



Health and Social Security Scrutiny Panel Adult Respite Care Review

TUESDAY, 21st APRIL 2015

Panel:

Deputy R.J. Renouf of St. Ouen (Chairman)
Deputy G.P. Southern of St. Helier (Vice-Chairman)
Deputy J.A. Hilton of St. Helier

Witnesses:

The Minister for Social Security
Director of Policy and Strategy
Chief Officer
Policy Principal

[14:00]

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

Well, welcome, everybody. Can I begin with the formalities, this meeting is being recorded and so this is a public meeting with the Minister for Social Security. We have asked the Minister here

today in the course of our review into Adult Respite. If we could do introductions first of all for the purposes of the record. **[Phone ringing]**

Deputy G.P. Southern of St. Helier:

I'll turn it off. Sorry.

The Deputy of St. Ouen:

Okay, so I am ... okay, I am sure we have learned that now, so if we can do the same. So I am Deputy Richard Renouf and I am Chairman of the Health and Social Security Scrutiny Panel.

Deputy G.P. Southern:

And I am the man who cannot handle his phone instructions. Geoff Southern, Vice-Chair.

Deputy J.A. Hilton of St. Helier:

Deputy Jacqui Hilton, Panel Member.

Chief Officer:

Ian Burns, Chief Officer, Social Security.

Director of Policy and Strategy:

Sue Duhamel, Policy Director, Social Security.

The Minister for Social Security:

Deputy Susie Pinel, Minister for Social Security.

Policy Principal:

Sarah Le Monnier, Policy Principal.

The Deputy of St. Ouen:

Thank you very much, and we are accompanied by our Scrutiny Officers also. Now, Deputy Pinel, we have heard in the course of our work into this respite review that there is ... that respite is currently funded from a budget, which is the Minister for Health and Social Services' budget, but we have heard it is the intention that respite care should be funded by the long-term care scheme. Is that correct? Is that still the intention?

The Minister for Social Security:

Well I wanted to put some clarity into this if I may, before we start, because there are different definitions of respite and what Health have always done and what they continue to do and what will fall under long-term care. So would it be alright if I ... and it is a public hearing as well, so just to sort of clarify a few things.

The Deputy of St. Ouen:

Yes please.

The Minister for Social Security:

The key features of long-term care are to ensure that the increasing cost of care in Jersey is clearly identified and ring-fenced funding provided. This includes all adults aged 18 and above and they receive the same amount of financial support. Those with assets in excess of £419,000 make a contribution to their standard care costs up to a cap of £52,000, slightly above now, but £52,000, to limit the total cost of the scheme. All individuals undergo the same means test to provide financial support. All individuals can choose how their care should be provided. Before we introduced the long-term care scheme, some individuals received more help than others with their long-term care costs. Health and Social Services provided a service to some people at no cost, without regard to the ability of the individual to pay, while in other cases support was fully means tested. Also, it is possible to get support for fees in a care home, but much more difficult to receive financial support to receive care at home. The move to a single system for all adults over 18 years of age was agreed by the States and it provides a fair and affordable approach and I understand that this review is concentrating on adults under the age of 65?

The Deputy of St. Ouen:

Yes.

The Minister for Social Security:

And that your definition of respite includes the provision of day services to individuals, provision of residential respite when the individual needs to spend time in a residential setting to provide respite to the unpaid carer, and the provision of domiciliary respite, which is care provided in the individual's home to allow the unpaid carer, for example, to have a holiday.

The Deputy of St. Ouen:

That's correct.

The Minister for Social Security:

All these costs are covered in the long-term care scheme; we do not record them all as respite. The respite budget recorded for long-term care just covers the support required to give the carer a proper break from time to time during the year. It does not include the daily and weekly support that is part of the regular care package. It is also worth mentioning at this point that some of these services that you are discussing are currently provided free by Health and Social Services and they have not yet been incorporated into the long-term care scheme. Sarah can give you some more definite details if you would like because, as of 17th April this year there were 16 domiciliary care claims who had a respite budget annualised at £63,000. That is just under £4,000 on average per claim. So I think that just puts it into context a little as to the different aspects and different definitions of respite, but Sarah can give you some more details.

Policy Principal:

So, to be a bit more specific, as the Minister said, you are looking at day services, residential respite, and domiciliary respite. We would not consider day services, for example, as respite. We would consider that part of the care package. So it is not that the funding is not in the long-term care scheme, we just would not classify it as respite. For example, if you are looking at somebody receiving care Monday to Friday and they go to a day service, for example, Monday, Tuesday, Wednesday, every week, that is part of their care package, that is part of the normal day-to-day. It may serve to provide their informal carer a break. That is not primarily the purpose. It is more for social participation for the individual receiving care and in need of care. So what we would consider respite is only limited to the informal carer needing a break from their day-to-day regular routine that is drawn up in the carer support plan. So our 16 figures and the £63,000 excludes anybody that would be going to day care services, because we would not record it as such. So, what we have, just to explain a little bit about how we do calculate respite, I will provide these to you, okay, so we have got a couple of things here that we will go through in due course when we have got questions and things. So the numbers in this sheet are not accurate, they are just done for the purposes of explaining how the calculation works. So, respite, we only provide people who are receiving care at home, and it is worked out on the basis of how much the informal unpaid carer, so the family member, the spouse, is providing to that cared-for person. The reason it is not provided in a care home is because they are getting 24-hour care. So, claimants get a portion of respite money, which I will come to in a minute, that they set aside for use during the course of a year. We will come to how much they get and all that in a minute. So if you just look at this diagram, this is the best way we have of kind of explaining it. So the blue bit is somebody's care needs and they are assessed without any input from anybody, needs are just needs, that is how they exist. The way that we calculate it is then we take off a portion of money that is associated with what the family and friends deliver. We add in a budget for breaks associated with what the

family member or the informal carer is actually doing. So, if you look at the blue bit, we take away the orange bit, we add in the red bit, and what we are left with is, in that case, half of the blue, because that is how the diagram works, and a bit of the respite. So, if, for example, in number one underneath, the blue bit was worth £600; that is how much the care package is costing. We would take off £300 if the family were providing 50 per cent of it. We would add in a portion of money that is associated with that input, and just for the sake of argument, because it is a quarter of the diagram, that is £150. So the care package in total that would be given to the individual would be £450. They would need to put that £150 aside so that they can use it in a variety of different ways, which we can discuss later, but that gives the informal carer a structured way of accessing money to give a break for the services that they provide. So just to ...

The Deputy of St. Ouen:

Okay, so how is that assessment reached? Is there social worker involvement to decide on the quarter share, the £150 that should ...

Policy Principal:

So everybody over the age of 18 gets exactly the same assessment. The assessment asks for every single characteristic of care that you could imagine quantified and scored and given in evidence, and that goes into a resource allocation system, which is used in lots of local authorities in the U.K. (United Kingdom), I think at last count it was about 45, and that, through various different configurations, determines how much respite somebody should get according to their care level. So I think, if we turn to the next sheet, to a different section, that ...

The Deputy of St. Ouen:

So that can be variable, the amount of respite?

Policy Principal:

Yes. So we have set respite up to 6 weeks for the year, so depending on how much informal care you are providing, we will give up to 6 weeks of respite a year. And remember that is not day services; that is to have a break, so it is somewhat akin to having annual leave entitlement from your job, and you can take it in a variety of different ways.

Deputy G.P. Southern:

And that would be assessed by the social worker?

Policy Principal:

Correct, yes.

Deputy G.P. Southern:

That is part of the assessment process?

Policy Principal:

Yes, absolutely. And it is important to note that both parties have to agree, so the person with the care needs has to say: "Yes, that is representative of my needs." And the social worker also has to work with the carer to say: "Yes, I agree that that is reasonable for me to provide" or: "That is what I want to provide." So it is all done to make sure that the package is robust. We do not want to have no respite because people do not want to spend money and then 2 weeks later the care package falls over and we need to deliver more care. We want something that is going to be achievable for the household.

The Deputy of St. Ouen:

So is it possible to have a budget that is just for respite needs?

Policy Principal:

Yes. So if you went back to the first diagram, sorry to flip you back and forward, if you look at example 2, so it is exactly the same thing, the care needs are £600 but the family have chosen to do all of the input themselves. That could be one or 2 informal carers, depending on the family situation. Sorry, that is example 3, the one before they have done more of it. And in which case they would get more respite allocation. That is somewhat dependent on the structure of the respite, so if you have got ... if I am being taken care of by my 3 daughters and they are splitting it equally, then we do not all need respite for 6 weeks, so you need to think about it. But, if it was in a spousal relationship, for example, and one person was doing all the care, they would definitely need the full 6 weeks in order to give themselves the proper break that they would need.

Deputy J.A. Hilton:

Just to recap, so I have understood this, under the long-term care scheme, respite is only provided to carers, of people who are looking after people at home?

Policy Principal:

Yes. Because, if you were in any other setting ...

Deputy J.A. Hilton:

Yes, the care is provided, yes, I understand that.

Director of Policy and Strategy:

I think, when we looked at the transcripts from Health, we realised that the way that we use the word “respite” and the way that Health use the word “respite” is slightly different, yes, and therefore ... but I mean we are talking about the same situation, which is somebody being looked after at home, in their home, by their spouse or by their family. But the point that we need to I think now clarify, because I think it has caused some confusion, is that the respite budget that is allocated within long-term care is for the annual cycle of you need a break, a complete break from your caring responsibilities every now and then, and we do not use the word “respite” to mean things that happen on a week-to-week basis. So, go back to the diagram, the blue circle is all your care needs and that might be, as Sarah said before, going to a day centre 3 days a week. I think Health, and certainly in terms of the under-65 staff, would refer to that as a type of respite. I would accept the fact that it is kind of respite for the person at home, but in our parlance that is just part of the care package, it is a weekly care package. So, in a simple way, we are saying that the thing that happens every week is your care package and in this example half the care is being provided by people who are bought in, or by people going to day centres or whatever, half of it is being provided by the carers at home. And so that’s, if you like, the 50 per cent, which is the blue bit, which is being paid for, is what I think adult social workers might call respite in terms of the day services and the ongoing stuff. But we would only refer to the, every now and then you need a break, a holiday away, as the respite. So the 2, they are all included, and we are able to pay for all of it, but we are not using that word. So when we talk about 16 domiciliary packages with respite in them, those are packages where there is a need for the respite to be a few weeks a year, not a few days a week, because a few days a week is in the care package already.

The Deputy of St. Ouen:

So, if somebody wanted a night off a week, the carer wanted a night a week ...

Director of Policy and Strategy:

A night off a week is part of the weekly ... if you think of that as a weekly schedule, it is something that is in your weekly schedule, it is not respite as far as we are concerned. It is only the way that we talk about it, it is all included, but we put that into the weekly care package and then you have a separate allocation for things, which do not happen every week, and you have put that money to one side to use it as and when you need it.

The Deputy of St. Ouen:

So could a carer receive time off on a weekly basis and still have sufficient respite for a week’s or fortnight’s holiday each year?

Director of Policy and Strategy:

That is what this is showing you.

The Deputy of St. Ouen:

Okay, so if I take it slowly ...

Policy Principal:

The regular time that you are talking about we would probably include in the blue bit because they would need some care provision during that time. We just would not call it respite because it is like saying that, "I cannot work Monday to Friday, I can just work Monday to Thursday", you know, it is not really a break from my whole weekly routine. It is not like having annual leave from your job, it is just like having ... I am only going to work these certain hours sort of thing.

[14:15]

The Deputy of St. Ouen:

Right, okay. So, the benefit you provide is to the applicant, the person receiving the care, is it not? How does that ... so that is an allowance given to that person so that his or her carer can take a break.

Policy Principal:

In most cases it is a family situation, so the family then sets aside the money and saves it so that they can have a break in a variety of different ways.

Deputy J.A. Hilton:

So the family, the carers are relying on the recipient putting that money aside to pay for their break basically?

Policy Principal:

Well that would only be in ... I mean that assumes that we are paying the whole money for somebody. If somebody is self-funding we would expect them to fund the respite themselves. So, yes, they do have to put money aside for 2 separate purposes, so I am being paid, in this case, the £450 a week and I need to put £150 aside. We are currently working on ways to perhaps ... better bank accounts for the respite money so that it can be easily separated off and not dipped into mistakenly or for other purposes.

Deputy J.A. Hilton:

But presumably these figures that we are talking about, we are talking now about the long-term care scheme, so that all the different provisos are still relevant, the cap, the £52,000, so ...

Policy Principal:

Respite is included in the amount that counts towards your £52,000.

Deputy J.A. Hilton:

So, in theory, until they have spent the £52,000, they do not get anything?

Policy Principal:

Yes, but unless they are means tested, and if they cannot afford £52,000 ...

Deputy J.A. Hilton:

Yes, no, I am talking about people who can. So I am just trying to ... this is ... and it is quite complicated. I mean obviously you can do it every day of the week, but for us, I mean we have been talking about this a lot and trying to understand the correlation between the long-term care scheme, levels P.C. (Personal Care) 1 and 2, who is expected to pay what, when are they expected to pay it, and that is what we are trying to sort of flesh out.

Policy Principal:

Absolutely, yes. So, if somebody was self-funding, they would need to pay for the respite ...

Deputy J.A. Hilton:

The £52,000, yes.

Director of Policy and Strategy:

But at the bottom here, we have just made the point that all these people at home, these 3 examples, they all have the same blue circle of needs, all right, they are all the same care level, yes, I have written down here that it is level 3, so that is £779 a week. All right, none of them are paying £779 a week, even if they are paying all of it themselves, they are nowhere near, it is between £300 and £600 a week, all right? It does not matter how little you pay in a domiciliary care package, your costs are accruing against the cap at £779.24, so at the full rate.

Deputy J.A. Hilton:

At the £779, so ...

Policy Principal:

Because that is the standard care cost for level 3.

Director of Policy and Strategy:

So they will all get to the cap in 67 weeks, it does not matter whether you have gone into a care home or you stay at home, you get to the cap at the same time, because the cap depends on your care level, it does not depend on how much money you are physically paying yourself. So that is one of the things that we designed in the scheme to make it very financially advantageous to stay at home. In the old scheme, it was more expensive to stay at home because you would get help if you moved into a care home, there was no help at all if you stayed at home. Now, if you can provide some care yourself, buy in some care, have some respite, the whole package is still much less than the cost of moving into the care home, your family as a whole will contribute much less towards that £52,000 cap because they would have been having to care for that 67 weeks, yes, once you have done that you are at the cap. You will then get the benefit which will then pay for the bits of care that cost money. So you will not then receive £779 but you will receive whatever it is that it costs for you to maintain your care package at home in the correct way.

The Deputy of St. Ouen:

Okay, so can I just confirm therefore, so using example one, the £300 assessment, the £300 you put as a valuation against the family's care, contributes ...

Policy Principal:

Yes, because that is what it would cost us to provide the care, yes.

The Deputy of St. Ouen:

So the fact it is not being received by anybody, but it nevertheless means that this can go towards their cap.

Director of Policy and Strategy:

Yes it is counting towards the cap if you like, yes.

The Deputy of St. Ouen:

I understand, okay.

Policy Principal:

So your example earlier of could you have a package where it is just respite only, so example 3 below, that would be somebody who, you know, provided it is agreed and it is a robust package

and we think you can deliver all of the care, that is very advantageous financially for them because they are spending a lesser amount of money but still accruing it and in 67 weeks.

The Deputy of St. Ouen:

Yes, okay. So to use the example of a married couple and one of the spouses is caring for the other, and they have assets, they might be needing to pay for the respite care up to the cap, but the contribution they are making in terms of care is going towards the cap, okay.

The Minister for Social Security:

And of course it encourages that domiciliary care in the community and at home, which is always going to be preferable and, in the long run, less expensive than the aforementioned person being in a care home.

The Deputy of St. Ouen:

Yes, it does. I suppose one concern we have had is that the long-term care scenario has been seen as helping elderly people when they have become frail and they need residential care. That is how a lot of people in the Island have been seeing it. But, to use the example I have just given, where there is spouses perhaps in mid life and suddenly there is a crisis and one needs that element of care, but in mid life they might also still be paying off their mortgage or educating children, and suddenly there is this additional cost, which may be just respite, or it may be buying in some part of the care, and that family unit has to pay for something, which now they do not have to, or previously they did not need to.

Policy Principal:

So, on the very last page of that package are a list of extensive allowances that we give against somebody's income. So, in a situation where mid-life something happens and there is a crisis, we allow for income tax liability, we allow expense of the claimant or their partner to live at home, we allow for each dependent, we allow earned income, social security contributions, rent or mortgage of principal residence, this is quite a generous way, so in that situation, if you have got a lot of money it is obviously a little bit different, but most people's income would probably not be assessed. So, in that situation they would get means-tested assistance for that, they may not have to find the money for it. It depends on their financial situation, but we have designed the scheme being cognisant of those individuals who might suddenly have a major crisis during mid life, working and having kids and having a mortgage and things like that. So we would like to think that those are quite extensive.

The Deputy of St. Ouen:

Yes, I understand, yes.

Policy Principal:

And of course in your remit of looking at under-65s primarily, many of them do not earn a lot of money, many of them do not have assets, so it is of no consequence they will be fully means tested, in all likelihood.

Deputy J.A. Hilton:

Can I just ask you a question, is it your understanding that respite care will be paid for in the future by everyone? Is that what your understanding is? Because at the moment it is not. I am just trying to understand, at the moment the service that is being delivered at the moment, who pays, who does not? What is going to happen in the future?

Director of Policy and Strategy:

Okay, so, if you think about what happened before long-term care, Health held a variety of different budgets for all sorts of things, they purchased care from private homes, they provided care themselves, they provided respite, they did all sorts of different things. Income support at the time provided means-tested support for residential care. The idea of the long-term care scheme was to make the cost of care more transparent and to make the funding mechanism more straightforward and the same for everybody. Previously, there were different rules for people aged under-65 and over-65, there were different rules if you needed nursing care or residential care. And one of the things we were trying to achieve was that there would be a single funding mechanism and a single eligibility route for all adults who had any kind of long-term care need, mental need, physical need, cognitive need. And we are working towards that goal, we have not quite achieved it yet, so the first thing to do is to deal with the bulk market, which is the over-65 residential market, so that is what we have, we have 1,000 people in there compared to just a few dozen people with learning disabilities and a few dozen people in other situations, under-65. So we have been working, Sarah has been working extremely hard on working out the transfer budgets for these bigger areas of work where Health used to purchase contract beds from private homes, where Health provided a service, provided a subsidised service at the Limes or Sandybrook and up at St. Saviour's. So that piece of work has nearly come to an end and it is subject to extensive audit that we have got very carefully looking at it, so we are trying to be fair to both departments and to the fund to make sure that Health ends up with the same amount of money available, just coming through different routes. So, whereas before they had a budget from the States, now they are receiving income. So, if they provide a bed at Limes, why should they not get the income from that, the same as the matron at Silver Springs gets the income for that, yes?

So you have got an equal footing there so that Limes costs are there, the same care means the same amount of money, some people pay for that, they can afford to, if they cannot afford it they will get the support for the fees. We only have a small team. We have been concentrating on these bigger budgets first. Once we get those sorted, we will move on to some of the more detailed smaller specialist budgets, which includes respite budget is about half a million pounds, we also have day centres, you have got a variety of other things. So there are some smaller things, which we are picking off one by one. So the ultimate goal would be that everybody aged 18 and above went through the long-term care scheme and were given a budget with which to purchase the care that they needed. That, in a bigger place, might lead to a variety of different forms of day centre, for example, springing up. It may well be in Jersey there is only room for one kind of day centre and you do not need to create a market because there is not going to be sufficient demand to have lots of different providers and people make that choice. So, how far you go, how much of a difference it makes to people, I do not yet know. That is very much a question for Health to determine what differentiation in the market it is useful to have, what kind of choices parents and people want for themselves, but undoubtedly our philosophy is to provide the claimant with the money with which they can purchase the care that they choose to have. People will choose to have the care in their own home, to live in a flat on their own, to be in a larger care home because they enjoy the company, people make their own individual choices. Whereas Health previously said, "This is the service available", because that is all they could afford, in the future there might be more choice. But, like I said, it might also be that in reality there is not an awful lot of extra choice because there is only a certain number of people with that kind of need in Jersey. So we will have to see how it goes. So, in other words, there is less need to do this quickly because the chance of it being very different in the future is probably quite small. On the other hand, it makes sense to do it, because it means that everybody becomes part of the same scheme, and that would be useful, but the physical change to many people might not be very big. Does that make sense?

Deputy J.A. Hilton:

So the answer to my question, I think, is that in the future everybody will be assessed for respite and currently ...

Director of Policy and Strategy:

They will be assessed for long-term care, so the whole package.

Deputy J.A. Hilton:

Under the long-term care fund, but the respite part will be assessed and so we will have a situation whereby those people who are not paying for respite today could be paying under long-term care because they have assets. Is that fair? That is my understanding on what you have just said.

Director of Policy and Strategy:

That is fair but that is also the decision that States made that people over the age of 18 should, if they were able to do it, and we have included very generous ... an asset disregard of £419,000 before any capital assets are taken into account, and the income disregards that Sarah has just showed you, which also ensure that somebody with a mortgage, for example, the entire mortgage payment is allowed to go against their income before they should make any contribution at all towards their care costs. So, yes, if people can easily afford to do it, they will make a contribution up to the £52,000 towards their own care.

Deputy J.A. Hilton:

So, can I give you an example whereby you have a 25 year-old who has maybe had cerebral palsy all their life, currently being cared for by their parents, probably in receipt of P.C.3, would that be fair to say, that most individuals would apply for that and get that. So currently being cared for by their parents, in receipt of P.C.3, and the parents getting the respite, which is being paid for by Health. So, in future, will that individual, will it change from getting P.C.3 to going under the ...

[14:30]

The Minister for Social Security:

You cannot have both.

Deputy J.A. Hilton:

You cannot have both? That is something else. So that person will be assessed under the long-term care scheme and that individual will be given a package and so, out of that package, he would pay for his respite then.

Policy Principal:

If he is getting P.C.3, then he has no income or no assets because he has qualified for income support.

Deputy J.A. Hilton:

Yes, I understand that.

Policy Principal:

So it is unlikely he would have to pay for anything because, if you already qualify for income support, which is incredibly meaner than long-term care, you have not got any of your money to contribute so it would make no difference.

Deputy J.A. Hilton:

We are just trying to ...

Policy Principal:

Yes, no, I appreciate it.

Deputy J.A. Hilton:

I mean long-term care scheme, it is very complex, we have not always had straight answers to our questions, and so we have really just ... really the point of this afternoon is to completely understand how it is going to affect people who are currently receiving respite and how they are going to be affected financially in the future and just understanding it. And for me personally this has gone a long way to sort of helping me understand that.

Director of Policy and Strategy:

As an example, that person currently perhaps goes to a day centre and stays at a residential unit a couple of nights a week or something. In the future, the family might choose to employ a live-in carer who lives, if they maybe have a large house, yes, and it makes perfect sense for the adult to be looked after at home, but the parents and the effort on the parents is massively reduced by there being a live-in carer, which does the night-time duties and stuff like that. You might be ... as I am saying, it all depends on how many people there are with different kinds of needs and what is cost-effective to provide in a small island, we need to be very careful about that and Social Security are not at all the experts and so you need to talk to Health as to what their plans are in that way. We are just facilitating whatever makes sense by providing the funding for it and whereas there is not a particular increase in the number of people who will need care who are under 65, there is undoubtedly going to be an enormous increase in the number of people aged over 65 and therefore the range of care facilities that will be available in the Island will probably increase over time and people will be able to buy ... there will be a variety of things they will be able to choose from. And some of the things for older people might also be appropriate to younger people, you do not know how this will work.

Deputy G.P. Southern:

Can I just ... what I hear from parents is that often facilities, which are designed for the elderly, are highly inappropriate for younger people and some separate thing we need to do. But I just want to go back to where we were there. So P.C.3 is a claim by an individual, if they are a young person, it is deemed that whatever household they live in they have no income, and so therefore that is their claim.

Director of Policy and Strategy:

Someone with a P.C.3 level, once they get to school-leaving age, they are treated as their own claim, yes, and so it is only if their own assets, they would have to have wealth in their own right or income in their right for them to have any income at all. And the same would apply to LTC. so 18 is the age, but it is the same thing.

Deputy G.P. Southern:

So the question is, with long-term care, it is the same situation.

Director of Policy and Strategy:

So it is from 18 rather than school-leaving age, but, apart from that, it is exactly the same, yes.

Deputy G.P. Southern:

So you are assessed for the degree of disability at one of 4 levels.

The Minister for Social Security:

In long-term care, yes.

Deputy G.P. Southern:

Yes, in long-term care. But, as far as the respite is concerned, is that not respite for the family member, is that not ... is that part of the scheme?

Director of Policy and Strategy:

So, if we will go back to the circles, the long-term care scheme talks about a package of care being provided at home and it is the package of care the social worker has to sign off and that is the thing that you want to achieve. So I mean you are right, the respite can manifest itself in various ways, the person with the care needs can go into a residential unit for a night, a live-in carer could come to stay at the house and the parents could go somewhere else.

Deputy G.P. Southern:

That is not what you call respite.

Director of Policy and Strategy:

The one day a week thing we would not call respite, but it would be part of the ordinary care package, it would still include it. We are just saying, from a technical point of view, in our IT system, the bit that we call "respite" is slightly narrower than what you are describing. But all the things you describe are in our calculations. I have lost the train of my thought.

Deputy G.P. Southern:

It went back to that question, where does respite count, is it for the family doing the care or ...?

Director of Policy and Strategy:

Yes, so the approved care package has to add up altogether, so that is the whole point, as Sarah said before, you have to think about the ... let us call it the parents and an adult child. So the parents are taking it in turn to stay up each night, the child does not sleep through the night very well and needs care and attention during the night time, the adult child. So you cannot maintain that forever. You need a proper break. So that is the point, we do need to budget in how the break is being had, the unpaid carer having the break is an integral part of the care package, it has all got to be counted together. So you cannot really differentiate between who gets the money, what is the money used for, the money facilitates the break between here is the cared-for person and here are the carers and they are separate. It does not matter how they are separate, it is just they are able to be separate for some time so the carers are getting a proper break. That is what we are trying to achieve and it is part of the whole thing. It does not matter who gets the money.

Deputy G.P. Southern:

Again, because I am very confused, I am getting worse with old age, and that respite, the thing that you call respite, is a break as in a week away?

The Minister for Social Security:

As in whatever, they are given freedom of choice.

Deputy G.P. Southern:

It is not one night a week.

Policy Principal:

Well 6 weeks a year would not give you one night a week. That is why it is part of the care package. If you needed somebody else to come and deliver that kind of regular care and it was part of the weekly schedule that is not ...

Deputy G.P. Southern:

That is not called "respite".

Policy Principal:

It is part of the care that you need on an ongoing basis. It is a bit like saying: "I can do the morning, I am happy to get my husband up", for sake of argument, "but around lunchtime I need a bit of a break so that I can be ready to put him to bed in the afternoon." Well that would be part of the regular care, but then actual respite would be a break from doing the morning and the evening and not doing the lunch time as well.

The Deputy of St. Ouen:

How is respite, as Social Security deem it, embedded as an integral part? So is it always recognised that families in this sort of situation will need respite provision, or could we be getting to a position where some years down the line we say, "Well, no, we will withdraw any assistance for respite provision"?

Director of Policy and Strategy:

You could not. That would be very counterproductive and it would not be safe, so the social worker would have a professional duty not to approve that care package, it would not be a safe package, the carer would not survive and the person would end up in a care home anyway. It would be ...

The Deputy of St. Ouen:

I agree, it is counterproductive, but it is the social worker's recommendation, is it, in putting together a package and saying: "This is what is required to sustain this family"?

Director of Policy and Strategy:

So you mentioned in your questions the FACE assessments and the FACE assessment is a very thorough assessment and it goes through the situation, which the person is, what they can do for themselves, what support they have got, what support will be provided by the carer, what kind of break the carer will need, so all that is part of the assessment of the service, so it is the care package that is assessed, the whole thing is assessed, and so that is done by professional people

who have to have professional qualifications, it is audited by other people within the organisation, subject to then audits, I mean you have that whole quality assurance kind of around that.

The Deputy of St. Ouen:

So it is systemic, is it, whenever any package is put together, consideration will be given as to whether there is a respite need?

Director of Policy and Strategy:

If there is an unpaid carer, yes.

The Deputy of St. Ouen:

If there is an unpaid carer, yes.

Policy Principal:

And they are very distinct parts of the assessment, so they are dealt with very specifically, so you could not overlook it in that sense.

The Deputy of St. Ouen:

Yes, okay, that is encouraging. To come back to the situation where there is a child, now an adult, being cared for by parents, and that child starts off with no assets, and will, as he goes through his life, be receiving significant amounts of long-term care, now what is the position if that child inherits assets>

Director of Policy and Strategy:

So, if you have got ... once you have hit the care ... so this is the point that, eventually, we are not quite there yet, but eventually everybody at the age of 18 will be transferred into the long-term care scheme. And their care cap will start to accrue, even if they are not paying any money towards it themselves at all it does not matter, so after the number of weeks, and it is between one and 3 years, so by the age of 21 in effect, so with the lowest care needs, would have hit the care cap if they came in at 18. So, unless you were lucky enough to inherit something very valuable, worth more than £419,000, before the age of 21, you would have met the care cost ... your care needs over those first 3 years will count, in the same way as anybody else's would do, and therefore, after that, you are entitled to the universal benefit, which is covering your care costs, and in fact so the only thing that is left is your own living costs. If you are living at home you are meeting your own living costs anyway. If you are living on your own in a flat, for example perhaps you have moved away from your parents but you want to be in your own flat, and your carers come in to the flat, perhaps your parents come into the flat as well, but then you are already getting income

support to pay your living costs. If you came into some money then you would hit the income support rules around you would need to ...

The Minister for Social Security:

You would be required to declare it.

Director of Policy and Strategy:

Yes. So, in reality, somebody who has lived with a disability their whole lives, inheriting something as an adult is not likely to make an awful lot of difference to the funding of the care package, because by that time they are likely to have actually achieved the cap anyway. And that was the point of having the cap, was that those people who have very, very high care costs, and obviously people who live with a disability their entire life, do have, by definition, high care costs. Those costs are capped at £52,000. It applies to that person just as much as to the elderly person who has got a house they are hoping to pass on to their children. It works in exactly the same way.

The Deputy of St. Ouen:

There is no looking back retrospectively: "Because we paid for you when you had no funds ..." No, okay.

Director of Policy and Strategy:

No, you are not entering into a loan situation; it is not that kind of thing. It is the money is given at the time of the need and if at a later time you have less need then you will get less benefit, but if say at that point you get the universal benefit, you have used up the cap, the cap does not care how the care got paid for, it just wants to know that that amount of care has been had.

The Minister for Social Security:

Things like retrospective angle is if you were to ... it is to look back if you approach wanting a care package, is you have not just disposed of a phenomenal amount of assets 6 months beforehand. That would not be good practice.

Deputy G.P. Southern:

Are you happy with that one?

The Deputy of St. Ouen:

Yes, I am. Because I think it has been ... so somebody who is being cared for at home, so my concern was that he might be spending a smallish amount of respite each week, but what I had not realised, fully understood, was that they can still reach the cap because the care, you are

placing a value on the unpaid care that is being given. So they will quickly, within 3 years, reach cap.

Director of Policy and Strategy:

Because the other way to think of it, if the unpaid care did not exist, they would have to go to the care home, so you can think about it in terms of the care fees that you would have paid if you had needed to go into an institution. That is the money that is the value of care that has been provided, so it does not matter how much physical money changes hands, it would have been £779, or whatever, in a care home, and therefore that is how fast it goes up.

The Deputy of St. Ouen:

It is the level of care.

Director of Policy and Strategy:

You are saving somebody, maybe yourself, maybe the States, the £779.

The Minister for Social Security:

And it is keeping the people in their own home ...

Director of Policy and Strategy:

And people are happier.

The Minister for Social Security:

... which is what they would prefer, which is the main aim of it.

The Deputy of St. Ouen:

How are we going to make sure that the benefit that is available, let us specify respite, that the respite care that is available from approved providers can be met from the benefit that is paid? So it is the Health Department that approve the respite providers?

[14:45]

Policy Principal:

Yes. Because there is no official regulation in place at the moment, so they have an approved provider framework and we, Social Security, through the long-term care plan, have paid for a quality assurance officer who goes around to all of the providers and does a kind of, let us call it a baby step, towards the regulation of care providers, to make sure that they are following all the

guidance that is in the approved provider framework, which was built upon very similar to the Scottish care requirements, so it is a good first step towards having proper robust regulation in place. Respite is costed at the same value as providing care, so it is not like we say it does not cost us as much or it does not cost us as little. If somebody needed, for example, somebody to come in, in an afternoon, the care provider does not know whether that is respite or anything else, they just know they have to deliver 4 hours of care, for example. So that is costed in exactly the same way as care itself.

[14:45]

The Deputy of St. Ouen:

Yes, but the claimant buys in the respite care, is that right?

Policy Principal:

Yes.

The Deputy of St. Ouen:

But how does the claimant control ...

Director of Policy and Strategy:

The claimant is buying the whole care package.

The Deputy of St. Ouen:

Yes, but the approved providers set their own charges and there is a market, it is for the claimant to shop around, perhaps we might say. Well various questions arise. First of all, what if the claimant is not in a position to manage that process?

Policy Principal:

So, from the outset, it is not like they are just given money and not assisted with what to do with the money. So, before any payment is made, the social worker has had a conversation with the household and the family as to how is this care package going to work. So they are going to know up front whether they are saving money and what their plans are for that money to be spent or how they are going to spend it in a different way. And that is detailed out by the social worker before any payment is put in place. So they are not left to their own devices. They can of course change their minds, and that is well within their rights, but the social worker would review the care package with them to make sure that they are getting what they need.

The Minister for Social Security:

And the social worker would work in conjunction with the GP or a nurse or an occupational therapist or any of the professionals that would have input into that package and that claimant.

Director of Policy and Strategy:

We have also been talking to community organisations about providing something more of a formal brokerage service, so to really help people navigate the market and also possibly to hold benefit monies. So we talked earlier about how would you know you had the money kind of being added up, so we would certainly like to see established a third party who would act as a kind of broker, either to set up the initial claim, so to work out which provider was the best one for yourself, and/or to hold ... so to receive the benefit money and to pay various providers for different things.

Deputy G.P. Southern:

That is the bit that I wanted to come in about, so getting a better bank account to how you ...

Policy Principal:

Because people can find it, in many cases they are older and they are vulnerable, so ...

Deputy G.P. Southern:

So, are you talking about somebody guiding their way through, this is the range of providers, you can make a choice, and also then how do we handle it physically?

Policy Principal:

So they are somewhat 2 separate issues and at the minute the social worker is primarily involved with helping them commission their care. That has some tensions in it because Health being the commissioner and provider also, but that is separate then to managing the money on an ongoing basis and knowing that you have got an account where a bill can go to and it getting paid. So they are kind of separate issues but somewhat one and the same.

Deputy G.P. Southern:

How is that working?

Policy Principal:

The social worker at the minute is doing the commissioning, we need to look at whether there is a different way of doing that, and we are currently, I cannot discuss it probably publicly, in the throes of trying to get a third party.

Deputy G.P. Southern:

Community providers?

Director of Policy and Strategy:

Well I was going to say C.A.B. (Citizens Advice Bureau) have obviously set up the Jersey Online Directory, which provides a nice easy single place of contact for all sorts of different care providers, and we are hoping to build on that, either with C.A.B. themselves or with some similar kind of organisation to provide a broader range of services. So it is essentially just kind of working out how to do that prospectively.

The Deputy of St. Ouen:

And are you satisfied as a department that there is the manpower and the other resources for this to work well? Because it would be very unfortunate if people were receiving benefit but just could not ... people were too busy, too much under pressure, to be able to cope with navigating the purchase of what they need?

Director of Policy and Strategy:

Again, it is back to approving the care package. The care package, at the end of the day, has to include somebody who has got the ability to pay providers, to arrange the respite care. So you will often get a married couple and one of them will be fine mentally and they may be physically a bit frail but they are absolutely spot on as to kind of where the money is going, so that person is doing that and that is fine. You will get other situations, which that is not the case and they are not really ... you do not want to be giving them large amounts of money if they are not going to realise they are meant to be saving some of it up, stuff like that. So you have to approve the whole care package and if financial integrity within the household is not sufficient then that package either needs some extra input, so somebody else to do that work, which again we allow for within it, the benefit allows you to provide separate money to pay for the financial support you ... so it is not financial support in the sense of getting a benefit, but somebody helping you with your finances, to pay for that, and of course very much we all need a little bit, so all that is there. So we definitely do not want to set up situations, which will fail because people are not understanding how to provide care properly or they are not ... they get themselves completely worn out by doing too much caring and not realising they have got money for respite. It has to be all done, the whole thing. The social workers are helping at the minute. As I say, we are looking actively at getting other community organisations to help us with that role. It does make sense to have a third party do it because it means they are separate from the States and they can provide independent advice; that is a useful thing for us to have.

Deputy G.P. Southern:

So who is handling money?

Director of Policy and Strategy:

At the minute, people have the capacity ...

Deputy G.P. Southern:

Where does the money go, from where it does it go, how is it handled?

Policy Principal:

In a domiciliary care package, if somebody has just got one provider, just a single provider, then we can actually pay any liability to them and they can bill the individual for the difference or we can pay the individual or somebody else that they nominate to assist them with the finances, or if we manage to get another community provider up and running then we can pay them. We can only pay a single payment.

Director of Policy and Strategy:

Yes, but I mean, as with all other Social Security benefits, we can pay agents so that the son or daughter could be an agent and can be sorting out the money for the parents. I mean we are now probably talking more about elderly people with care needs at home, but you do need to make sure, we have a responsibility to make sure that the money is going to somebody who can look after it appropriately.

Policy Principal:

The providers in homes tell us very loudly and very quickly if they do not see money for services, so it is unlikely a situation would go on for a very long time if they were supposed to pay for something and did not.

The Deputy of St. Ouen:

As approved providers increase their charges year by year, how can we make sure that the value of benefits is rising commensurate with that?

The Minister for Social Security:

The benefits will be constantly under review because, for instance, the £419,000 is achieved by the average cost, at present, or when the law came in, the amounts can be changed of course, of a 2-bedroom house, plus £25,000 worth of assets in cash, in the bank, or whatever, so that is how the figure was achieved. Well that is not going to stay at that level. It might go up, it might go

down. So all the figures are constantly ... when I say “constantly”, not daily or weekly, but are reassessed.

Policy Principal:

We set the fees to last until the end of 2015 in this first tranche to allow the scheme to settle down and for people to understand how it works and we will review towards the end of this year the increase that we need to make to any of the indicators that Deputy Pinel has raised.

The Deputy of St. Ouen:

And do you know what the approved providers are charging their clients for respite services?

Policy Principal:

So it is part of the approved provider framework that Health run, they have to give them price lists and things like that, so we get a look at that. And there are certain impacts each year on the costs, so we have a look at that.

The Deputy of St. Ouen:

Is there a margin that they charge over and above the benefit that a client might typically receive from the long-term care plan?

Policy Principal:

It is not only about the hourly rate, it is about how the whole package is delivered, because obviously they have got hourly rates for 15-minute visits and 30 minutes and for an hour visit, so it is about the whole package together, not just about the hourly rate. So we would give somebody £600 and that can be in a variety of different kind of rates that, you know, we might need an hour and a half each day and then I might need a 15 minute once a week for medication or something. So it is not always just about the hourly rate, it is about how the whole package is pulled in. They may also opt for more care.

Director of Policy and Strategy:

Your general point about affordability is just exactly that. The scheme has to be affordable for the public of Jersey, so we are collecting half a per cent contribution and that will go up to 1 per cent in 2016. The previous Minister made a promise to seek to maintain that 1 per cent rate for 3 years. We have to each year look at the level of the cost of care, the number of people accessing the scheme, the level of the contributions, and continually make judgements as to what the scheme can afford, what people want to afford, how much people can afford to pay in contributions, so we do not have just a budget that we can just give out, we have to collect money in, in order to

distribute it. We set the scheme up to provide support for people in Jersey in the way that they suggested they wanted to have support and we will continue to do that, to review and to ask people how they feel about it. We would hope that by encouraging domiciliary care that we will keep the cost of the scheme lower than it would have been otherwise, but it will rise because the number of people needing care will rise, and so we have to take all these things into account at all times. As I say, there is, as we have said before, there is very little to be gained from trying to cut back on respite or domiciliary care because at the end of the day that is the cheaper and the preferred option for most people. So the more we can encourage that, the better, from our purpose, so that we find that is the way to go.

The Deputy of St. Ouen:

Right, that is encouraging to hear.

Deputy G.P. Southern:

Would you like to talk us through explanation for these, we talked about this specifically, and some more detail on it?

Policy Principal:

This is just to show that it is 6 weeks, no matter what the care level, it is just obviously the amount of money per care level will be different, because you have less care costs. And the little screenshot there, that is a screenshot from the needs profile that we receive from Health. So it just shows you how the money is broken down. So you get an indicative budget there of £779, which is the care ...

Deputy G.P. Southern:

Which is what you are calling level 3?

Policy Principal:

In this case it would be level 3, yes. Of which ...

Deputy G.P. Southern:

That they call global need rating 5.

Policy Principal:

Yes, it is 2 different systems that we needed to equate.

The Minister for Social Security:

It is just how their IT system works, it is fine.

The Deputy of St. Ouen:

Where does it say level 3?

Policy Principal:

It does not, so Health tell us the global need rating 5, and we have spent ...

Deputy G.P. Southern:

Which equates to your level 3?

Policy Principal:

Which equates to level 3, and all of our documentation on the website and things like that has both so that people can see which number means which. It is unfortunate 2 systems could not have the same number, but we could not achieve that, so ...

Deputy G.P. Southern:

And theirs is a 6-point thing, is it?

Policy Principal:

Yes, theirs is a 6 scale, yes.

Director of Policy and Strategy:

So G.N.S. (Global Needs Scale) is a U.K. rating scale, so this is a standard rating, G.N.S. is Global Needs Scale and it runs from nought to 6, yes. But 6 is the top level and that equates to our level 4.

Policy Principal:

So 3 would be they start ...

Deputy G.P. Southern:

And that equates to ...

Director of Policy and Strategy:

Yes, yes, so nought, one and 2 are below ...

Deputy G.P. Southern:

Okay, so it is not that big a problem.

Policy Principal:

And as I said, all of our documentation on the websites and everything, and leaflets, has both, so that they can see if they just received this and thought: "What is Global Needs Scale 5?" they could see what it equates to.

Deputy G.P. Southern:

And on that screenshot, we have social participation allocation, which means what?

Policy Principal:

So it can mean a variety of things. It could mean that the individual is perhaps a little bit isolated and needs to get out to kind of enjoy day-to-day life. And this is where part of our discussion about day centres might come in. So that might mean that they go to a day centre to get their social participation, it of course might mean that a carer takes them out to do shopping and bits and bobs in town, it can mean very different things. But it is identified separately just to give the social worker an indication of how the care package should probably look, so, of this money, a certain amount should be probably thought of to spend to help them socialise. And, again, underneath the sustainability allocation for respite, that is the amount of money that weekly ...

Deputy G.P. Southern:

And that is that thing that your narrower, what you are calling respite, which is a week off?

Policy Principal:

Yes. Which is why we are saying ...

Deputy G.P. Southern:

Whether or not that is 6 weeks that is taken, it does not matter, it accrues. Okay.

Policy Principal:

Yes, and that is why we are not saying that the costs are not included in the scheme, we just do not classify it as respite. That just gave you some indication.

Deputy G.P. Southern:

Yes, so including that social participation, it is separate, yes, it is part of your assessment, it is not in the label of respite, okay, I have finally got it.

Policy Principal:

That is why I thought some of the screenshots might be useful for this thing.

Deputy G.P. Southern:

I hope it is not like relatives leave and it will be done(?) by the end of the week.

The Deputy of St. Ouen:

Yes, we did not go through those, but to take that £16.37, that is a weekly allocation, and does that equate to the £5,900?

Deputy G.P. Southern:

It probably will.

Policy Principal:

Yes, they are not getting ... it is probably not £5,900.

Director of Policy and Strategy:

No, that is £800. In that particular one we do not know the details of this case.

Policy Principal:

But that is because they might not be providing a lot of care, so ... but it is all about the proportion of it, they might only be doing, I do not know, the hour morning every day or they might not be taking care of somebody on weekends, so it depends on how the package is made up. It just gives you some idea of how it is broken down.

The Deputy of St. Ouen:

So a parent or a spouse providing almost total care throughout the day will have much higher.

Policy Principal:

It will be much higher, yes. We have seen ones where it is £200 to £300 a week.

Deputy J.A. Hilton:

Did I hear correctly when you said before; I think you said before, that currently Le Geyt, which is a day centre.

[15:00]

Are the plans in future to bring that in under long-term care and for people to pay to use that as well? Did I understand you correctly?

Director of Policy and Strategy:

Okay, you need to ask Health about the plans for that. But this is the point, Le Geyt is a service aimed at a certain group of people. That group of people have not yet been ... because all the services that they get are free at the minute, they are not really in the long-term care scheme.

Deputy J.A. Hilton:

No, because they have not been assessed.

Director of Policy and Strategy:

Yes, yes, yes, yes.

Deputy J.A. Hilton:

Yes, okay.

Director of Policy and Strategy:

If you are trying to be fair to everybody then it would make sense that everything ... I use the Limes as an example, so the Limes, until last year, there was a kind of standard charge was made but it did not matter how much care you got everybody paid the same and it was less than half of the actual cost of care at Limes per week, yes. Now, care at the Limes costs the amount of money it costs for care at the Limes, yes.

Deputy J.A. Hilton:

It is the same for everyone.

Director of Policy and Strategy:

It is the same for everyone.

Deputy J.A. Hilton:

Yes.

Director of Policy and Strategy:

You can make a choice between the Limes or Silver Springs, let us say, okay, yes. That choice is available to people and the money, it does not matter, the costs will be the same by the time you choose whatever you want to choose where to go. That was the point about day centres, is it may

not be practical to have more than one big day centre in Jersey and, therefore, there may never be a choice. But if there was a possibility of having choices at that point you might say: "Here is the money, you can choose which day centre you want to go to." I do not know whether that is sensible or not but it is the possibility that is included within the long-term care scheme that did not exist before, so that is all we are saying. We are offering the possibility of having money because, as Sarah has talked about, you could have a live-in carer who took you shopping and took you to the cinema and you did not ever go to a day centre, you just did other things, you went swimming, you went out and did other things. That could be the kind of social participation in day activities that you particularly enjoy doing. Who knows? That is what I am saying; it is giving the possibility of things. What is going to happen in terms of services is very much up to the Health Department to talk to you about in terms of what their plans are and how realistic it is to have a range of options. It may not be cost effective to do it in such a small place. We do not know that but we are offering the possibility of this in the future.

The Deputy of St. Ouen:

We will ask Health, of course, but have there been discussions about paying for day care services out of the long-term care fund?

Director of Policy and Strategy:

Not in terms of whether they should charge for Le Geyt but the very fact that Sarah has showed you the social participation budget, obviously our assessment system does include that as part of this assessment. It looks at the social participation needs of the individual, which, at the end of the day, is why you go to a day centre to get your social participation because you are living on your own or you have particular needs that this is important for, yes.

The Deputy of St. Ouen:

We are still not ...

Director of Policy and Strategy:

Our system allows for it but we are not the Department who are driving the health policy, if you like.

The Deputy of St. Ouen:

But is it health or is it long-term care because these people may have learning difficulties and it is not necessarily a health issue, it is a care issue?

Director of Policy and Strategy:

We have talked about the difficulty that Health have between being provider and commissioner and sometimes regulator as well. You have got States departments very muddled up as to what their specific role is. Well, the long-term care fund and Social Security does not have a muddled-up role. It has a very specific role, which is to fund, yes, to make sure there is a robust system of assessment in place, which we do not do ourselves, we outsource to appropriate people who happen to work for the Health Department because they are professional people within the Health Department and we apply consistently in setting rules to people, asset rules to people, and we provide money to people who have assessed needs and have a need for support with money, yes.

The Deputy of St. Ouen:

Yes.

Director of Policy and Strategy:

How the health policy develops undoubtedly has to sit, at the end of the day, with the Minister for Health and Social Services, yes. The PH2(?), the whole kind of provision of health care going forward, is an issue for the Health Department as a whole to kind of consider.

The Deputy of St. Ouen:

But has a decision been taken to transfer respite services, as you understand respite, to the long-term care fund?

Policy Principal:

Before we would make any decision we would need to look at all of the individuals that Health is currently providing respite for and cross-reference them with (a) whether they happen to be in the long-term care scheme or not and look at their assessment because many of the individuals may not qualify for long-term care scheme, they might be very low-cost care in the community with family. We would need to look at whether they would qualify for the long-term care scheme because you would not want to take any money off of Health that they needed that was not going to be funded in some other way. As Sue mentioned, we did extensive work on P.140 last year, it was a little box diagram, all the bits and pieces that Health were going to keep money back for because it was never going to be part of the long-term care fund.

The Deputy of St. Ouen:

I know the box diagram, yes.

Policy Principal:

Yes, similar exercise for respite. All the bits and pieces that they would still need to pay for we would not want. We would only want the bits and pieces that we would then give them through the long-term care fund anyway. It is a net effect to Health; if they give us the money they kind of get it back in a different way because we just give people the benefits to pay for their services.

Director of Policy and Strategy:

If I could just make one point about people being below the long-term care level.

Policy Principal:

Yes.

Director of Policy and Strategy:

Obviously, we have talked about the levels, level 1, 2, 3, 4, again, because what we are good at doing is having a rule-based system and providing consistent assessments against those rules, is that we had to have a bottom and a top of our rules, yes. There is a level of care needs that is the minimum that you need to get into long-term care and there are people with care needs below that, that is why G.N.S. starts at 1 and 2. We only count 3 upwards, so that is why the 3 is quite useful. You might have people with needs to get a 1 or a 2 and, therefore, their parents are getting some respite perhaps but you would not qualify for long-term care. Health will keep the budget for those people, right, and, in the same way, above 4 we only pay up to a maximum of £1,200 a week I think.

Policy Principal:

Yes, so a week ...

Director of Policy and Strategy:

Thereabouts £1,200 a week, all right. Some people's care package costs £3,000 a week. We are never going to do that. Health are paying that extra £1,800, they are keeping the budget for that as well. We have got this bit in the middle, most people's care needs are in this bit. I mean we are not avoiding large groups of people. It is a tiny number of people above, more people below but below it becomes much harder to assess exactly how much you will need and Family Nursing and people like that are perhaps better placed to provide that kind of support. We do the bit in the middle. As I said, we never take money from Health for the below or the above but we might move some of the rest of that money and the middle people across. That would make sense, that would make very good sense because it would mean that they had all their funding in one place, yes.

The Deputy of St. Ouen:

Yes, yes. Will it need a ministerial decision taken to make that transfer and is there any discussion as to when it will take place?

The Minister for Social Security:

Yes, it will and, no, there is no deadline for it yet because, as Sue alluded to earlier, there is still quite a lot of work to be done on the smaller groups of people to start off with. You appreciate, we all appreciate it and we all have what a complicated package it is.

The Deputy of St. Ouen:

I understand, I do understand.

The Minister for Social Security:

It all has to work as a package. If you start putting bits in that are in the wrong place or pulling bits out that should be somewhere else, it will fall over. The work on it is meticulous and so working with Health ...

The Deputy of St. Ouen:

Is it right to say at the moment there will be some people receiving respite services paid for by the Health Department ...

Policy Principal:

Yes.

The Deputy of St. Ouen:

... who are eligible for long-term care ...

Director of Policy and Strategy:

But have not transferred.

The Deputy of St. Ouen:

... but have not transferred? But you are also funding some respite care for people who have applied under the long-term care scheme, is that correct?

Policy Principal:

Yes.

The Deputy of St. Ouen:

There are 2 provisions, 2 routes, yes, for the moment.

Policy Principal:

We would prefer there to be one.

The Deputy of St. Ouen:

Yes, yes.

Policy Principal:

But that just needs to be managed and we go through every single individual meticulously to make sure that it is appropriate.

The Deputy of St. Ouen:

Right, okay, okay. Is there any sort of timescale as to when we might move to one provision?

The Minister for Social Security:

We have not even been going for a year, have we?

Director of Policy and Strategy:

The current piece of work that we are concentrating on is to finalise the transfers of the larger amounts of budget, which is in respect of the previous contracting out of beds and the payments that are now going to Limes and Sandybrook for individual people in those homes. That is, as I say, on a case-by-case basis to make sure that Health get exactly the right amount of money and exactly the right amount of money is transferred into the long-term care fund. We need to do that; we need to finish that off first.

Policy Principal:

Yes.

Director of Policy and Strategy:

That was set, so we were looking at it very, very carefully in the second 6 months of 2014. The States agreed that the cost of that 6 months would form the basis of the States grant we made into the long-term care fund from 2016 onwards. That will need to be part of the M.T.F.P. (Medium-Term Financial Plan) 2 that is coming up. We have to concentrate on getting that bit of work done first. Once that is finished and everybody is happy with it then we can move on to some of these

smaller areas where it is more specialist but, at the end of the day, the people are getting good free provision at the minute and, therefore, the urgency, if you like, is not quite so acute.

The Deputy of St. Ouen:

Yes, I can understand. It is not a criticism; it is just to gain an understanding.

Director of Policy and Strategy:

Later in the year perhaps, yes.

The Deputy of St. Ouen:

Yes.

Director of Policy and Strategy:

But getting the States grant right for 2016 has got to be top priority because that is a time-critical task, yes.

The Deputy of St. Ouen:

Yes, yes. Okay, we must not ignore explanation sheet 4. Would you like to talk us through that? Thank you for these, these are helpful?

Policy Principal:

Sometimes it is diagrams and words sometimes, I have got the references.

Deputy G.P. Southern:

Yes, and this is the interaction between the 3 systems you have got technically.

Policy Principal:

Yes.

Deputy G.P. Southern:

L.T.I.A. (Long-Term Incapacity Allowance) one system and P.C.3 within Income Support, the second system, each of them measured in a different way and one to deal with incapacity and one to deal with impairments and then long-term care on top of that. Talk us through how those 3 things fit together.

Policy Principal:

Okay. You asked specific questions, you had some specific examples. Would you like me to go through those or shall I just explain the sheet first or whatever is easier? Okay, let me just explain the sheets first, okay. As the Minister mentioned earlier, you cannot get long-term care and P.C.3 at the same time. The reason for that is P.C.3 is for your personal care costs and long-term care is for your personal care costs, so we would be doubling up on benefits. Personal care costs 3 is about £145 a week and the level 1 of long-term care is about £350 a week. There is no impact on H.C.A. (Home Carers Allowance) because that is completely to do with somebody else in the household. You can get H.C.A. and long-term care, that is absolutely fine. You can get H.C.A. and P.C.3, that is absolutely fine, that is Home Carers Allowance.

Director of Policy and Strategy:

Can I just check? Sorry, do people know what H.C.A. is?

Deputy J.A. Hilton:

Home Carers Allowance, so you can get Home Carers Allowance if a person is under a long-term care scheme then.

Policy Principal:

Yes. Under here it is a contributory benefit that we pay to individuals who stop working to take care of somebody.

Deputy J.A. Hilton:

Working, yes.

Policy Principal:

Let us say you are a householder that is 86 and my partner is 87, I have not stopped working to take care of somebody, so I will not be entitled to that benefit.

Deputy J.A. Hilton:

You have got to be of working age, under 65.

Policy Principal:

Yes.

Director of Policy and Strategy:

Yes, so the working age benefit. If we go back to the example of a middle-aged couple and one has a stroke or something, if the partner gives up work to look after the person with the stroke then the person that was working before will get Home Carers Allowance, we just pay the standard rate of benefit, yes.

Deputy G.P. Southern:

But it is only if the person gives up work.

Director of Policy and Strategy:

If the person has satisfied Social Security conditions, which are quite easy to satisfy, yes.

The Minister for Social Security:

And has to care for somebody for 35 hours a week or more.

Director of Policy and Strategy:

As their carer, yes.

Deputy J.A. Hilton:

They have to give up work to qualify for that benefit because you could work for 35 hours a week and care for 35 easily.

Director of Policy and Strategy:

Okay, so H.C.A. has their other conditions as well. You can earn up to ... I cannot remember but it is about £120 a week and still receive H.C.A. You are allowed to do a small amount of part-time work but it is an income replacement benefit, so it allows some overlap with work but not an enormous amount. You cannot do your full-time job and your 35 hours caring as well, yes, or you can do it but you will not get the benefit for it.

Policy Principal:

People who approach us about getting the long-term care assessment and are in receipt of P.C.3, we obviously cost up their care package. Why would somebody want to lose their pay at P.C.3 and get long-term care? Probably because their care costs cannot be met for £145 and or because the informal carer is not getting any respite. All of the things that are under long-term care are not provided through income support. Where they may want to stay in receipt of Personal Care 3 is where the care package costs less than £145, so they are going to get a little bit more money than what their care costs. But we advise this to people upfront, which is not a surprise to

them after all of the assessment and then we suddenly turn something off and there are overpayments. We let them know upfront and they make a choice about whether they would like to continue or not.

Deputy J.A. Hilton:

Can you just explain this to me, our cerebral palsy sufferer who is their 20s and have got no other service, who is being cared for their parents, so they would qualify for P.C.3? But, presumably, because they are over 18 they are classed as being having their own household, so they qualify for low income support as well, on top of that figure of ... the whole thing, so they get a whole ...

Policy Principal:

Yes. But the only thing that stops is that small component within the whole income support claim. The rest of the components do not stop.

Deputy J.A. Hilton:

Right, okay. Right.

Policy Principal:

That is because you would not want to pay them doubly for the same ...

Deputy J.A. Hilton:

No, no, okay.

Policy Principal:

Okay, so you asked 2 questions, I think the first one was you said: "One individual has long-term health conditions" so I think we have answered that in the kind of cerebral palsy case.

[15:15]

Deputy J.A. Hilton:

Yes.

The Deputy of St. Ouen:

Yes.

Policy Principal:

You then had a different question: “An individual suffering with long-term health conditions and does not qualify for income support, how does the individual currently receive respite care funding and how would that change if they were to qualify for the long-term care scheme?” To answer that question fully there are lots of reasons they may not qualify for income support, which are not part of this discussion, so they may not have 5 years’ residency and they might have had lots of money. I just wanted to point that out that there might be some other reasons. But let us assume that they now qualify for long-term care, which is much more generous from a financial point of view. At the minute, if they qualified under the long-term care scheme then they get their funding for respite through the long-term care scheme. If there was some crossover and they happened to be funding through Health at the minute, these are the kind of individuals that we need to then look at going forward. What we have the ability to do is not pay somebody twice for the same thing. If they were receiving free respite through from Health we would not give them respite money through long-term care. Again, it goes back to the fact that it does not matter how much you are spending, you are still accruing. Even if it is a lesser amount you are still accruing at the standard cost. We would not pay somebody double the amount of money. They would not get 6 weeks from us and 6 weeks from Health, for example.

The Deputy of St. Ouen:

No, okay.

Policy Principal:

We would turn off one or the other if an individual came. That is how we deal with it at the minute.

The Minister for Social Security:

The respite money is means-tested.

Policy Principal:

Yes, the respite money would be means-tested and the long-term care, yes. But, again, it is somebody under 65 that gets it but really unlikely that they have the income and assets that he would be means-tested in the first place and even if they were to inherit money they have probably been in care a long time, so this is also ...

Deputy J.A. Hilton:

I am just trying to think, what would change for our stroke sufferer, the example we used before?

Policy Principal:

If somebody who suddenly has a stroke?

Deputy J.A. Hilton:

Yes, a catastrophic stroke and is with somebody.

Policy Principal:

They would not have been receiving respite because everything was fine and dandy until they had a stroke.

Deputy J.A. Hilton:

Yes, that is right.

Policy Principal:

Then we would assess them in the hospital as soon as they left and they would probably go through some re-enablement. But we would give the household ... if they chose to stay at home and then a wife or partner was providing a lot of care then they would get some respite money through the long-term care scheme.

Deputy J.A. Hilton:

But means-tested as well.

The Deputy of St. Ouen:

Under circumstances where a couple like ...

Policy Principal:

Yes, but after the allowances.

Deputy J.A. Hilton:

After those allowances will show us, yes, okay.

Policy Principal:

Yes, so there are lots of caveats, the kind of people who would pay would have quite a lot of wealth.

The Deputy of St. Ouen:

In circumstances like that where a couple decide to deliver their care at home through themselves, how can they get to know about respite and its availability through the long-term care scheme?

Policy Principal:

The social worker would talk to them about it and they have access to see the outcomes. That little screen shot is not a secret to the individual; they can see those kind of things.

The Deputy of St. Ouen:

Yes, I see.

Policy Principal:

The social worker would work with the family to put in place how best to take it. If the partner is taking care of them and they have got small kids it is obviously quite complicated. How do you have a family holiday? All of those kind of things. As Sue said, we provide the funding and our expectation is that the social worker works with the family to do what is appropriate with that money for them.

The Minister for Social Security:

There is also a one-stop shop or point of referral at Health, the Community Social Services, who will then redirect all claims to the appropriate agencies.

The Deputy of St. Ouen:

Right, I see.

Policy Principal:

Direct to things, yes.

The Deputy of St. Ouen:

Yes.

Policy Principal:

But if they are in hospital that is quite easy.

The Deputy of St. Ouen:

Yes, and so we trust them. All those cases will be picked up and dealt with through the community social workers, yes. There is an additional sheet here that is explanation sheet 5, inheriting money.

Policy Principal:

Yes. Just to clarify, in the second row down I asked your officers to scratch out number 3 because that is not quite right but I am happy to go through that again if you have any questions. This second box here, just the number 3, cross that out.

The Deputy of St. Ouen:

Yes, okay.

Policy Principal:

Because obviously you came across it in the paper in that one, so my mistake.

The Deputy of St. Ouen:

Can you go through that for us, just to make sure we understand fully the effect of inheritance?

Policy Principal:

Sure. This is a 2-way table, so if you were to read it left to right, the first row is all about somebody who has not reached the universal benefit. They are still paying or trying to pay towards their £52,000. In the first box they are means-tested. They are receiving some assistance, either in part or in full, from the department to assist with those care costs and they inherit money.

The Deputy of St. Ouen:

Yes.

Policy Principal:

They would have to inherit, to push them above being means-tested, so above the £419,000. It is a lot of money. Probably a property, if one has been left to them. As the Minister said, it is not retrospective. We would take it from that date. They might only have 2 weeks to go until they reach universal benefit and we would financially assess them at that point to see what they could contribute towards their care costs for the remainder of time that they are building up towards the universal benefit. We just do it in that order. We look at them contributing towards their personal allowance if they are in a care home, then their copayment if they are in a care home, and then their care costs. As I believe Sue mentioned, if somebody was receiving an income support

payment, capital would be taken into account. It is unlikely to have a substantial amount of impact on income support but it might do. Then if they are not means-tested and they are self-funding it makes no effect whatsoever because they are already funding their own care, so they already have beyond £419,000 and they are inheriting even more money than that. I would like to be in that category myself. The next row, they have reached the universal benefit, so they are entitled to the benefit, you never take the benefit off of them. But what we will look to see is if we were providing them support towards their living expenses, so the copayment if they were in a care home or their living expenses if they were living at home and they were receiving income support and we look at whether, from that point onwards, they could make a contribution. Again, if they were not receiving any means-tested assistance and have already reached the universal benefit, that is also a category I would like to be in because they are just getting more money.

Director of Policy and Strategy:

If you wanted to send us the examples of kind of situations where you think you are not quite understanding how the sums would work, we could do an actual working example, which might be easier to see the numbers flow through. Sometimes when you have just got a kind of you are in this category or that category, it is quite hard to visualise what it means. If you have got some specific things where you are a little bit stuck, if you want to say: "Well, what about this situation pertaining to that situation?" Just give us a rough idea and we will do it with the actual realistic numbers in it and show you kind of how the sums work out.

The Deputy of St. Ouen:

Okay, we will just take you up on that.

Policy Principal:

Less in theory and more in practice.

The Deputy of St. Ouen:

It is part of our terms of reference in the respite review.

Deputy G.P. Southern:

In terms of how ...

The Deputy of St. Ouen:

It is a day care service you see, employment opportunities ...

Deputy G.P. Southern:

Under their new definition, is it directly respite? Respite is ...

The Deputy of St. Ouen:

We are just discussing definitions of respite because when we established our terms of reference we, under guidance, considered that day services, provided by either the Jersey Employment Trust or Le Geyt Centre could be deemed a form of respite because it is ... yes. That is included in our terms of reference for this review and ...

The Minister for Social Security:

But what is difficult with J.E.T. (Jersey Employment Trust) I think they are slowly easing the situation because they have been so successful at getting a lot of the people there back into work. But at one stage it had completely clogged up with people using it as day services and being very content and happy with this but not progressing. It was getting to a level where nobody was going upwards and yet it was all blocking up underneath with people who wanted to utilise the day services. It has been a problem but now with more people getting employed there it is settling itself out.

The Deputy of St. Ouen:

Yes, I think they mention that they wanted to be able to provide but that there were not always the opportunities to place some of their clients in employment. But they did also tell us that they were suffering a cut in their budget and they were not able to take on new staff members, as they had hoped to, to provide service ...

The Minister for Social Security:

They are not suffering a cut in their budgets; they are just not having it increased by the 2% that is affecting everybody else.

The Deputy of St. Ouen:

Is that right? I am sorry, yes.

The Minister for Social Security:

Yes.

The Deputy of St. Ouen:

Yes ...

The Minister for Social Security:

I think Ian has got some figures on J.E.T. if you wanted those. I think there was a question of what our funding to them is.

Chief Officer:

The Minister has got it exactly right. Their funding remains the same for 2015 as it is in 2014. They had 2 amounts of money from us, 2 grants, one is for the J.E.T. contract itself, the other is for the STEP's programme. I think J.E.T. have said they do not offer day services. The STEP's programme is a programme to move people from day services, if we can, into J.E.T. service and you see there is a funnel between the 2. Their challenge is, what happens when people enter that STEP's programme and maybe ...

The Deputy of St. Ouen:

I see.

Deputy G.P. Southern:

They require support.

Chief Officer:

Yes, and then maybe going back to day service, that is their issue but, as the Minister said, they have been moving people through. It is obviously difficult but they do move people through into J.E.T. and they have had good success in getting people into employment. As well as the 2 grants, we do work closely with J.E.T. and J.E.T. clients do benefit from, effectively, the employer incentives that we put forward on the Back to Work. An employer recruiting a J.E.T. client would receive an employment grant of £7,000. J.E.T. clients, also get placed in the Community Jobs Fund. In fact I think at least half a dozen of J.E.T. clients have got Community Jobs Fund positions. We are funding their wages, effectively, for that particular charity or community group. But J.E.T. themselves are also recruiting people to do specific tasks under the Community Jobs Fund, so they have also, therefore, boosted their income. Also, helped support the individual into further employment and got some good things done for the wider community. They have access to those and we work very closely with them and will continue to do so.

The Minister for Social Security:

A recent one was working at the archives assessing, a sort of reasonable level of accessing data people wanted on their family histories, for instance, sort of find things on the various shelves and 6 months was so successful they have taken him on full time. It does work, yes, it is very impressive.

The Deputy of St. Ouen:

It must be encouraging to learn of those successes. Have you got any more on that, Sarah?

Policy Principal:

No, I am fine, thank you.

The Deputy of St. Ouen:

Okay. I am just having a quick look to see if we have ... I know our question plan we have ranged far and wide. I think you have very helpfully covered a lot of our confusion and made things clear.

The Minister for Social Security:

I think Sue's idea of Sarah sort of sending examples because like the examples you have brought up, I find it much easier to understand when you have got a specific example as to how it would work.

The Deputy of St. Ouen:

Yes. Yes, okay, we will think about that. But thank you for coming today and I found that helpful and I hope we all have, yes. Okay.

The Minister for Social Security:

Thank you.

The Deputy of St. Ouen:

Thank you, Minister.

The Minister for Social Security:

Just in the interests of, as I said to Deputy Southern earlier, in sort of availing you of information in advance of it being public, so if you could keep it to yourselves because I have not signed the M.D. (Ministerial Decision) yet, it is our business plan.

The Deputy of St. Ouen:

Right. Many thanks, yes, that will be helpful, thanks.

Director of Policy and Strategy:

That is lovely, thank you.

Policy Principal:

Thank you.

The Deputy of St. Ouen:

Okay, so that brings this hearing to an end and thank you to everyone for attending.

[15:29]