to get grant support from councils in England more than perhaps you do.

**Mrs. D. Minihane:**

From the councils, we do not. If I am absolutely honest - we have been running now for 17 years - 2 years ago I had not enough money or resources to keep the frozen meals service going. One of my trustees and I went to see Mr. Pollard and I put it on the table that unless I get some help from you, you will have to take this over because we cannot do it any more. I was then given £15,000 for the frozen meal service only. I have a service level agreement on that and I must keep it up, which we would do anyhow. If I could come back to what you were saying just now, the older people - or people perhaps, not just old people - do not remain in hospital as long as they used to. They are discharged much earlier so there is far more need for care, food, frozen meals, whatever you like for all these people who have been discharged that much earlier. There are so many needs here that we should cover and we are not covering. We cannot cover it on our own. Age Concern cannot cover that.

**Professor J. Forder:**

That is really what I think I am trying to establish is the degree to which the balance of services is right in that you may have this large level of really unmet need among people who do not necessarily need long-term care in care homes but really suffer through lack of companionship. Part of this is the way - at least in England anyway - that the care system assesses people's needs. It does tend to focus on physical problems and impairments. It does not focus so much on these so-called wellbeing aspects of people's lives; that is that people want to have companionship and social contact. We have done a lot of work. We are now undertaking a big project which is funded ultimately by the Treasury in the U.K. for the Office of National Statistics which is all about trying to understand what these outcomes people want from their services. What is it they want? What sort of support is it they want? Some people are going to need personal care. They are going to need to be got up because they cannot do it. They need to be helped to get dressed and so forth. But life as you say is much more than just that. They want social contact, companionship, a sense of

occupation. They do not want to be bored rigid sitting around the room watching T.V. (television) all the time. Yet these things are very important to people, but of course traditionally our systems have focussed on more of the healthcare needs because they tend to be risk-based, i.e. they are concerned about people's health risk and fatality; not necessarily concerned about people's wellbeing. I think the move now to recognise that these things are very important to people begins to redefine the map of services that you have and how these services are focussed on particular types of need. Sorry, I had a bit of diatribe. What I am really trying to explore is whether you feel that there should be more support for these lower levels of service and, if so, the more difficult question of how you might go about funding these services or does that mean drawing services away from the more intensive end of the spectrum?

**Mrs. D. Minihane:**

As far as we are concerned, you mention councils working with Age Concern. We could do a lot more if we had a bit of money from the States. As I said earlier this service level agreement I have, the money must be used specifically for that.

**Deputy S. Power:**

Specifically for meals, yes.

**Mrs. D. Minihane:**

If we had more money I could perhaps employ another person even. I have to rely on volunteer drivers. They are jolly difficult to get. So to bring people into the social I mentioned, we have to try and find ... poor old Bob very often gets called in because we cannot afford to pay drivers. We need the money to be able to do more things but we are stretched. I cannot tell you how stretched we are at the moment. We really are. But more money would allow us to do more services and bring people in to give them that company that they need. One old man said to me one day ... and he lives in Caesarea Court in a high rise. He had lost his wife. I went to visit him one day and he said: "Do you know, Mrs. Minihane, I am lucky if I see a seagull pass here. If I am lucky there will be some clouds that go across the sky. That is all I see and they wonder why I am depressed."

**Deputy J.A. Martin:**

Yes, once you are up in the high rise, especially if that is it and you do not see anybody ...

**Mrs. D. Minihane:**

These are the people that need the care. They may be okay in themselves. They can walk.

**Deputy S. Power:**

They need contact.

**Mrs. D. Minihane:**

But can you imagine an old man who is on his own, used to have his wife until a few months ago, and suddenly says: "If I am lucky I see a seagull." They were treating him for depression. He was going down to this place down in ... for people with depressive illnesses. We need to get at it earlier than that.

**Professor J. Forder:**

Sure, I agree. But the problem is, of course, more money but where does the money come from? It links back to the questions earlier on when I was saying maybe this insurance system is a way of bringing more money into the system and not necessarily just paying for care homes but also paying for these sorts of services you are talking about.

**Mrs. D. Minihane:**

Because the longer you keep people active and their minds active, the longer they will stay well. They are not going to cost the hospital.

**Professor J. Forder:**

Yes, very good point.

**Mrs. D. Minihane:**

This is what we are trying to do but we need help to do it. I hope by talking to you about it this morning you will realise some of the problems we are facing but we are, I hope, giving the best possible service we can.

**Mr. B. Le Brocq:**

You know, we have a Rolls Royce service ... we had the same input to the aged as we do to the people at La Moye. La Moye is an open prison. We spend more money on people in prison than what we do on our senior citizens.

**Mrs. D. Minihane:**

I worked with one charity in Roseneath for 30-some-odd years. We were getting more money for the homeless who are not all locals - I am not saying all our old people are local but they have lived here for years - getting more money in the shelters; getting far more money. We get £15,000 to run the frozen meal service and nothing else. This is for an ageing population. It does not really make sense when you think about it.

**Mr. B. Le Brocq:**

Mind you, I have to say that throwing money at it is not always the answer.

**Deputy S. Power:**

No, but if we were to rephrase that and say if we were to make some funds available and then make sure it was used efficiently, particularly in the quasi voluntary areas where you know who to direct time and attention to, you know who to pick up from which floor of Caesarea Court, you know of a lady who has had a serious operation and is a widow now and whose children live on opposite sides of the world. They want her to live there and she does not want to go. I have one of those. Even in my own community, I never cease to be amazed by the people who drop in and say hello and have a cup of tea and go out again. This is priceless that kind of thing. A little money goes a long way if that money is directed in the proper way; not the waste we see within some of the State systems. That is shocking. But to direct money into the quasi voluntary sector is where it should go.

**Mrs. D. Minihane:**

If we had more money - take St. Thomas' Church - we could have another couple of big socials if necessary during the week. But we need money to be able to pay a driver or drivers to go out and pick up. We have the buses but we have not got

drivers. So to be able to bring them in and for them to have a game of bingo if that is what they want, a singsong, whatever they want, whatever makes them feel comfortable.

**Deputy S. Power:**

Just on the driving, Daphne, does your driver have to have a P.S.V. (Public Service Vehicle) licence?

**Mrs. D. Minihane:**

No.

**Deputy S. Power:**

Just a regular ...?

**Mrs. D. Minihane:**

We did have a large bus which had been donated to us - it was a 28 seater - and it had to be an H.G.V. (Heavy Goods Vehicle) and P.S.V. You could not get those. We have now got 2 smaller ones; 16 seat.

**Deputy S. Power:**

That can be driven on an ordinary licence?

**Mrs. D. Minihane:**

To take them out shopping, to take them out to the Le Coie at St. Peter or St. Brelade and wherever out of St. Brelade is a time out for them. It is something. Take them to Safeway even in a bus. There are so many things that could be done to make their lives so much happier and more pleasant in every way but we personally cannot afford it. We could do it if we had the money and we could pay someone because, as I said, we are not getting the volunteers as we did.

**Deputy R.G. Le Hérissier:**

But at the same time, of course, the patient transport service has been cut back. I understand, having visited someone, anything that is construed as leisure, e.g.

bringing a party to a restaurant from places like The Hollies, I understand that has been removed now.

**Mrs. D. Minihane:**

That would give pleasure into their lives, would it not?

**Professor J. Forder:**

Yes, there is a real issue there.

**Deputy R.G. Le Hérisier:**

We have had a great tour of the services and of your thoughts. Are there any final questions from the panel?

**Deputy J.A. Martin:**

No, I do not think so.

**Deputy R.G. Le Hérisier:**

Sean?

**Deputy S. Power:**

Just one but it is a medical health one rather than a long-term care of the elderly, but I think it might be related. What have you heard or what do you understand to be the case with shortages of beds at the General because of the refurbishment that is going on and/or the use of Leoville and McKinstry at the moment? Have you any accurate information on what is going on?

**Mrs. D. Minihane:**

Not from the patients, from the staff. I have had people ...

**Deputy S. Power:**

That is where I got it from.

**Mrs. D. Minihane:**

The staff were very unhappy about it and some of them are losing their jobs anyhow and they are not of retirement age but they are not being offered other jobs, or if they are it is not where they want to go. But not so much. There is a very deep concern about M.R.S.A. (meticillin resistant Staphylococcus aureus) and C. Diff. (Clostridium Difficile) which everyone has, whether the U.K. or here. People are very worried about going to have operations anyhow. They were concerned but very upset about the closure of the wards up at Overdale.

**Deputy S. Power:**

That is what I was referring to, yes.

**Mrs. D. Minihane:**

More than the hospital?

**Deputy S. Power:**

Yes.

**Mrs. D. Minihane:**

Yes, they are concerned about that; very concerned. The other thing is - again we could go on for hours, I am sorry - but there is one old gent up in Overdale and his elderly wife lived in town. She wanted to visit him every day because he was very poorly and has since died. But she had to walk up to Overdale every day from town. That is up the Queens Road.

**Deputy S. Power:**

Up this hill.

**Mrs. D. Minihane:**

That is up Queens Road.

**Deputy R.G. Le Hérissier:**

St. John's Road.

**Mrs. D. Minihane:**

St. John's Road. When I asked if he could be moved to maybe the Lions because she could have got a bus in Val Plaisant, they could not do that. They could not do that. I said even Sandybrook would be easier for her. No, they could not do that. They did not have the space. There was no compassion given to that old lady. She wanted to see her husband. She knew she did not have him for very long. She used to walk up every day. Some days she would come back and she was absolutely - if I can use the expression - whacked. Where is the compassion now? That is my worry. Are we becoming too clinical and forgetting compassion; that we are talking about people. We are not talking about numbers. They are people. They are someone's dad, someone's mum. A lot of them who are living longer have lost their peers as well. They have seen their friends die and they are alone. We could write a book on this really. I bang my head against a brick wall, Sean.

**Deputy S. Power:**

I know you have, yes. I do not know how you keep up with it.

**Mrs. D. Minihane:**

My head is getting sore.

**Deputy R.G. Le Hérissier:**

Julien, have you got any more?

**Professor J. Forder:**

Just one thing. It strikes me that a lot of this is about convincing the general population of the need for these sorts of services and it is going to your compassion point. We are starting to see this in England where people are willing to support older people up to a point. They are willing to make sure that older people are literally not dying on the streets, but when you start getting into these quality of life aspects then there is much more of a situation of: "I have got my own life to concern me. I am paying the mortgage and I raise my kids, et cetera, et cetera. Why should I be making a contribution?" Squaring that circle I think is very difficult and, you know, if you only ... you can do that. I think that would be ...

**Mr. B. Le Brocq:**

As standards rise - and they are bound to; we live on rising standards and trying to improve services - and the cost of those services and I think the man in the street is living for today and saying: "I will worry about tomorrow when tomorrow comes." He is not really worried about anybody else. You just hit the nail on the head. They have so many things they need to provide for their own family, they really are not interested in anybody else's. It is very difficult. It is a frame of mind, is it not?

**Mrs. D. Minihane:**

It has to be well marketed as I said earlier. Just one instance where it was not well marketed, we asked for free television licences for all our older people. I think, Roy, you helped us with that. But we did not get it. But what a certain ... was he a Senator by then? Yes ... said: "We will put tuppence on beer" to pay for the old people's television licences. What did we get? Phone call after phone call after phone call from the young: "Why the hell should we pay for your television licences?"

**Professor J. Forder:**

Really?

**Mrs. D. Minihane:**

Yes, my God. I had letters. I had emails. The phone was hot. Because it was wrongly marketed to blame the old people.

**Deputy R.G. Le Hérissier:**

The other thing we were accused of ...

**Mrs. D. Minihane:**

Sorry to interrupt you. We did not all get a television licence. It was then income barred. You all get it in England. It was income barred.

**Deputy R.G. Le Hérissier:**

We were accused of encouraging excessive drinking as well, of course, because the more you drank the more money went into the television licence fund.

**Mrs. D. Minihane:**

Yes, but that anger was directed at the old people because of the way it was set up. It should never have been set up that way.

**Mr. B. Le Brocq:**

It has gone the other way because I have a relative of mine who is in the licensing trade. I would love to have a telephone book from 20 years ago and 10 years ago. When you look around the Island where people perhaps used to go and have a pint, the number of places now that have closed down. You can put the price up so far but you drive the customers away. Frankly, saying we are doing it for your health reasons, the man standing at the bar having a pint, he is not worried about his health. He wants a drink, does he not?

**Deputy S. Power:**

That is fantastic.

**Deputy R.G. Le Hérisier:**

Are there any final comments you wish to make, Daphne and Bob?

**Mrs. D. Minihane:**

I do. I am sorry if I have taken a long time to tell you these things but it is good to share them because not many people listen. If I can just say something about the Social Security Minister ... I should not be getting at people here but when I spoke about milk for older people, there is a problem I think in St. Brelade about delivery of milk for frail, older people who cannot get out.

**Deputy S. Power:**

Who cannot get out.

**Mrs. D. Minihane:**

In fact, I met here not so long ago - a week or so ago - with Sarah Ferguson (Deputy of St. Brelade) about it. They cannot get out so someone is delivering; Sunrise is delivering. He is charging because of cost 30 pence each delivery on top of the cost of milk, which is already high although we produce it here. We know that. Thirty pence per delivery and he is having to give that up because of the cost of petrol. Now

he is not going to be able to do it. This is totally wrong. Older people need their milk.

**Deputy S. Power:**

Yes, of course they do.

**Mrs. D. Minihane:**

When I spoke about that to the Minister for Social Security, he said they can drink long life milk. Why do they not go for long life? Why should they go for long life? I am sorry. Why should they have to have long life milk? We live in an Island that produces the blooming stuff. But these things they are just dismissed out of hand. Okay, tell them to get long life then they will not have that bother. That is not how you treat people.

**Mr. B. Le Brocq:**

If I just give you a fact; this is fact. I know a farmer who provides accommodation in what was formerly stock accommodation for 2 old gentlemen. One of them unfortunately was an alcoholic. The parish were in actual fact sustaining the person, paying his rent and giving him some cash. We were giving him I think around about £25, £28 a week. The Constable of the parish was instructed to give him £58 a week. He said: "I am not doing that. I refuse to do it because the more money you put in the hands of an alcoholic, the more he will drink." Social Security insisted. Social Security sent the money. Within 2 months, that man was dead. That is about where throwing money at the problem is not always the answer. That is a fact.

**Deputy S. Power:**

Not in that case, yes.

**Mr. B. Le Brocq:**

The people around that person feel very aggrieved.

**Deputy R.G. Le Hérissier:**

On behalf of the panel I would like to thank you.

**Mr. B. Le Brocq:**

Have you got this one?

**Deputy R.G. Le Hérisier:**

No, if you could make me a copy that would be very kind of you.

**Mrs. D. Minihane:**

That is 2003. It is way out but it does give you some idea.

**Deputy R.G. Le Hérisier:**

As I say in a week or 2 we hope to be there. On behalf of the panel I shall formally thank you. It has been a really good eye opener and a really good introduction to this study. Tomorrow morning at 9.30 a.m. we get the top wallahs from Health. If you have a minute, if you want to come you are very welcome, obviously. Thank you very much. It has been a real eye opener and we have really enjoyed it as much as been enlightened.

**Mrs. D. Minihane:**

Thank you for asking us and thank you for listening, all of you.

**Deputy R.G. Le Hérisier:**

End of session.