



## Health, Social Security and Housing Scrutiny

### Panel

### Adult Respite Review

**FRIDAY, 24th APRIL 2015**

**Panel:**

Deputy R.J. Renouf of St. Ouen (Chairman)

Deputy G.S. Southern of St. Helier

Deputy J.A. Hilton of St. Helier

Deputy T.A. McDonald of St. Saviour

**Witnesses:**

The Minister for Health and Social Services

Assistant Minister for Health and Social Services

Director of System, Redesign and Delivery

Director of Adult Services

[13:58]

**Deputy R.J. Renouf of St. Ouen (Chairman):**

Thank you for helping us with our Adult Respite Review. Minister, as you know, this meeting is a public hearing and being recorded; so, for the record, can we do introductions? So I am Deputy Richard Renouf. I am the Chairman of this Health and Social Security Panel.

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

Deputy Geoff Southern, Vice-Chair.

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

Deputy Jackie Hilton, member of the panel.

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

Deputy Terry McDonald, member of the panel.

**The Minister for Health and Social Services:**

You would like me to come in. Senator Andrew Green, Minister for Health and Social Services.

**Director of System Redesign and Delivery:**

Rachel Williams, Director of System Redesign and Delivery.

**Assistant Minister for Health and Social Services:**

Deputy Peter McLinton, Assistant Minister for Health and Social Services.

**Director of Adult Services:**

Chris Dunne, Director of Adult Services.

**The Deputy of St. Ouen:**

Thank you, and we have with us also our 2 Scrutiny Officers.

**The Minister for Health and Social Services:**

Again, if I could give the apologies of the chief officer. As you might imagine, we have rather a lot on at the moment.

**The Deputy of St. Ouen:**

Yes.

**The Minister for Health and Social Services:**

I told her I would rather that she carried on with what she is doing.

**The Deputy of St. Ouen:**

I quite understand. The country is involved in this emergency planning exercise.

**The Minister for Health and Social Services:**

That is what she said, yes.

**The Deputy of St. Ouen:**

Yes. Okay. Minister, we have provided a question plan to you and we would like to cover the many areas in that. The first question I had was, in referring back to the M.T.F.P. (Medium Term Financial Plan) up to the conclusion of this year, £4 million had been allocated to adult care homes and can you tell the panel how has that money been spent to date?

**The Minister for Health and Social Services:**

Yes, £1.2 million allocated to address the risk factors at Orchard House; £100,000 allocated to Learning Difficulties Day Service Strategy; £700,000 allocated to the autism centre that we do not currently have but that we would like to have and I can expand on that if you wish; £2 million Learning Disabilities to supported living accommodation. I do not know, Chairman, if you saw the article on the television last night, Channel Television, which showed the work that has been done there around getting people into the community that would normally be in a hospital with some wraparound care.

**The Deputy of St. Ouen:**

I did not, I am afraid.

**The Minister for Health and Social Services:**

There is another phase 2 then. These would be people with more complex conditions that would ordinarily never go out into the community, but we are looking at developing a system that would support them living in their own homes in the community. That is being done with the support of Andium Homes at Andium Court at Langtry Gardens.

**The Deputy of St. Ouen:**

Yes, we have heard of Lantry Gardens, which seems an excellent facility.

**The Minister for Health and Social Services:**

That is where we are at the moment. If you want more detail there are some areas I can cover but other areas I will ask officers to expand on.

**The Deputy of St. Ouen:**

Can you outline a bit on the £700,000 spent on autism where ...

**The Minister for Health and Social Services:**

It is not spent yet. It is allocated to.

**The Deputy of St. Ouen:**

Allocated.

**The Minister for Health and Social Services:**

Yes. Basically we need to provide a more appropriate facility for people with severe learning difficulties that are currently in the old Le Geyt Centre building and, once that is done, then it may be demolished and redeveloped, but the intention is that it will become a centre for Autism Jersey. The project will be a lot more than £700,000, but that is the figure that we put towards it and it will be a partnership between them and us to develop the centre. It will be their centre to run.

**The Deputy of St. Ouen:**

Perhaps we will come on to the future of the Le Geyt Centre later but just dealing with the residential respite services, this is now being funded or much of it is to be funded under the long-term care scheme. From your point of view, as Minister for Health and Social Services, is that transition to Social Security been working or are there difficulties still to iron out?

**The Minister for Health and Social Services:**

The principle of transition is working well. We are taking slightly longer, although it has improved recently, on getting some people assessed, whether that be with learning difficulty or whether that be with other long-term care conditions. There has been a lot to do but the principle is working well. Sorry, my phone is trying to tell me something. The short break systems have been really positively accepted, without exception. I have not heard anybody say that it has not worked well. We know, however, that we have some gaps and we are working to address that. As I mentioned in the corridor before, we have some policy in development that I would be happy to share with you privately, that I cannot share today, and that is purely that we know - and you know because you are going to challenge me on it anyway - that we do not have sufficient adult respite care, effectively. Yes, the short breaks works but, effectively, in terms of residential adult respite care, apart from short breaks in their own home where they can be supported, but if they want to come away from home into residential care for a short time there are only 2 beds. You know that. I know that. We know that is not enough. We have plans to address that. We have quite a few ideas in progress but our partners - we would want to change some of the work that they do - do not know that we want them to change. Therefore, while I am happy to share it privately - I know

the media are not here at the moment - I do not want them reading a report or reading in the media that we have made plans for their organisation. They need to hear it from us and then discuss how that might affect them and how that might work, but that would result in increased spaces for adults with learning disabilities respite.

**The Deputy of St. Ouen:**

How soon would you be able to give us those details?

**The Minister for Health and Social Services:**

I think I am quite happy to share the report with you next week in confidence so that you can start to use it to formulate your report, but I would ask that you did not release your report until I have confirmed that we have spoken to the providers.

**The Deputy of St. Ouen:**

Which you intend to do very soon?

**The Minister for Health and Social Services:**

Which we intend to do very soon, yes.

**The Deputy of St. Ouen:**

Thank you. Can you tell us, does this involve the provision of any new accommodation?

**The Minister for Health and Social Services:**

No. From memory - correct me if I am wrong - it involves using the existing accommodation in a far more effective way, but it does result in more beds, yes.

**The Deputy of St. Ouen:**

Does it involve third party providers such as Cheshire Home, which is a present provider?

**The Minister for Health and Social Services:**

I would rather not start going down the list of who it might involve because then the cat is out of the bag before we discuss it with them, but it does involve third party providers. That is all I am going to say, but we are happy that you have that in confidence later.

**The Deputy of St. Ouen:**

Right. We will look forward to that.

**The Minister for Health and Social Services:**

Okay.

**The Deputy of St. Ouen:**

I suppose we would be anxious to see that it is an arrangement that has some permanence to it.

**The Minister for Health and Social Services:**

Yes, definitely.

**The Deputy of St. Ouen:**

We have seen the provision at Highlands come to a sudden halt and then difficulties then.

**The Minister for Health and Social Services:**

That was regrettable and that has caused a problem because, as I remember, there were 4 beds for adults. Unfortunately the provider decided not to continue with that and that is regrettable, but this will address that problem.

**The Deputy of St. Ouen:**

Yes.

**Deputy J.A. Hilton:**

Before we leave that question, you mentioned £100,000 on a day service strategy. Can you just give us a little bit more information?

**Director of Adult Services:**

Yes. What we have within the overall capital pot is a sum of money to assist with developing smaller geographical bases out in the community. You may be aware that at the moment the central base for learning disability day services is the Le Geyt Centre. As a model that is fairly outdated in regards to large congruent groups of people coming together. So the vision is to access more local community settings from which people's daytime support would be received, still going out into the community, engaging with the community as people do today. The £100,000 that was earmarked to assist with developments that are required around some of the facilities we need, in particular appropriate disabled access to toilets and changing facilities, we have had really good support from Transport and Technical Services in the past and the Parish of St. Helier where some of those developments have happened in other settings without drawing on the capital that we have available. That money is to assist with those developments.

**Deputy J.A. Hilton:**

It is infrastructure for the bases when you eventually find them?

**Director of Adult Services:**

Yes.

**The Minister for Health and Social Services:**

It is that but it is to deliver the strategy that is saying we are going to get people out of Le Geyt.

**Deputy J.A. Hilton:**

Right. Thank you

**The Deputy of St. Ouen:**

Sorry. Is this, therefore, to meet the rental costs of building and the adaptation ...

**Director of Adult Services:**

No, it is adaptations. An example would be we have identified a site in the west of the Island that would be a good location but it does not have appropriate disabled toilet and changing facilities for those adults who might have more complex needs, so we will utilise some of our money to facilitate those adaptations. So it is infrastructure.

**Deputy G.P. Southern:**

It sounds like an awfully small sum of money if we are talking about spreading facilities around the Island, which are not obvious. Obviously, it is not just a building. It is a sensory room; facilities to do this and that, I would have thought or do you have a completely different model?

**Director of Adult Services:**

Yes. Not necessarily. It is not necessarily to enable certainly sensory facilities in every site but what we are doing is working with other providers who may have facilities that would be sensory. Port Regent is a service that is interested in developing some of that for us. So, rather than having that in every location, if somebody requires a sensory room for some of their therapeutic activity, part of their daytime support would be accessing that in a neutral setting. So we will still have access to some of those special facilities we require but not necessarily in every setting.

**The Deputy of St. Ouen:**

While we are talking about it, I wonder if we could deal with the future of day services as a whole and what is to happen to the services provided at the Le Geyt Centre presently and how that will be funded in the future.

**Director of Adult Services:**

I think there is a really important piece of work that we are coming on to next, your efforts around the implications around the long-term care benefit, and I know we touched on this last time we were speaking. There is a piece of work that we have not done yet in partnership with Social Security, which looks at those implications. The comments that were passed last time we took very seriously and have taken back to ensure that we are considering the impact on people with whatever decisions are taken. The issue is that we need to establish: what is the model of service that is available? In essence, there ought to be a variety, so we are hoping to enable greater choice. The starting point would be that an individual is assessed as requiring support through the daytime as part of their care package and have the opportunity to buy their personal support. However, some individuals may want to continue to access some of the generic services that are in place today; so we need to look at that. We have not done this piece of work yet and the only reason we have not done it is because our priority in regards to the transition of long-term care benefit was getting those individuals who are involved in residential nursing care and supported living resolved first because of the nature of that work. The next piece of work that we need to do is around ... and I use "short breaks" generically, so within short breaks we mean day services, as daytime support is about providing breaks and support to family as well, the residential short breaks that we talked about and the Outreach services. All of those components need to be considered next as to what is the implication around rolling out the long-term care benefit. So some of those services are likely to end up with the person and their family receiving money to buy personalised support. For some individuals they may access a generic service but, because that today is free, what would happen is it would just reduce the amount of long-term care benefit somebody would receive to offset the costs of that. Now, as I say, we have not got on to the detailed piece of work and the assessments that are required around that, but that is the next. We have just at the end of March finished the supported living assessments that were required and in the main that was around Les Amis with the 82 residents there. What we are anticipating is that that will release some capacity for us to now focus on assessments round short breaks, and we have agreed that with Social Security.

**Deputy J.A. Hilton:**

The plan is basically to close Le Geyt down and turn it into an autism centre, which you are going to do a partnership with Autism Jersey?

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

So the vision is to have how many hubs around the Island to deal with those people that are currently using Le Geyt?

**Director of Adult Services:**

We are talking of 4 hubs that we want as a minimum. We have 2 settings within St. Helier now. We have identified a site within the west that Jersey Property Holdings are negotiating for us presently. Then we would ideally like to have a location on the east of the Island as well. We have not got that identified yet.

**Deputy J.A. Hilton:**

Okay.

**Director of Adult Services:**

But if I could perhaps alter the language slightly, because it is about relocating services. What we want to do is relocate it away from this historical, large congregate group of people coming together to something about understanding the modern services today. It would not necessarily just bring large groups of disabled people together in a single setting. Part of that is enabling people to access services, hopefully, more locally to where they live.

[14:15]

**Deputy G.P. Southern:**

Does that not still leave a transport problem? We have a transport problem already, so if we are trying to get to ...

**Director of Adult Services:**

We are anticipating less of a transport problem, in reality, because at the moment the problem that we have is getting people to and from a centre from which people then go back out. The thing that we must do is maximise the use of public transport. That is a given within our services, enabling people to be able to travel. That becomes part and parcel of those daily living skills.

**Deputy J.A. Hilton:**

But how is that going to work with somebody who is severely disabled in a wheelchair?

**Director of Adult Services:**

Not everybody is, so asking ...

**Deputy J.A. Hilton:**

No, but there are quite a lot of users at Le Geyt.

**Deputy G.P. Southern:**

There are more than ever and, as you know, they are growing at the moment.

**Deputy J.A. Hilton:**

Yes.

**Director of Adult Services:**

There are 2 things. In fact, from a public transport point of view, our bus service is excellent because it is accessible. So the real issue is getting the support around the person to enable them to access whichever form. However, what I accept is that we still need available transport for people with disabilities. So we do still need that as a part of ...

**Deputy J.A. Hilton:**

Do you mean just physical disability, so a learning ...

**Director of Adult Services:**

No, a physical disability.

**Deputy J.A. Hilton:**

But do you accept that there are going to be people out there, whether they are in group homes or living with their families, who simply will not have the mental capacity to journey from A to B by themselves; it just will not be possible?

**Director of Adult Services:**

No, and I am not saying that. I am not saying that.

**Deputy J.A. Hilton:**

Right, if you can clarify what you are saying.

**Director of Adult Services:**

I am saying that people would use public transport with support to access community facilities.

**The Minister for Health and Social Services:**

If appropriate.

**Director of Adult Services:**

Yes. I am not suggesting that people would just travel independently without the ability to do so.

**Deputy J.A. Hilton:**

All right. So, if you have an individual who needs support using public transport and they live at home, you would be expecting their carer at home to be accompanying them on the bus to ...

**Director of Adult Services:**

No. It may well be that a person's support starts at home. So the support worker may well meet somebody at home and it starts from that point, rather than the concept of having to come into a central base and then the service starting. That is the ideal of where the long-term care benefit is, people will start to use personalised support. It might be that there is an individual assigned to work with the person who needs support.

**Deputy J.A. Hilton:**

Okay.

**The Minister for Health and Social Services:**

But bear in mind that a lot of these centres are going to be much closer to the place of residence as well. Now, I am not suggesting that is a good reason for people to, where inappropriate, to travel alone. It is not, whether it is 100 yards or 100 miles the challenge is the same. But the loss of these centres is going to be much closer to ... the one in the west at the moment ... I nearly named somebody there, but at the moment we have somebody who lives in the west that would come right in to Le Geyt. That is not far. I know I am sounding really Jersey now, but they pick up several other people on the way and that does prolong the journey and it can be an hour or more. Whereas, if it is 20 minutes down the road, because we have the appropriate assets ...

**Deputy G.P. Southern:**

If that sensory room is located close to you then you are right, but if it is ...

**The Minister for Health and Social Services:**

But if it is not you will have less people travelling to it. Therefore, it can be more appropriately done I would suggest. Let us make it work but ...

**Deputy J.A. Hilton:**

Yes. At the moment what we are hearing is that there is a lack of available appropriate transport for those most severely disabled: (a) not only are they spending a lot of time when they are collected on the bus travelling around picking people up, but (b) there is a lack and sometimes

they are not able to access the same opportunities as other day users at Le Geyt simply because there is a lack of proper transport. How do you intend to address that issue?

**The Minister for Health and Social Services:**

I will let Chris go into detail, but that is exactly the reason why you need to target those resources so that those who really need them are not taken up by those who could travel by other means, albeit supported. At the moment you are wrapping physically disabled transport around everybody with the label “disabled” or “learning difficulty.” It is not always appropriate. Some can get the bus. Some at the minor end - and I am off on one of my champion things now - once trained, once it becomes routine, will be able to do it but it has to become routine first. Some will always need somebody literally almost holding their hand.

**Deputy T.A. McDonald:**

Yes.

**The Minister for Health and Social Services:**

But that releases the resources for those who are profoundly disabled, be it physical or other, to have the support that they need. Chris might expand on that.

**Deputy J.A. Hilton:**

But do you accept that, by the very nature of those users’ disabilities at Le Geyt, they are the ones who are going to require the most support? The reason they are using day services at Le Geyt is because they are not able to access employment or anything else. So they are those individuals who require the most support and help.

**Director of Adult Services:**

Yes, I do. I do accept that. It is not everybody at Le Geyt but it is a significant number of people. The other bit, just to acknowledge with you, because ... you are probably aware that there are 2 separate things here. One is around general transport, getting in to Le Geyt and back home, and we are hoping that the more geographically located services reduces some of that pressure. The second is access to appropriate transport, while you are at the service, to go out and enjoy the day and take part in the community. I do know that today we have an issue with one of our vehicles at the Le Geyt Centre which we are working to try and resolve. That has put us under some additional pressure because we have not had the available transport that we would normally have. I do not have a solution to it today but we are working hard to try and ...

**Deputy J.A. Hilton:**

Is that one vehicle that is fully disabled?

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

As one vehicle. Is that the vehicle that is 9 years old?

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

My understanding is that States' policy is that you do not keep vehicles past 7 years old.

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

So what has gone wrong? What happened? Why was it not replaced 2 years ago?

**Director of Adult Services:**

It should have been.

**Deputy J.A. Hilton:**

Why was it not then? We all know it should have been.

**Deputy G.P. Southern:**

It is in an era of cuts. There is fierce competition on the list of what gets ...

**The Deputy of St. Ouen:**

What is the answer to the question?

**Director of Adult Services:**

My understanding is that there has been a change of policy from the finance perspective that means that in the priorities there is not the money to replace that vehicle today. So we are now having to look at the possibility of taking on some lease arrangements to get a new vehicle, rather than purchasing a new vehicle.

**The Deputy of St. Ouen:**

But in order to run a facility over a number of centres or hubs, it will require additional staff, will it not, rather than ...

**Director of Adult Services:**

No.

**The Deputy of St. Ouen:**

You do not think so?

**Director of Adult Services:**

No, it will not from a resource perspective and part of that is because what we do with in-day services is to try and establish staffing levels around the unique needs of people. The maximum staffing level that we have at the moment is one member of staff to 3 people. So we would be able to deploy staff out and what we anticipate is that, with the introduction of the long-term care benefit, that is likely to enable some people to get more bespoke support than we have in place. So, if anything, the introduction of long-term care will broaden opportunities and improve the levels of support that people can attain.

**The Deputy of St. Ouen:**

Yes. Now, you have kindly shown us a summary of a bid that you had put in for additional resources to be put into the Le Geyt Centre. So is that to maintain the existing complex at Le Geyt?

**Director of Adult Services:**

No, this is about managing transition as people come through. What we do is put bits together around where we know there will be increased pressures for people coming in to day services. Today a lot less people come through into day services because the vast majority of people go through organisations like Jersey Employment Trust and are pursuing employment, rightly so. So there are a lot less people and, just on Jacqui's point earlier, it does tend to be people who have much more complex needs who are coming through. So the bids that we put in tend to be wrapped around individual people. Now, that bid was a bid that we have had ... we have done this annually for certainly the last 10 years that we have looked at. We are now in a place where that will get replaced with long-term care assessment and access to the benefits so that people will come with a pot of money to be able to facilitate the unique support that people require.

**Deputy J.A. Hilton:**

Can I just ask you, do you think the long-term care benefit is going to be a God send to people with disabilities ...

**Director of Adult Services:**

Yes, I do.

**Deputy J.A. Hilton:**

... because there is going to be a pot of money there that is going to be providing all those extra resources that have been needed for a very long time?

**Director of Adult Services:**

Yes, I do. I think this is a fantastic opportunity for people who have complex needs to have a bespoke, personalised package of support, whereas previously people would come into an existing service that had a fixed budget, hence the bids that we would always have to put in. We were not always successful but in the main we were fairly successful within the learning disability and autism world. But what will happen today is that somebody will come with a life-long package of support with them that will create choice for the person. They could employ somebody directly to be able to be supporting them. They could tap into generic services that are available and it will create much more of a market. Yes, is the answer. I think it is a fantastic opportunity for individuals and families who have adult children with complex needs.

**The Minister for Health and Social Services:**

I totally agree with that answer and it is about choice. At the moment it is take it or leave it as it is and that is not reflected in the care. The care that the people get is first class but they fit into the service that exists and it is not always appropriate. They will be able to choose. I hope they will not do this but they could choose to stay entirely at home and be supported in their home. It is probably better if they do for some a bit of that and for others none of that, but they have that choice. That money will be allocated to them the way that they want to use it, that gives them the most benefit and gives the family the support that it needs. I think it is one of the best things that the States has done, to be honest with you.

**The Deputy of St. Ouen:**

Can you be satisfied that the monies individuals will receive as long-term care benefit - and they may wish to use that to access day care services in these hubs - is that amount of benefit going to be sufficient to meet the running costs of the hubs or the Le Geyt Centre as it now is?

**Director of Adult Services:**

We have not done that piece of work yet. The pressure is the same for us as it is for any other provider that says we will need to cut our cloth accordingly. If we are going to run a series of hubs from which day services are provided, either that will be run as a block, as a contract in itself, or if it is about individuals purchasing that - and that is the piece of work we need to do now - this will be the same principle for any provider. We need to establish what is the right model and certainly that is where Rachel's service will play their part in looking and helping us shape the market with that. We need to take a decision and, as I say, the comments of the past, last time, have really helped in our thinking around whether somebody buys that service individually or whether that service is maintained as a block contract and available but somebody's benefit is reduced accordingly to offset that cost. I believe the answer will be "Yes," but we have not done the detailed work to justify that. That will come.

**The Deputy of St. Ouen:**

Are there not some individuals whose needs are so complex that level 4 of the long-term care benefit will not provide funding for all those costs?

**Director of Adult Services:**

That is correct.

**The Deputy of St. Ouen:**

So that would continue to be provided from within the Health budget. Is that the case?

**The Minister for Health and Social Services:**

The difference will be.

**The Deputy of St. Ouen:**

The difference?

**The Minister for Health and Social Services:**

Yes, indeed.

**Director of Adult Services:**

Yes. We have a system that is called the Individual Placement Panel. That is jointly chaired by the Director of Finance and the Managing Director of Community and Social Services. So any assessment that exceeds level 4 in the indicative budget that comes out, the top up for that is presented to that panel for authorisation for expenditure. So, once it is authorised, that budget is wrapped around the person again for the duration of their life.

[14:30]

That will only change if people's needs go up and down. In some cases it can go down but in the main they usually go up.

**The Deputy of St. Ouen:**

But meanwhile the health service has generically got to provide a facility for people with complex needs. There might be 5 or 6 or 8 coming through the system at any time but you cannot say: "We are providing this year for 5 and next year it will be 8." You have got to have the infrastructure ready to receive these people, have you not? Is there not a cost involved in that?

**Director of Adult Services:**

The numbers that you have referenced are high. It is not at that level for the numbers of people coming through that necessarily access day services. It might be slightly higher for accessing short break services collectively, as I have described with the residential and the Outreach, but this is where again, from a resource perspective, in the future the person will come with a package of money that will help resource what is required. So once that service is commissioned, if that is with us as an internal provider, then that revenue will help to pay for the service. If it is an expert provider, equally, the money that is with the person will help pay for that service that is available.

**Director of System, Redesign and Delivery:**

It is possible to predict those demands going forwards. They do not tend to be year-on-year wildly different. We know how many children are moving into adulthood and we know how many adults a year have those additional needs. So it is possible to be able to make those demand predictions, with relatively good confidence, to make sure then that we have the capacity there to provide those services that they need.

**Deputy J.A. Hilton:**

Can I just ask you about that, Rachel, because one of the comments that you made, Chris, in your submission for additional funding was: "Submissions for placement for some transitioning young adults arrived very late in the process and/or did not come with full and detailed assessments of need with a consequence of not being able to properly forecast and plan for their support needs. Therefore, the true level of support did not come to light until they accessed the service." We have heard this time and time again with transitioning youngsters, from children to adult, that the situation around transitioning is not very good at all. So, Rachel, you are saying one thing but Chris is saying something quite ...

**Director of Adult Services:**

That was a couple of years old from the last bid that was in. So I gave you that as the example of the bids that we were putting in around that.

**Deputy J.A. Hilton:**

So this was when, in 2013 or something?

**Director of Adult Services:**

I think 2012 was the last bid, I think, on that one.

**Deputy J.A. Hilton:**

So it was happening then we are still hearing that the whole process of transition is not very smooth.

**Director of Adult Services:**

Yes, I would challenge that statement today but I am interested in what the outcome of the whole report is. I say that deliberately because, as a consequence of the last time we met with you, I went to review: where are we with families? I am conscious of 2 families where there was transition around individuals with complex needs. The transition planning around the young people was quite well planned and delivered. There were other factors that had been missed in that transition, which was to do with the levels of anxiety and concern of parents through that. I have picked that up subsequently. We followed through with 2 families subsequently, so that we have unique arrangements with regards to those 2. So there is something in this for me that says: "Well, the information I am aware of is relatively small in numbers but the impact was high," but some of the detail behind it was more to do with how parents were coping with change as opposed to the young person. The bit I know today, if it is the 2 families that I am thinking of, is the arrangement in place for those 2 families have come out as satisfactory outcomes. They are pleased with the outcomes that we have and the work we are now doing with them individually.

**Deputy J.A. Hilton:**

I am going back to when we did the children's respite thing and now we are doing adults and, time and time, again transition keeps coming up; parents' dissatisfaction around the process? Parents say to us: "What is different between a child being 17 years-old and 11 months and 5 days and 18 years-old, when suddenly all the services that they get as a child and the processes just all fall away?" For them, they just feel as though they are sort of left with nothing or struggling to get those same sorts of services. Their young people have not changed. They still have got the same disabilities. They have not disappeared overnight and they are not going to, and ...

**Director of Adult Services:**

Yes. I think that is a really valid point and I think it is one that, interestingly, when we get to release the intentions paper that Rachel is developing, the commissioning perspective, we accept that what we need to do is to do things differently and smartly. What we have fallen into the trap of, historically, is a children's service into an adult service and what we really need is a 16 to 25 framework that will better respond to those young people, that is more bespoke, so that it is not quite so stark coming into an adult world.

**Deputy J.A. Hilton:**

Would you accept that young people, whether they are 16 years-old or 18 or 19 years-old, still require the same level of service, do they not?

**Director of Adult Services:**

Yes, they ...

**Deputy J.A. Hilton:**

So why is it there is just one service for those people who are so profoundly disabled?

**Director of Adult Services:**

That is an issue that we are going to look at. The only thing that is different in there that we cannot do anything about is people stop going to school and come into a different adult world, and what we need to do is try to make sure that is more responsive to younger adults as opposed to coming into a world that encapsulates all adults. So that notion of working with people from 16 to 25 ... we did a similar piece of work around homelessness and that works very well now with what we did with the Shelter Trust. So we need to look at applying some of those same principles.

**Deputy J.A. Hilton:**

But do you accept that there cannot be any reasonable reason why you have Mont a l'Abbe School at the top of Queen's Road, and most children enter Mont a l'Abbe School at 3 or 4 years-old and they go right the way through. I should imagine there are very, very few children so severely disabled that they arrive in the Island that you do not know about. There cannot be any excuse for not knowing who we have on the Island.

**Director of Adult Services:**

No, that is right; we do know.

**Deputy J.A. Hilton:**

Well that is really good to hear because we are being told, I think, at the moment, in Mont a l'Abbe they have 10 wheelchair-bound children who are going to be coming through the system.

**Director of Adult Services:**

That is right, but they were all here at the time.

**Deputy J.A. Hilton:**

The scary thing is, though, Chris, we still only have those 2 beds and we know ...

**Director of Adult Services:**

We have not seen the plan yet.

**Deputy J.A. Hilton:**

Yes, okay, that is fair enough and I am relieved to hear that because the problems just seem to repeat.

**The Deputy of St. Ouen:**

Yes. But what parents tell us is that they do not feel that the adult social workers are authorised to get involved with anyone until they reach the age of 18.

**Director of Adult Services:**

That is not correct.

**The Deputy of St. Ouen:**

They feel themselves coming up all the time getting close to age 18 and there has been no contact with adult social workers. Is that the model? Is that how it is ...

**Director of Adult Services:**

No, that is not the model because where families will require support going through the social worker would start to get engaged from 16 plus to facilitate that transition.

**The Minister for Health and Social Services:**

But if that is the perception then there is obviously some more work to be done.

**Director of Adult Services:**

Yes.

**The Minister for Health and Social Services:**

The resources are there and the staff are there. The intention is there. The goodwill is there, but if that is the perception then we need obviously to work a little bit on that area.

**The Deputy of St. Ouen:**

I mean it is fair to say we have had some submissions which have spoken very highly of the transition process.

**The Minister for Health and Social Services:**

We want to get it highly spoken of 100 per cent of the time.

**The Deputy of St. Ouen:**

Yes, we all do I think.

**Deputy J.A. Hilton:**

I think it would be fair to say that most people who have written in have spoken very highly of the staff right across the services.

**The Minister for Health and Social Services:**

Yes. That is the point I was making.

**Deputy J.A. Hilton:**

Yes.

**Deputy G.P. Southern:**

Do you want me to see if there is anything ...

**The Deputy of St. Ouen:**

Yes, please.

**Deputy G.P. Southern:**

Yes. Last time we were in with you we were playing with the cost system. I use the word loosely "playing." We are looking at the costs of respite, which seem to be remarkably low. Have you done any more work on that?

**Director of Adult Services:**

We have not had any outcome from that. That is being picked up in terms of reviewing the algorithm. So we have reported that back to FACE as a system and they, along with Social Security, are reviewing the algorithm.

**Deputy G.P. Southern:**

Right, because I believe that what we learned yesterday from Social Security was their definition of respite is different to our perception of respite and it only applies potentially to longish breaks of a week. That they call "respite", which is why it is fulsome and not the day care that also is put in in parallel. That is part of the ...

**The Minister for Health and Social Services:**

Can I say - and Chris will expand on this - just to give Chris a rest for a minute, respite is whatever families want in terms of support for their loved one or disabled child. So that could be a day trip to wherever or to a centre or facility or to an attraction in the Island. It could be an overnight stay or a week's overnight stay in extreme cases. For some people the fact that their young person is able to access employment opportunities at Le Geyt is respite. So it is different for everybody.

**Deputy G.P. Southern:**

It is around that definition of respite. Respite for Social Security is just the bit that goes towards the possibility of having a week's break or 2 weeks' break in the year.

**Director of Adult Services:**

I think where there is perhaps a misunderstanding of that is that today there are elements of services that we provide, and short breaks of residential and Outreach have not been included in the long-term care framework. The intention is that all of that will be, and that is the piece of work we are doing next. As I said, we have covered the residential, the nursing, the supported living. All that is in there and, in terms of the full complement of short breaks, we are now going to be actively doing the assessments for all of those families who currently use that, with a view to looking at how the model will work within the long-term care scheme. When I have spoken with my colleagues in Social Security we have not necessarily had a difference of opinion of what short breaks is, but from their point of view today the short breaks that we are talking about, which is day services, residential, Outreach, are not provided through that system today but will be.

**Deputy G.P. Southern:**

Right. Yes. But it is all part of it. It is labelled "care", not labelled "respite."

**Director of Adult Services:**

Yes.

**The Minister for Health and Social Services:**

It does not matter how you label it, yes, as long as we deliver it.

**Deputy G.P. Southern:**

I think that is the answer anyway. Safe box: we also discussed limitations about the safe box system. Do you have any thoughts on that or ...

**Director of Adult Services:**

If I could just correct because I think you mean Softbox, which is Children's Service I.T. (Information Technology) systems. So we have 2 separate systems. We have 2 separate systems. You came to see FACE and how we utilise FACE. So that is what we use across all of our Adult Services. The Children's Service use Softbox. It is not a good system and there is a bid in now which has been successful within Children's Services to introduce a new I.T. system appropriate for Children's Services. So there is an initiative now to change that system. Jo Olson, who is the Interim Director of Children's Services, has taken that forward.

**Deputy J.A. Hilton:**

So is that compatible with FACE? Does it have ...

**Director of Adult Services:**

I asked the same question and the answer I was given was: "Yes;" that what it will do is it will speak to TrakCare and speak to FACE, because it is really essential they integrate because when we have rolled out FACE across all Adult Services what was important was it spoke to TrakCare as to health and Social Services' route into I.T. So every new referral the demographics are recorded in TrakCare and for people in the community who require services then that is automatically uplifted to FACE. I understand that the same process will work from this integrated children's system. I do not know the full details of that but I did ask the same questions.

**Deputy J.A. Hilton:**

Okay. Can I just ask you, once a person has been assessed for respite care and has a budget, is it their responsibility to access that? How would they go about that?

**Director of Adult Services:**

I am going to look to at Rachel for support, just in case, because this is part of the paper that we are looking at next.

[14:45]

So what we are conscious of is that we need to do this piece of work that will determine what we are aware of is a simple premise that says: "If an individual has the budget for short break services, and is going to purchase their own, for some providers that could put them at a risk if they are having to manage the vacancy especially around bed-based provision." It may well be that one of the options is we may consider the possibility of block contracts for residential while there may be the opportunity for people to individually purchase some of the Outreach Services. That is in essence ... does that not make sense?

**Deputy J.A. Hilton:**

Yes, but you have not made that decision yet?

**Director of Adult Services:**

No, but ...

**Director of System Redesign and Delivery:**

It is one of the policy decisions that we are working through. What we are keen to make sure, though, is that we do what we can to support individuals having choice, whether that is in day services, in Outreach Services and making sure that we do have enough residential services. Obviously, because of the nature of the costs for residential services a lot of those costs are sunk costs or fixed costs. Whereas, for Outreach Services, there are a lot more variable costs. So we are working through: is there a different contractual approach or commissioning approach that we need to support individuals with? We would not want an individual to only have a choice of an outreach service, or a day service, and not have a choice of being able to be looked after in a residential setting overnight to give their families and their parents that short break.

**Deputy J.A. Hilton:**

For those individuals who do not want the responsibility of accessing services how would you deal with those? Do they have social work?

**Director of System Redesign and Delivery:**

Do you mean individuals who do not want a choice?

**Deputy J.A. Hilton:**

Yes.

**Director of System, Redesign and Delivery:**

Yes, that is part of the process that is put in place when an individual has their assessment, which is that the social worker then helps that individual understand what their needs are and to make those choices, of course, where the individual has capacity to make those choices. That is one of the roles that social workers perform, to understand what is available for that individual and help them to make those choices.

**The Minister for Health and Social Services:**

Are you worried that they will just be given the money and told to get on with it: "Here is a list"? Is that what you are worried about?

**Deputy J.A. Hilton:**

A little bit, yes.

**The Minister for Health and Social Services:**

Yes. For some people that will work. For some families that would work but that is not the intention.

**Deputy J.A. Hilton:**

No, okay. What would happen if there were not sufficient services? Could you ever see that situation arising where there just simply was not capacity in the market to provide some of those services?

**The Minister for Health and Social Services:**

Again, they have in with detail that the whole purpose of this is to prevent that from happening by giving the suppliers confidence. Just simplify it to hotel at the moment, although we are not talking about hotels. A hotel is not going to keep 6 beds free just in case you need them and nor are any of the respite providers. However, if they have an understanding of the block booking, so they will guarantee to keep them free for respite care and then people can access it. So that is the sort of arrangement they are looking at.

**Director of System, Redesign and Delivery:**

That is something that we have been thinking really hard about since the last time we were here in front of yourselves as the panel. It is one of the benefits I think of coming to the panel, is we are able to then consider different approaches and work on those.

**Deputy J.A. Hilton:**

Right. Are all your social workers trained in the assessment procedure? Because we have heard evidence that some of the social workers were unable to provide information on the scheme.

**Director of Adult Services:**

All social workers today are fully trained in the use of FACE and the assessments for the long-term care benefit.

**Deputy J.A. Hilton:**

But they might not have been a couple of months ago?

**Director of Adult Services:**

Possibly. Possibly, may be 4 months ago but every single social worker has now been through the appropriate training That is in both Adults and in Older Adult Services.

**Deputy J.A. Hilton:**

Thank you.

**The Deputy of St. Ouen:**

Yes, thank you. I have a question about costings and budgets because we understand from previous hearings that the budget that was allocated for residential respite when there were 4 beds and was subsequently reduced to 2, that nonetheless those funds went into Outreach Services. I think that is what we understood, is it not? There was not a spare pot of money about because what had been budgeted for was instead used for more of the Outreach Services. So if we are trying to enhance the residential care beds and still maintain the Outreach Services, is there going to be additional funding for the service?

**Director of Adult Services:**

This is where the benefit will be around accessing the long-term care assessments because what we can do is, within my social work service, so the Adult Social Work Team has a budget of about £560,000 that was the money that was voted in by the States back in 2008 and it came into place in 2010. That money is what was used to pay for the residential beds and the development of Outreach Services. So for the first 2 years we were funding 4 beds. I think I explained last time that the analysis of that first 2 years showed that we did not maximise the use of 4 beds, so we reduced to 3, and the second 2 years absolutely maximised the use of those 3 beds while still developing and running average services. The position we are in today where we only have 2 beds was a problem for us, but what we have done is continue to spend on what we have to ensure that families are getting access to appropriate levels of support. For some families that

might be slightly different because we have had to restrict access to the residential beds. There was something that was important about maximising the spend of what was available to support families. In the next quest our priority will be securing access to those residential beds while, at the same time, taking people through the assessments to get individual packages that will then pay for outreach. So, while we maybe have to move some money back towards residential beds, we will be able to increase people's ability to access the Outreach Services by the fact that it would be through the long-term care benefit.

**The Deputy of St. Ouen:**

How long will it take to process these applications through long-term care benefit, so that all the funding you require is coming from long-term care?

**Director of Adult Services:**

The process is relatively quick. In that if we got a referral through today we would expect that the assessment is likely to be completed and processed within a 4-week period and, once it is processed through the resource allocation system that will automatically give us an indicative budget following which we can start to procure the services from there.

**The Deputy of St. Ouen:**

But they are not necessarily being made today those applications? You have to co-ordinate the Social Security as to ...

**Director of Adult Services:**

Not for the short break services. They are still being funded through the budget that we have available to us. So, as I say, this next piece of work ... because the bit about the short breaks ... and again just to say in response to what was said last time, I went back through both Children's Services and Adult Services to say: "Who is it that we are not responding to?" There was not a single family that I was given, that we are aware of, that we are not responding to. So that is really difficult for us because I had equally gone back to 2 individuals who I understand have said to you there are families out there who are not getting support. I have asked those people to give me the names of those families and I have not had a single family back for us to be able to respond to if it is that people are in need and we are not responding.

**Deputy J.A. Hilton:**

I am meeting with a family on Monday but it is Children's Services not Adult, about children's respite. I think that that meeting I am going to be meeting other parents as well, so I think there are families in there. Just coming back to what you said about if somebody came in now the

assessment process would take 4 weeks, it would be fair to say because we only have the 2 beds that are completely ...

**Director of Adult Services:**

If it is residential beds that are required, as opposed to what is interesting a lot more families are accepting Outreach Services ...

**Deputy J.A. Hilton:**

Yes. But there are still ... we have spoken to a lot of families who would welcome the opportunity to be able to know they could have one full week of respite so they could go away on holiday, and it is not happening. We have spoken to a lot of people who have said that. It is simply not happening.

**The Minister for Health and Social Services:**

Is that adults or children? Both?

**Deputy J.A. Hilton:**

They are adults, 18 plus, young people, young adults and family. It is just simply not happening.

**Director of Adult Services:**

There is clearly a disconnect between what we are receiving as information to what people are saying. Because I have deliberately asked in regards to: "Please tell us who or get the permission of the families or tell the families to come and speak to us."

**Deputy J.A. Hilton:**

I can think of one family who have not had any overnight respite for a very long time, will be accessing some shortly but not sure whether they will get the few hours they were getting. Because I think the policy was, was it not, that every family would get 3 hours' respite or was that just with children?

**Director of Adult Services:**

That was children.

**Deputy J.A. Hilton:**

Just children, 3 hours a week. That does not offer anybody an overnight respite anyway. But I still think there are difficulties with adults, definitely.

**Director of System, Redesign and Delivery:**

I think we need to know about where those difficulties are. We do as much as we can I think to try to find those out. There are definitely opportunities for individuals to access longer term residential respite, but one of the providers in particular wants to provide and does provide residential respite that is more than the odd night here or there.

**Deputy J.A. Hilton:**

Do you accept, though, that the 2 beds that are currently being offered for those profoundly disabled young people that... okay, one of the beds is fine but one of the beds being offered is not in a lot of parents' minds, and the users and the young people, not a suitable environment for them to be in? They are young people and that is a massive issue.

**The Minister for Health and Social Services:**

Yes, we do accept that, and that is what this paper that we are going to share with you next week will show you that we are trying to address.

**The Deputy of St. Ouen:**

Okay. That is encouraging to hear. Do you accept in formulating this paper that it is desirable to offer families that longer term period of, say, a week's holiday where their loved one can be taken into respite care. Is that ...

**The Minister for Health and Social Services:**

It is not the only way.

**The Deputy of St. Ouen:**

It is not the only way. Well, it should be available.

**Director of System Redesign and Delivery:**

It is being able to offer people the choices because it is not "one size fits all." Some people might want or need the odd night here or there and they want to be at home for the rest of the time. Some people might need a week's break or a weekend's break, and some people might want to be at home with short breaks, respite, outreach, looking after them in their own home. That is one of the things that we are looking at: how do we make sure that we are supporting people to have those choices because it is not "one size fits all."

**The Deputy of St. Ouen:**

No, it is definitely not but it is sometimes appropriate, maybe because there are other children within the family that the parents are supporting and they need to have their own quality time with their parents.

**The Minister for Health and Social Services:**

It is absolutely accepted that if people want to choose from time to time - not every fortnight but from time to time - to have a week's break, then they should be able to do so. That is absolutely acceptable.

**Deputy J.A. Hilton:**

I do not think, Andrew, that happens though because there just is not the capacity.

**The Minister for Health and Social Services:**

No, but just allow more ...

**Director of Adult Services:**

It has happened, though, and I shared last time and I know the dilemma of the moment is that perhaps we do not have the consistency right but we have been able to respond to families and provide holiday breaks. That has been a variety. Sometimes, certainly when we had the 4 beds originally at Highlands we were much more able to respond to holiday breaks. We have on 2 occasions provided that break in the family home. Some of that is about whether a family is open to allowing us to do that. That can be very intrusive of course.

**The Minister for Health and Social Services:**

Yet some people are much more comfortable and much more happy if they remain in their own home and supported within their own environment. I know that.

**Deputy J.A. Hilton:**

But, like you said, it is about choice and if your paper that you are going to show us next week is going to offer that choice to those families and the situation is going to improve substantially on what it is, I mean ...

**The Minister for Health and Social Services:**

It may not be perfect. It will increase choice and increase availability and we know there is more to do but it certainly will be a considerable improvement on where we are.

**Deputy J.A. Hilton:**

I think those parents out there and those young people will be delighted to hear that. I really look forward to seeing what your proposals are.

**The Minister for Health and Social Services:**

Okay.

**The Deputy of St. Ouen:**

Coming back to social workers assisting with applications for long-term care, of course most of the long-term care applications are in relation to elderly persons, so it would be the elderly adult social workers who would have assisted in completion of that.

[15:00]

The group of social workers working with younger adults are they a different cohort?

**Director of Adult Services:**

That is the Adult Social Work Team, so Adult Social Work Team sits with me. The Older Adults Social Work Team sits under Ian Dyer , the Operational Director, but their function is the same. It just happens to be the range of individuals and needs that are slightly different. We are looking at bringing back the single adult framework because the differential in terms of age is so irrelevant today. So we are looking at doing that this year.

**The Deputy of St. Ouen:**

But in terms of those in your team are they ready to start assisting families with these applications to the long-term care scheme?

**Director of Adult Services:**

Yes. What I will do is dedicate a resource to completing that piece of work. The example is the work we have just done with Les Amis with regards to supported living, where we had a dedicated social worker to work through all of those assessments to try and enable some consistency in the approach with that. I would be looking at taking a similar approach around short break services.

**The Deputy of St. Ouen:**

Okay. That is good to hear. We have a question about social workers' training but we are also aware that the Minister sponsored a written question a few weeks ago in the States. Can I ask is there any continuing professional development of social workers?

**The Minister for Health and Social Services:**

The quick answer to that is: "Yes" but I will take you through what that is. It is a requirement for one of our staff practically to have C.P.D. (continuing professional development) as an ongoing thing. If you want to know specifically what that is, some of that is a requirement of them remaining in their job.

**Director of Adult Services:**

Yes, it is. Under registration as a professional social worker, a social worker has to demonstrate 5 days of C.P.D. per year in terms of training and development.

**The Deputy of St. Ouen:**

So it is increasingly a rule for many professionals.

**Director of Adult Services:**

Yes, it is, for all professional staff there is a requirement to demonstrate that continuous professional development to maintain their registration to practise. What that means is it does not always mean accessing a training course. Some of that might be about being able to evidence that you have considered new materials, for example, policy papers in the UK, demonstrating your understanding of those. So in the main, people will access training. We will bring training on Island for people to access. That is not just bespoke for social workers because it is often multi-disciplinary in terms of specialisms. So it would include nurses, it would include therapists as well. But then where individuals have specific professional requirements we will also support people to access training in the UK, all that.

**The Deputy of St. Ouen:**

Okay. Thank you.

**Deputy G.P. Southern:**

Are social workers aimed to be trained on Island?

**The Minister for Health and Social Services:**

No. We do social worker training on Island now, that is no.

**Director of Adult Services:**

Not professional social work training. To qualify as a social worker today it is essentially a degree pathway so it has to be university trained.

**Deputy G.P. Southern:**

Experience on the job comes where?

**Director of Adult Services:**

When you are training as a social worker, part of the training is that you are on placement. Placements would tend to be between the variety of services, so you would elect to have a placement within Children's Services, a placement within Adults and a placement within Older Adults.

**Deputy G.P. Southern:**

Does Jersey participate in the training steps?

**Director of Adult Services:**

Yes, it does. We offer the opportunity for placements on Island. We have before now sponsored individuals to go through and we are not doing that presently, partly because the value we found that we did not get the benefits because what was happening was we were paying for some individuals to qualify and then they would go elsewhere to work. Equally, the value of training and experience in the UK was of greater value just because of what people can access and tap into. It was much more limited for us here, so we found that there was much more benefit for individuals to go off Island to qualify, come back and in the main people who are local people who have qualified generally do come back and get a job because obviously with our recruitment and retention it is better for us to have local people as qualified professionals here.

**The Minister for Health and Social Services:**

However, I must add we always take the best person.

**Director of Adult Services:**

Yes, we do.

**Deputy G.P. Southern:**

It was always the principle in lots of things. To the respite providers that we were talking to, these new companies that are coming(?) today, for their workers is there on Island training available for care work?

**The Minister for Health and Social Services:**

Yes.

**Deputy G.P. Southern:**

What sort of levels?

**The Minister for Health and Social Services:**

Again, (Inaudible) go into the detail but some of the providers are not necessarily new. They would just be doing things differently but they do have their own training schemes and they access, indeed, some of the Health and Social Security training schemes. But if you want more detail than that ... we do work together where we can.

**Director of Adult Services:**

Yes. I think what has helped, in terms of the providers that are in place, is that we do have an approved provider framework now, which does specify the range of training that is required in order to be an approved provider and, therefore, we can contract with. That is something that our Commissioner of Service has very effectively put into place.

**Deputy G.P. Southern:**

In particular, is there training available for this particular group we are talking about with serious disability and complex needs?

**Director of Adult Services:**

Yes, is the answer to that. So if I was to talk about working with adults with learning disabilities, there is a care quality framework that is like an N.V.Q. (National Vocational Qualification) framework that I know that staff would be working towards, but the modules are specifically geared towards learning disability. There is an equal framework within autism, so where organisations like Autism Jersey have become a provider they are very good at putting in those frameworks of training that enable that specifically. Tutela equally they do the same around autism. Then some of our other providers are much more generic providers and so there would just be the care quality framework that would be in place. That is part of the pre-provider framework.

**Deputy G.P. Southern:**

Within the framework, is there a mechanism for judging the quality of what is being delivered?

**Director of Adult Services:**

Yes, there is. It is through their own supervisors. If it is us our healthcare, assistants will go through that development programme and it will be the line manager that would assess. So we have assessors in place that would then assess the performance of those individuals.

**Director of System, Redesign and Delivery:**

We also have an independent review of those organisations that are on the approved provider frameworks. That comes from within Health and Social Services. So we have a quality assurance officer who goes out and looks at all of the evidence that those organisations have got about have their staff had their criminal records checked; have they had their training; are they are the right level of competence. That is very clear in the contract as to what we expect of them in order to protect safety and maintain quality, and that is assessed independently.

**Deputy G.P. Southern:**

Until I think you said “maintain quality” I was thinking this is sounding a bit tick-boxey.

**Director of System Redesign and Delivery:**

There is an element of being clear on what we expect of organisations and of the people that are working within those organisations and any organisation uses a set of standards to assess people against. It is the same approach. It has to be as objective as possible in order to make that assessment of maintaining safety and quality.

**The Minister for Health and Social Services:**

But you are right; there would be a certain element that would be tick box. Have they got their appropriate up-to-date certificate in whatever? Tick. Then you are measuring against the standard that they are delivering correct. So, you know, all assessments do have an element of tick box.

**Deputy G.P. Southern:**

But it is a very important element given what has happened in the U.K. (United Kingdom) in recent years, that there is some mechanism in there that says: “And we are not delivering rubbish or sloppy stuff,” but that is not happening. We know it is not happening and we have got some form of assessing that it is not happening.

**The Minister for Health and Social Services:**

That is, of course, why, when the U.K. health service adopted BS5750, it was rubbish because all they had to do was prove they were meeting the criteria they set. So if the criteria were low, they had ticked that they achieved them. That is why these sorts of systems that are now in place are much more robust. It is about outcomes.

**The Deputy of St. Ouen:**

Can I ask: is there a procedure in place where the service users can report any concerns or complaints they have got about the approved service providers?

**The Minister for Health and Social Services:**

Again, I will let officers come in but I read a report this morning, as it happens, in connection with something else where 2 unannounced visits had been made on an establishment for exactly that reason, so that they could see what was happening on a day-to-day basis but also speak to the people enjoying the service - and it was enjoying from the reports I have read - so that they could have a say without a member of staff being stood there to listen. So that does go on.

**The Deputy of St. Ouen:**

Are service users advised of it at the beginning? Is it a very clear process that they can use?

**Director of System, Redesign and Delivery:**

There are 4 elements to this, I think. Within the contract each of the service providers has to have a complaints procedure and has to make that available to individuals that are using their service. They also have to have opportunities for people using the service and their families to make positive comments, because it is all about acknowledging what they do that is good and making it even better. As the Minister said, we do unannounced visits to a whole range of different service providers, as well as announced visits and planned visits, and there is also the recourse that individuals can always complain to the Minister for Health and Social Services about any aspect of health and social care.

**The Deputy of St. Ouen:**

So there is a clear complaints procedure to the provider of the service. If they feel they cannot complain because it is a very personal situation, care is being provided, how easy is it to access yourself or the Minister?

**The Minister for Health and Social Services:**

Very easy. I have not had many, but some people are quite comfortable writing directly to me and then a full investigation would then take place. I'm pleased to say I have not had many, but we are not complacent about it.

**Director of Adult Services:**

Just to add to that, in regards to learning disability and mental health there are independent advocacy services as well who will act on behalf of people who may have a cognitive impairment or an inability to speak and to represent themselves. We are in discussions at the moment with Autism Jersey to look at how we might develop a similar approach for adults on the autistic spectrum so there is that independence of people being able to speak upon behalf of people within the services.

**The Deputy of St. Ouen:**

Yes.

**Deputy G.P. Southern:**

That service is very, very stretched, is it not?

**Director of Adult Services:**

Yes. Yes, it is but it is also very effective. Yes, but I agree it is. It is.

**The Deputy of St. Ouen:**

Is that funded from the health service budget?

**Deputy G.P. Southern:**

Funding comes through Mencap, does it not?

**Director of Adult Services:**

Yes. The ultimate answer is yes because the original funding is gravitated into both Mind Jersey and to Mencap, who manage those 2 services.

**Director of System, Redesign and Delivery:**

We increased funding to Mind last year to assist them with expanding their advocacy services.

**Director of Adult Services:**

Yes.

**Deputy G.P. Southern:**

Okay, and presumably they would be immune for the 17th of cuts that are taking place over the next 2 years. Good luck with that.

**The Deputy of St. Ouen:**

Is that a question, Deputy Southern?

**Deputy G.P. Southern:**

No, no, no. Just an observation, Deputy. Yes, during our last hearing we noticed or it was brought up that adult social care is not a statutory obligation and we did float the idea: "Would you like to make it statutory in this time of cuts?" How appropriate. One of the weapons that one has as a Minister is: "I have got to deliver it because it is statutory so do not touch it or else," as we know the poor neighbour of the health service is social services.

[15:15]

**The Minister for Health and Social Services:**

By “poor neighbour” I hope you are not meaning that the quality of the service is not ...

**Deputy G.P. Southern:**

Not at all.

**The Minister for Health and Social Services:**

Right, good. I knew you did not but I just wanted to get that on record. You rightly say there is no statutory framework, but we do work to best practice and guidelines and I have no plan at this stage to ... you heard yesterday the amount of statute that we are working on and that was not all of it. We are working on the Mental Health Act. We are working on a capacity law and all the other things that we are talking about, the adoption laws also. There are no plans at the moment to make this a statutory provision, but I do accept that we have an obligation even if not a statutory one.

**The Deputy of St. Ouen:**

I think the U.K. ...

**Deputy G.P. Southern:**

As a social worker ...

**The Deputy of St. Ouen:**

Sorry?

**Deputy G.P. Southern:**

As a social worker would you see advantage in being statutory rather than ...?

**Director of Adult Services:**

I think there are ... it probably sounds like a politician’s answer here, forgive me.

**Deputy G.P. Southern:**

Feel free. I hear them all the time.

**Director of Adult Services:**

There are distinct advantages and disadvantages. My experience in the U.K. was that we were beholden to central Government legislation that then constrained what we can and cannot do

under the Community Care Act. What we have here and I think there is something of ... what I like about Jersey - and, interestingly, this system is part of that - is having the scrutiny to hold us to account in terms of what we are doing or not doing as a part of this. We have a freedom to act here that means we can be much more responsive to individuals and to families, far more than I would have ever experienced in the U.K. I think what we have to be careful of is we have got to be sure that we are complying to the standards that are set within legislation in the U.K. but that opportunity to act here is a real benefit for us. So there is a big part of me that would say on behalf of all the adults: "Yes, I would like to see a legislative framework that commits us to what I believe should be in place for those people," but I would not want that to be at the extreme end that I have seen happen in the U.K. that would constrain us from acting in a creative way around that person.

**The Deputy of St. Ouen:**

Okay, that is an interesting answer. Thank you. Have members of the panel got any other questions?

**Deputy J.A. Hilton:**

I have, maybe just to follow up on something. Just going back to transition briefly, have you given any thought to, when children are transitioning from junior service to adult services, instead of having a children service social worker, having an adult social worker to take control of the transition because they are going into adults and they are staying in adults.

**Director of Adult Services:**

Yes is the answer because I think that would help. What we have to, again, be wary of is that for the period of the time that they are still a child they are compliant to children services law, the legislation that underpins children's services. So for some individuals that would be appropriate. However, there are some children who are children in care that we would not be able to do that for and one of the problems we have is with the availability of short break services, there is a limit to which a child can be in care. If they are overnight they are in care, which would then cause them to be a child-in-care. It would be very helpful to have somebody employed to manage that transition, but the likelihood is that they would need to be employed as a children's social worker working within adults.

**Deputy J.A. Hilton:**

Right, okay.

**The Minister for Health and Social Services:**

I think that is a really brilliant demonstration of how legislation can sometimes, while well meaning, prevent you from doing what is best.

**Director of Adult Services:**

But the simple answer was, yes, we have.

**Deputy J.A. Hilton:**

Also I have got one other thing I would like to ask as well. I think, without exception, the parents that we have spoken to of young adults currently accessing day services and various other things have all said to us that what they would really like to see in Jersey is an adult Oakwell for their young people. Oakwell is a fabulous place for children. It really meets their needs, the facilities they have got there, especially since they have been renovated and everything else. It was the one thing I think that shone out very brightly to us when we spent some time with parents earlier this week, that if they could have something like an adult Oakwell for young people where they could all mix together and be among their own age-group - I am talking about sort of late teens and 20s - that would be absolutely fantastic. Do you think there is any chance at all that that could possibly happen at some time in the near future?

**Director of System, Redesign and Delivery:**

We have been considering those sorts of things in writing the paper.

**The Minister for Health and Social Services:**

Yes, which you will see.

**Deputy J.A. Hilton:**

Okay. All right, that is lovely.

**Director of Adult Services:**

I would like to add one element to that just for your awareness. In developing an adult Oakwell, I think what is important is to recognise that this is slightly broader than Oakwell is because Oakwell tends to work with those children with more complex physical disabilities and severe learning disabilities. From an adult perspective just keeping adults with complex needs and complex communication disorders together is not the best outcome. So engaging with individuals who are more able is much more stimulating for young people as well, but the focus of it being young adults together is really important.

**Deputy J.A. Hilton:**

So can I just request that ,in whatever paper you are working up now for the future, you communicate with the parents and the users and take on board their views and really listen to them? I think communication is a big issue and lack of communication all the time coming through, it would be absolutely marvellous if we heard: “Oh, yes, the Health Department has engaged with us and they have taken on board what we have said and they are going to deliver this model,” and Jersey can be a beacon of best practice.

**Director of Adult Services:**

Yes. Interestingly in that, I deliberately asked for you to be invited for that presentation earlier this week because that was those families and individuals sharing with us their views and we absolutely will take into account what people are saying as we seek to develop better and more services as we go along.

**Director of System, Redesign and Delivery:**

You will see in the paper that we will send to you next week the number one bullet point in terms of future action is: “Engage further with service users and carers to understand their needs and preferences.”

**The Minister for Health and Social Services:**

I think we have not been as good as we could be on that, but I think that is because possibly we have engaged with providers sometimes rather than the people using the service, and that was not done intentionally. It is just the way it has grown up and, you know, where an individual does come forward I can guarantee they get a lot of support, a lot of communication, a lot of discussion, but sometimes we tend to do it through the provider. That is my observation. We have got plans.

**Deputy J.A. Hilton:**

Just one final thing, it is just about funding. A medium term financial plan I believe will be debated by us in July, I think.

**The Minister for Health and Social Services:**

That is correct, yes.

**Deputy J.A. Hilton:**

Yes, but there will be an issue around you not having the funds to deliver what you have been talking about because there are not in a Medium Term Financial Plan, I hope. How are you going to overcome that?

**The Minister for Health and Social Services:**

We have got some allocations that are not specified, have we not. Do you know what I am trying to say? They are ...

**Director of System Redesign and Delivery:**

The intention of the funding for the adult respite is, as Chris said earlier on, through long-term care benefits.

**The Minister for Health and Social Services:**

Yes.

**Deputy J.A. Hilton:**

That covers infrastructure, buildings?

**Deputy J.A. Hilton:**

It covers the costs of providing the services. The indicative budget that an individual is given based on their care needs is to pay full care.

**Deputy J.A. Hilton:**

But what about the actual building that it is being provided in?

**The Deputy of St. Ouen:**

Well, last time we spoke to you we indicated to you that you were interested in having discussions with Andium Homes as a possible provider of ...

**The Minister for Health and Social Services:**

We have just done some of that, have we not?

**The Deputy of St. Ouen:**

We have written to them in the course of this review but they told us it has not happened yet, but you may have done since.

**Deputy G.P. Southern:**

That is supported care and supported living.

**Deputy J.A. Hilton:**

That is supported care, yes.

**Deputy G.P. Southern:**

It is not respite.

**The Minister for Health and Social Services:**

Right, okay.

**Deputy G.P. Southern:**

It is speciality respite care.

**The Minister for Health and Social Services:**

Well, I have spoken to Andium Homes because I told you I intended to and we are in discussions with them on that. Unfortunately, the scheme that was originally put in place before my time was cancelled and I still do not understand why, so we are starting from scratch again. They would have been if not finished, certainly well into building it but, yes, I have spoken to the chief executive about it.

**Deputy J.A. Hilton:**

When do you hope to deliver this new vision for respite care for younger ...

**Deputy G.P. Southern:**

When they have talked to the people concerned, I think.

**The Minister for Health and Social Services:**

Yes.

**Deputy J.A. Hilton:**

What is the timescale? Is this something that is going to be delivered within a year, 18 ...

**Director of Adult Services:**

Oh, yes.

**The Minister for Health and Social Services:**

Much before that.

**Deputy J.A. Hilton:**

Much earlier?

**Director of Adult Services:**

I hope very quickly.

**Deputy J.A. Hilton:**

Very quickly?

**The Minister for Health and Social Services:**

Yes.

**Director of Adult Services:**

Yes, I hope so.

**Deputy J.A. Hilton:**

Right, okay. Well, that is good.

**The Minister for Health and Social Services:**

If the providers will work with us ...

**Deputy J.A. Hilton:**

Okay, all right. That is really encouraging.

**The Minister for Health and Social Services:**

... and obviously we would not produce a paper that we did not think they would work with us, but they may need time to think about it, discuss how it affects them and it is right that they hear it first.

**Deputy J.A. Hilton:**

Apologies, you did say that right at the start. I just remembered.

**The Minister for Health and Social Services:**

I know but that is all right. That is okay.

**Deputy J.A. Hilton:**

Thank you. Thank you very much.

**The Deputy of St. Ouen:**

Right, so any further questions, members of the panel? Thank you very much, Minister, and your team for coming to speak to us and we very much look forward to receiving your paper shortly.

**The Minister for Health and Social Services:**

Thank you, and it will be shortly; next week sometime.

**The Deputy of St. Ouen:**

All right.

[15:26]