

STATES OF JERSEY

Health and Social Security Scrutiny Panel Les Amis

MONDAY, 24th JULY 2017

Panel:

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

Deputy J.A. Hilton of St. Helier

Deputy T.A. McDonald of St. Saviour

Senator S.C. Ferguson

Witnesses:

Managing Director, Les Amis

Chairman, Les Amis

[10:08]

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

... and the absence of the chairman, who is stuck in the U.K. (United Kingdom) with the family business. As usual we have the instructions under which you are giving witness today. I think you have done this before, so you are probably familiar with it. For the sake of the record, we will just go around the room and announce ourselves. Note for the press that we have changed the room around, so they can see people's lips. If you are lip-reader, you can know exactly what they are saying. I am Geoff Southern, the vice-chairman of the Social Security Panel.

Senator S.C. Ferguson:

Sarah Ferguson, member of the panel.

Deputy T.A. McDonald of St. Saviour:

Terry McDonald, member of the panel.

Deputy J.A. Hilton of St. Helier:

Deputy Jackie Hilton, panel member.

Scrutiny Officer:

Kellie Boydens, Scrutiny Officer.

Managing Director, Les Amis:

Shaun Findlay, Managing Director at Les Amis.

Chairman, Les Amis:

Leslie Norman, Chairman of Les Amis.

Deputy G.P. Southern:

Okay. Those of you who know me, know I do not beat around the bush. So, that said, you have very kindly sent us these 2 letters from 30th October 2015, which details some of the negotiations that were going on between you and Social Security. Shockingly, I find, come 14th April this year, currently we still have almost 70 per cent of residents who have not yet had a full assessment and subsidiary, so currently do not have a personal care plan in place. That sounds to me like quite a serious defect. Do tell us about your funding, what has been happening with it and where you are now?

Managing Director, Les Amis:

First of all, we started discussions with the States departments back in September 2013, to get ready for the introduction of long-term care. So, we have been at this for a while. Throughout we have advised that the process was not fit for purpose in regards to the people we support. It is ideal for the elderly general population, but for people with learning disabilities and associated conditions it does not really fit. This threw a few spanners in the works, where we find ourselves today still with outstanding assessments. We still have ongoing discussions with the Health Department, mainly, in regard to rectifying the situation. Yes, it has been an interesting process from beginning to end.

Deputy G.P. Southern:

Back in 2015, your letter refers to the excuse of I.T. (Information Technology) problems, which was given short shrift by the letter. Can you tell us what your understanding of those delays were at that point?

Managing Director, Les Amis:

The system that they use is Care Partner. What had happened in 2015, we were now in the Long-Term Care Law by this point, but we had not finished our complete assessment process. We had carried out a considerable piece of work with Care Partner Version 6. Then they moved to Care Partner Version 6.4. It sounds like a Microsoft joke, but it is not. We were told that the work could not be transitioned from one system to the other, so it had to start again. We had to re-input the work. That is why we have gone beyond the end date of completion at the end of 2015.

Deputy G.P. Southern:

You describe the system as not fit for purpose. That is very serious. Can you just describe why?

Managing Director, Les Amis:

Long-term care is generally built around the general population. So, we become adults, we work, we get pensions, we buy houses, have families, brilliant; we get old, we get ill, we need help. If you have enough equity in your property, you have money and you will pay £52,000 for your own care. After that point the States of Jersey will then pay for your care. Brilliant, you have a pension, you might have a house, so the system takes that into consideration. If you are born with a disability where you cannot have a job, you do not have a family, you do not have a house or all the things we take for granted, you can then not contribute to the system, unless somebody leaves you a bundle of money, which is not always the case with the people we support, so they cannot pay for their care for a period of £52,000, they cannot then make the co-payment, which is the amount that we would have to pay outside of the care. So, all this was put on the table back in 2013, but we were not really consulted with until they said: "We are bringing the Long Term Care Law in and we really need to start thinking about how we cover the co-payment, how we assess somebody who sits outside the long-term care." We have grades 1 to 4 and that is where people should be fitting, in that nice little box. We have some people that do not fit, because they are able and independent, so they do not meet the threshold of long-term care. We have people who go beyond the top level of long-term care. So, neither of those were considered when the law was passed.

Deputy G.P. Southern:

All right. Before I go on to look at that in terms of individuals or the group that you are looking after and their welfare, can I just stay with financing? Where was your financing beforehand, where do you come from, and what happens now?

Managing Director, Les Amis:

Yes. It has gone through 3 stages. The first one we had the Parish. The Parish used to pay for the individuals that lived with us. We had deficit funding. Then you made Social Security

Department receive all the money in, so we worked on a group rate where we were paid a group amount and we had to make that work. Then the long-term care came in. So, we have had to transition from the old system to the new system over a period of 5 years, with no real clear direction on how to get there, apart from long-term care will pay for it.

[10:15]

Then we have people who sit either side of that function. So, where we are today is people who are in our care, their care packages are funded, but they do not have all the paperwork to support that. So, we are receiving money for their care, but we do not have all the paperwork to sign that off.

Deputy J.A. Hilton:

Has that caused you any particular difficulties?

Managing Director, Les Amis:

Luckily enough, Les Amis saw the writing on the wall and we did a full redesign of the organisation. We were ready for it. Last year we received £500,000 less income and we managed to survive that, because we had redesigned the way we do our business.

Deputy J.A. Hilton:

Could you just explain why you received £500,000 less last year?

Managing Director, Les Amis:

Because we were into the long-term care from 1st January 2016 and it was on an individual basis. So, we are not getting a group amount of money. We were getting individual care packages and that equated to £500,000 less income.

Deputy G.P. Southern:

Is that because the assessments and the level of need, and therefore the level of funding, for individuals was reduced?

Managing Director, Les Amis:

In some cases, yes, in other cases it was increased.

Deputy G.P. Southern:

But the overall result was £500,000 down.

Managing Director, Les Amis:

Was £500,000 less income, yes.

Deputy J.A. Hilton:

That is a considerable amount of money. So, I am just wondering: how did you manage that loss?

Managing Director, Les Amis:

Because we were being efficient and looked at what was happening in the future and did something about it.

Deputy G.P. Southern:

Could you illustrate that with an example?

Managing Director, Les Amis:

We were using Lean processes. We were looking at how many staff were on the ground and what they were doing. We were looking at our back office operations. We stripped a lot of that out. To be fair, we recognised that you have to change, you cannot stand still. It was more about evolution than revolution, in a sense. We took the period of time from 2013 to 2016 to do all that work. So, credit to everybody who works for Les Amis they took it on the chin. It was hard. It was very hard. It was not easy. But it paid dividends when we got to the point of receiving less income, but we made what we had work for us.

Senator S.C. Ferguson:

You do not have any clients then who are awaiting their assessments and you do not get any money for?

Managing Director, Les Amis:

No, there would be nobody living with us that was not being funded through their own benefits.

Deputy G.P. Southern:

How is that achieved? You are saying you do not have the paperwork and have not done assessments on some of your clients. Are we just crossing our fingers and giving you a sum?

Managing Director, Les Amis:

No, no. What they did is they looked at what we were receiving, they worked on each individual case and said: "That looks right for that individual. That looks right for that individual." That is how they have gone. At the point of the review they said that we will get all the paperwork in, because Care Partner Version 6 was not in existence, so Care Partner 6.4 needs all that inputting. So, we

will use this time now to re-input all the information and then you will have the 2 pieces of paper. You get your assessment, then you get your care package, which is Care Partner element of it, which then gives the indicative budget for the individual. Then that enables them to either broker their care package with any other care provided or it enables the family to broker on their behalf, to say: "We have X amount of pounds. This is the care package, can you do it?"

Deputy G.P. Southern:

What is the overall budget?

Managing Director, Les Amis:

In 2015 we had about £6.8 million. It was just shy of £6.3 million in 2016.

Deputy G.P. Southern:

Just short of it?

Managing Director, Les Amis:

Yes.

Deputy G.P. Southern:

Okay. That is a big difference.

Senator S.C. Ferguson:

They did not make any comment as to why Version 6 would not upgrade to 6.4?

Managing Director, Les Amis:

Just said the 2 systems were not talking to each other, so it was a manual re-input.

Deputy G.P. Southern:

That delay is still not finished.

Managing Director, Les Amis:

Yes. Basically we have outstanding ...

Deputy G.P. Southern:

For some clients, you said: "That looks roughly right." Are you happy with that? Then that is the package, but the assessment has not been done.

Managing Director, Les Amis:

Yes. So, at the point of review, that paperwork still needs to be finalised. We are still negotiating that piece of work to be completed. To be honest, and to be fair with our colleagues in the Health Department, they are under resourced. They do not have enough people to do it.

Deputy G.P. Southern:

Hang on. You are now making statements which directly contradict things we have heard from the Health Department, which said: "We are now fully staffed. The backlog has been cleared." It was horrible at first, but now we are given the impression that things are now normalised, for want of a better word. You are saying that is not your understanding?

Managing Director, Les Amis:

Not in our case; the back log has not been completed.

Senator S.C. Ferguson:

What percentage are still not assessed properly?

Managing Director, Les Amis:

We are looking at around the 70 per cent mark.

Senator S.C. Ferguson:

Still 70 per cent.

Deputy J.A. Hilton:

What is the reason given now, today, that 70 per cent of your clients are still ...

Managing Director, Les Amis:

We are waiting for a piece of work to be given to us to give us a timeline for completion of this work. We have been waiting for that since the beginning of this year.

Deputy J.A. Hilton:

It has nothing to do with social workers; not enough social workers doing assessments?

Managing Director, Les Amis:

Basically we have been told we will have this. We have a service level agreement in place, because we receive money from the Health Department, because we have people on this end and that end. The service level agreement says that there will be a piece of work done to ensure that we are complete and that everybody is happy that everything is in place that should be in place.

Deputy G.P. Southern:

Again, just to get the picture for our evidence, how many clients are we talking about? What are the range of services that you are attempting to fill for your clients?

Managing Director, Les Amis:

When I am talking about 70 per cent, I am focusing purely on the residential, in the group homes and the domiciliary care. What happened when we came into long-term care, we stripped out the residential 24/7 regulated activity to the domiciliary care activity. Those groups of people are around about 84. But in all we support around 150 people across the Island through residential respite and outreach services. We supply those 3 strands of support. When we are talking about 70 per cent, it is that core group that were in the old system and we have transitioned through. There are also issues about people that live outside Les Amis that receive respite. We are still waiting for some long-term care assessments to transition them into the buying position, so they can buy their own respite care.

Deputy G.P. Southern:

All right. But that has not yet been sorted?

Managing Director, Les Amis:

Not yet. That is another outstanding piece of work.

Deputy G.P. Southern:

As is often the case; respite care seems to be the bottom of the hierarchy. We will sort that later. It should be built into the system, otherwise carers start to breakdown.

Deputy J.A. Hilton:

Just to recap, you said you have 84 residents in group homes.

Managing Director, Les Amis:

Between the group and domiciliary. These are the people that were in the old system we have transitioned through. About 70 per cent of them are still outstanding with both pieces of paperwork needed to complete the loop.

Deputy J.A. Hilton:

You have 150 clients outside of that, with outreach and respite?

Managing Director, Les Amis:

No, that is 150 clients in all, which those 84 are part of.

Deputy J.A. Hilton:

In all, okay.

Deputy G.P. Southern:

The sort of services that you are providing in the group homes, say, include what, can you give us a picture of a typical support package?

Deputy J.A. Hilton:

How many? What the age range is in the group homes? How many group homes there are?

Managing Director, Les Amis:

I should have brought all my stats with me. Off the top of my head, group homes, we have 16 group homes that are regulated. There are just over 40 people living in those houses. The care packages range from quite low level stuff, which would be assisting with personal care in the morning, medication and some money management, all the way to the point of one to one support for everything, from personal hygiene, feeding, eating, everything. So, we go from quite average basic needs all the way up to quite complex. So, it would be quite hard to give a typical picture as the spectrum is so wide.

Chairman, Les Amis:

The age group would be 18 through to 70s.

Deputy G.P. Southern:

As far as the individuals who are in receipt of a package are concerned, would they notice any difference between those people who have not got paperwork done and those who have?

Managing Director, Les Amis:

To be honest with you, people who are supported by Les Amis are just happy to be supported by Les Amis. We have done everything we can to prevent any impact on those individuals. We have done all this work in the background and we have not dragged them through the process. It would be unfair on them. They get up on Monday and then on Tuesday something has changed, but it is just Tuesday to them. That is the way it should be. It is down to us to be dealing with these complex issues on their behalf. I would say more about the families that live outside and access support as and when required, those individuals probably understand the complexities of long-term care and are bemused and bewildered as much as anybody else. I have no doubt if you speak to family members that are going through the process, they will probably say: "It is the assessment we struggle with. How do we get the specific care provider we want when the social worker says:

'No, you can only have this one.'?" That goes against the whole idea of what the system is, which is this is your indicative budget, you now go out with choice and you buy your care from whichever care provider you choose.

Deputy J.A. Hilton:

Can I just ask you a question about domiciliary care? Would it be fair to say that pre-July 2014 when long-term care came in, your services were mainly around the group homes, but you have now expanded your service?

Managing Director, Les Amis:

No, we had both. We were given group money, which we then worked out care packages for individuals and reported back to both the Social Security Department and the Health Department how that money was being spent. So, they were aware of what we were doing.

Deputy J.A. Hilton:

So, you also provide 24-hour care in people's homes? On those complex cases, one to one, is that part of your service as well?

Managing Director, Les Amis:

Yes. So, we go into people's own homes. That can be a package of 5 hours a week up to 60 hours a week; again, all on individual assessment basis.

Deputy J.A. Hilton:

Yes, okay.

Senator S.C. Ferguson:

But it is not live-in?

Managing Director, Les Amis:

No. We have one or 2 cases where staff do live in, where the person lives in their own home. We have other cases where they do not live in. They turn up at a certain time and work with the individual to ensure they have equal access to the community, employment opportunities, that sort of stuff. Again, it is all done on an individual needs assessed basis.

Deputy J.A. Hilton:

As far as the group homes are concerned, are most of your clients in the group homes provided for by Social Security and long-term care? What I am trying to say is: have you got any private clients in your care at group homes?

Managing Director, Les Amis:

No. No, we have one person who is under curatorship, who pays for her own care, but she will only be able to that £52,000 and then she will be funded.

Deputy J.A. Hilton:

Okay. So, where you are providing domiciliary care and you are dealing with probably the parents of people that you are caring for, have they found any particular difficulties around finance and getting the packages in place?

Managing Director, Les Amis:

Just to clarify, with domiciliary care they will be over 18 and it will be their own homes in their own rights. We would not be dealing with parents.

Deputy J.A. Hilton:

Oh, right. You do not deal with the parents at all.

Managing Director, Les Amis:

We deal with the parents in regards to respite, yes. Because if the individual is able to hold down a tenancy and live in the community they obviously have capacity and they would have their own decision-making, because they are an adult.

Deputy J.A. Hilton:

Okay.

Managing Director, Les Amis:

We do work with parents in regard to respite.

Deputy J.A. Hilton:

Okay.

Deputy G.P. Southern:

You say that not all of the scheme is fit for purpose. You appear to be saying that that refers to the funding of the scheme. Would you like to explore that? What do you see happening, for example, with all these people who have not had the bits of paper and have not had their needs and therefore the costing assessed? What is that going to do in the short-term, if you get that by the end of the year.

Managing Director, Les Amis:

If I had a flip chart I could do a little diagram of what went wrong. There you go.

Deputy G.P. Southern:

We aim to please.

Managing Director, Les Amis:

If I can do it in a picture, it will be so much easier to understand. That was the vision that they had when they brought the law in. We fit in one of these boxes, care level 1, 2, 3, or 4. When you are assessed you fall into this bracket. That bracket then says: "This amount of money will cover your care." That person then goes to the care home and says: "I am a level 2 care need. This is how much I have got." The care home says: "Yes, we can deliver that." Brilliant. That is us, everyone in this room. Yes?

[10:30]

Les Amis and other providers similar to ourselves, such as Autism Jersey, brought in 2 new boxes for people who do not meet the threshold, and people who are over the top, level 4. Talking about domiciliary care, we support people in the community that would not necessarily need to live in a care home. They might only need 5 hours support a week. You pop in one hour a day, you go in, you check everything is okay, the tablets, money, that is all they need. The rest of the time they are quite independent and able to support themselves. As is right in proper society, that is what we should do, keep them safe. When their needs increase long-term care is there. We also have people who were born with disabilities and from the day they were born until they are 18 the needs are there, they become an adult the needs are still there. Their needs are going to increase. These individuals need more than what we would need, even at a level 4 residential care home, because they will need 24/7 support, they might even need 2 people every waking hour, sleeping support on a one-person basis. So, long-term care, when we look at the economy of scale, if you were going to open a care home, you would open a 40 to 60 bed care home, because this system here would pay for it and you would make a nice profit. That is why the private sector built these £1 million to £3 million houses and shot loads of people through. We have care homes with 4 people in them. There is no economy of scale. The social care model we have in Jersey is second to none and we should be proud of it, but it is going to cost money. So, people that live in those care homes need more than what we would need, even at the higher level of care. When we said this, they had not thought about it, because the law then got passed and we ended up with this end and this end not fitting, just did not fit. Social Security could pay everything in this box, but who would pay for that box and that box? Roll out the Health Department. The idea was for Social Security, the social worker would walk in, assess somebody, independent of the money,

because they would assess them on their needs, and then the person who does the care plan would walk away. If the needs went up it would get reassessed and it kept the neutrals. When we threw this in the mix, we then had Health paying for a service that Social Security should have been paying for, in terms of the law. I do not know if you have this in your pack, policy 1. Have you heard of policy 1?

Deputy G.P. Southern:

We have, just recently.

Managing Director, Les Amis:

Yes, and policy 2. So, they had to write policies to pay for this. Policy 1 would cover the guys who do not fit into long-term care. Policy 2 pays for the additional. This is the problem. It was an extra cog in a machine that did not expect it.

Deputy G.P. Southern:

That is where we have received some fairly woolly answers that Health will pick up the bill. It has made it certainly clearer for me. Can I discuss it a little bit more, the bottom end of that, the people who do not fit? I am very aware of, not just the long-term care system, the new scheme, but under the old scheme, if you qualified for income support, you had the impairment component, which could be said went some way into policy 1. Can we talk about those?

Managing Director, Les Amis:

That is complex enough. News flash, this bit here is apparently getting handed over to Social Security. Health are going to take that money and give it to them. I must be well-informed, because I have heard that this is going to be moving.

Deputy G.P. Southern:

We have heard discussion that there is some Health funding.

Managing Director, Les Amis:

That is still going to be sitting on the outside of it. Which means that we have a social worker making the assessment and then saying it is going to cost X amount of pounds. Then a High Cost Care Panel will sit and will let them know if they can spend that amount of money. That is a bit of a conflict of interest, I would say. That is the stuff that we constantly challenge, because the people we support deserve to have their needs met and it should not have a pound sign attached to it.

Deputy G.P. Southern:

Before we go any further, did you foresee this situation, did you foresee these problems back in 2013 when you started talking?

Managing Director, Les Amis:

Yes.

Chairman, Les Amis:

We had a meeting in September 2013. We came out of that meeting thinking we did not think they really understood a word. I went back to another meeting probably about 6 months later, where we almost replicated the same meeting we had in September. Then we probably did it again 8 months later. I lost the will to live at least twice in those meetings. Part of the problem was that they did not understand what we were saying. Perhaps we should have done the drawing then. The issue was that all these things were falling out of the system. We tried to take an old folks home system and make it work. For places like Cheshire Homes, ourselves, Autism Jersey, it does not work.

Managing Director, Les Amis:

If you look at the economy of scale, it is going to cost more. I do not think we really worked how much that would cost. If you think about Jersey, we live in a beautiful Island. We have problems like anybody else. If you go to the U.K., things like the Winterbourne Inquiry. The recommendations for Winterbourne was that the Government stated that they should go off and buy loads of houses, allow people to move in, so if they had to go back into hospital their home would not be taken off them. So, they were going to replicate something that we were already doing. It was going to cost millions and millions of pounds. We have a system. What we have to do is look after the system and we will have the best care package that somebody could have. Why would we throw that away for a few quid? In the long term what it would do is drag us back to things like Winterbourne. Is that what Jersey really needs right now? No, it is not. Let us just fix it. We are going to respite, talking about the old and new again. We have families that have the old system, they were getting £600 and something a month. It was quite clear they should not have spent it on anything but respite care for the child. Obviously families make ends meet, do they not? They are now being told: "If you come into long-term care, your child might get more money for respite, but you cannot spend it on anything but care." Because that is what long-term care is for, is it not, it is for long-term care and care only? So, we have families saying: "How will we cope if you take that money off us. But I also need respite to keep my child and home, because I need a break." So, what we have at the moment is those families receiving that benefit and they are receiving respite, because the Health Department block purchase it from us. They are still block purchasing respite care, as they did years before. We are saying: "You need to get the families into long-term care. You need to have that discussion with families. It is

uncomfortable, but you need to move from the old into the new. If you do not, we cannot keep on double-bubble, basically, paying twice. You are going to have more money, so you will be able to broker with whoever you want to broker with." Les Amis is in the open market like anybody else, so it is in our interest to deliver good care services, because if we do not nobody will choose us and we close. The families cannot do that because they have not been given the brokering power, because they are not technically fulling in the Long-Term Scheme yet.

Deputy G.P. Southern:

When you talk about £600, you are talking about the old scheme? Where the parents could spend, under income support, how you saw fit. If that was on a taxi ride that week, it was. It was yours to spend how you like.

Managing Director, Les Amis:

So, heating, lighting, food; families have become accustomed to that money in the household and now they are being told: "You should be in long-term care, but you can only spend the money on care."

Deputy G.P. Southern:

The question I have been asking people at Social Security, when they come to your door, where do you refer them? Do you say: "Go in and speak to the long-term care people or go in and apply through this system, which is the old system, for impairment."?

Managing Director, Les Amis:

It depends on which family we are talking to, you see, Geoff.

Deputy G.P. Southern:

Go on.

Managing Director, Les Amis:

Because if we are talking to families in the old system they are already getting respite because the social worker has said that person needs respite and they block purchase from us, so we have X amount of beds available. The social worker tells us this person is on respite. Then we have other families that are contacting us, phoning us, dropping us emails: "I really want to get respite but I have not got this done yet, I have not got my assessment." We will refer them back to Health and say: "You really need to chase your social worker because you cannot do anything until you get your assessment done, your care package is attached that will get you your budget." Then that paperwork gets sent to Social Security who will release the cash to approved providers, whoever that may be.

Deputy J.A. Hilton:

Is this why you have availability in Maison Allo?

Managing Director, Les Amis:

No, that is another ...

Deputy J.A. Hilton:

That is another story, is it? All right, you are bite back for one moment. **[Laughter]**

Managing Director, Les Amis:

I could be here all week. Yes, but you thought Star Wars was long.

Deputy J.A. Hilton:

Okay. Are some of the families who were in the old system getting the £600 a month? There must be some families who are resistant to going on to ...

Managing Director, Les Amis:

Yes. They are looking for an answer from the departments to say: "If I do not have this, how can I live? What are you going to do about how you are going to support me?" That is the dialogue that needs to take place because some families will live without it, some families will not. But these things should have been put in the mix at the time of taking this benefit from you and giving you this benefit and surely that should have been thought about at the time.

Deputy G.P. Southern:

You are saying that there are families out there either already in the system and being told that there is change or not in the system and are looking at it, literally saying: "Where do I go from here? Where is the help? Where is the assistance?"

Managing Director, Les Amis:

That is what I am saying, I am sure you will have family members that you will be speaking to that have experienced either good and bad and indifferent and they will only repeat a replica of what I have just said, that it can be quite confusing. To be fair, again to your colleagues in Health, it can be quite confusing to them trying to work out what is going on and what they have to do this week. What level, 6.5 or 6.4, what computer system are you using this week? Yes, but that is setting the picture really.

Deputy J.A. Hilton:

Can I just ask you about the High Cost Care Panel? It has been set up by Health, who reviews the cases that come in that have been looked at by the social workers with regard to funding. Are you aware of any cases that have been turned down by Health?

Managing Director, Les Amis:

Yes, yes, yes.

Deputy G.P. Southern:

The assessment says you have these needs and, therefore, this level of package and funding needs to go into your ...

Managing Director, Les Amis:

What happens is when you get the paperwork it will run down all the areas of individual's needs, so they will have access to community whatever it is and it will tell you what the needs are. It does not say how many hours or whatever and then that care assessment is given to the care provider and the care providers say: "Our hourly rate and to meet all of these needs, that is how much that care package would cost." You can imagine we get quite a lot going to the High Cost Panel and more often than not and probably about 98 per cent of those sort of cases, we are asked to see if we can do it a bit cheaper. Then we question the fact that if you need all these needs met, we need to have the staff available and we will review it as things go. But if you pay cheap, you get cheap and we are not willing to give a second-rate care package just because it is a bit cheaper.

Deputy J.A. Hilton:

Generally, those clients who are in the older section, are they generally looked after in their own homes or do some of them live in group homes?

Managing Director, Les Amis:

We have had cases where we have received care packages from private care providers and they have transitioned over to us. We have had cases where we have had people that are supported by Health and their special needs team and we have had 6 or 7 packages over the last couples of years transitioned over to us. Then you have people that are living at home that really want to move out or there is a crisis within the family unit and, again, those are the ones that we tend to have more conversations with because if they are moving out of a private provider, there is obviously an issue and that is why they need to move. If they are coming from Health that is because Health have other priorities. If they are at home and there is a crisis at home, then we end up with: "Can you do it a bit cheaper?" In fact we have one at moment that is ongoing, asking us to consider group savings that we could make to make the package a bit cheaper because it would not be approved at the High Cost Panel.

Deputy G.P. Southern:

That is frightening.

Chairman, Les Amis:

It is definitely wrong.

Deputy G.P. Southern:

It is definitely wrong.

Deputy J.A. Hilton:

Yes, it is. Can you give us some indication of the actual cost of the average care package for somebody who was going to the High Cost Panel, so we have some idea of what figure we are talking about?

Managing Director, Les Amis:

Just thinking now, we have 2 elements because obviously they had not thought about the co-payment because that is what we would pay the care providers for the heat and lighting and food. We will take that out because that is a separate issue. We could be talking anything from £1,200 a week to £2,000 a week.

Deputy J.A. Hilton:

Right, per week, excluding the co-payment hotel cost?

Managing Director, Les Amis:

But if you are talking about somebody who needs 24/7 care, yes.

Deputy J.A. Hilton:

Yes, okay.

[10:45]

Deputy G.P. Southern:

You have illustrated problems very clearly, where do you go next? Do you have any ... we want to be examining ...

Managing Director, Les Amis:

I am going to go to the pub because I have absolutely depressed myself. **[Laughter]**

Deputy G.P. Southern:

Yes, exactly, yes.

Senator S.C. Ferguson:

But if the pub is shut ...

Deputy G.P. Southern:

We will stick him in there, you have been doing this since 2013 and perhaps the message is going home. You have been promised that something will happen this year, what do you want to see more than expect to see?

Managing Director, Les Amis:

It is an ongoing piece of work with Health and that is the thing, that we do not give up; we keep on chipping away because if we do not they will change the computer systems again and we will be back to square one. Everybody that lives in a care provision should have a minimum of an annual review, so we want to get to the point where people are annually being reviewed, so the social worker is coming in as an independent and make sure that the person is getting a good level of care. But what we have at the moment is we have a bit of this going on, a bit of that and we are meeting about crisis in one case but forgetting we have this ongoing piece of work that is on top of the day job. What we need to see from Health is for them to stop, just take total account of what it is and give us a guarantee that this piece of work will be completed by this date, opposed to me having a file in front of me with that guarantee every year for the last 4 years.

Deputy G.P. Southern:

You have been doing crisis management, effectively.

Managing Director, Les Amis:

Les Amis got on with it and just made sure we are doing our job the best that we can do with the money that is coming in through people's benefits that they are entitled for. But we hope, when this work is done, we can move forward objectively, so when we have new cases referred to us we just have a referral with a care package that we can say: "That is how much it will cost" and they go: "Okay, we are happy with that." What we have now is: "That is what the person needs, that is what it will cost, we are not happy with that. That is what it will cost, can you make it cheaper?" That is how much it costs and it just goes back and forward, the person will go into crisis and then they move in eventually anyway. But in between that it could be up to 3 months of dialogue back and forward, back and forward, while that person is sat waiting to get a placement.

Deputy G.P. Southern:

That fundamental question, can you make this cheaper? Have you had to compromise in your standards?

Managing Director, Les Amis:

We would never compromise on standards but we have gone back on one or 2 cases and said: "We can pull in the purse strings a bit but no more than this." When we are saying "pull in the purse strings" you are talking a couple of hundred quid; it's not tens of thousands of pounds because we could not then deliver the care the individual needed.

Deputy G.P. Southern:

Right, and that takes on to a different area to start with, in my mind. I am always being reassured by the Minister for Health and Social Services that you have a healthy competition with 23 companies attempting to deliver domiciliary care or care packages, how do you see the market?

Managing Director, Les Amis:

It is open and there are care providers out there. The concern I have at the moment is there are some providers out there that will say: "We can support anybody" because they are looking for a contract, they are looking for money. When the elderly population grows, those companies will go and migrate towards that market because that market, with all due respect, is easier. The people we support are very complex and every day can throw you a curve ball but it is the nature of the people we support. Somebody who is elderly and just needs somebody to pop in or wants somebody to talk to or help with their medication, 9 times out of 10 there is going to be support of the person coming through the door because they need the help. We work with people that challenge us being there because of the nature of their disability. My concern is we have people now saying they can do it because they are looking for money but when there is plenty out there to pick from the people we support will drop off because I can earn £1,000 from Mrs. Brown or I can earn £1,000 from Mr. Blue. Mr. Blue has loads of complex needs and I only get about £300 profit out of that. I can make about £500 profit and she is very compliant and happy for to see my staff.

Deputy G.P. Southern:

That actually happened, that some of the complex needs people ended up in the private sector looking at ... or the Health Department tried to supply their needs through the private and it failed, did it not, I understand?

Managing Director, Les Amis:

Yes.

Deputy G.P. Southern:

Nearly 18 months, a year ago ...

Managing Director, Les Amis:

Where the private provider was delivering respite care for adults as well, they have stressed both ...

Deputy G.P. Southern:

Had to withdraw, they had said: "We cannot do this."

Managing Director, Les Amis:

That provider is still working and is still making money because there is other demand, the reason why that care home was built for elderly care. It is a totally different job; they are not much and much, they are poles apart.

Deputy G.P. Southern:

Yes, yes, thank you for that, yes.

Chairman, Les Amis:

Which is why we are working at the moment, as you probably know, unfortunately, the type of people we look after develops Alzheimer's and dementia at a much earlier age, and at the moment we are having to relinquish them to old folks' homes, which are totally unsuitable because it is a different kind of care. But all those dementia and the Alzheimer's is there, therefore, that is why we are trying to get this nursing home, which we are going to run, for our own residents who get dementia and Alzheimer's going forward, which will help the States anyway, who will take them out of the State health system on that basis; that is another thing we are having to deal with.

Senator S.C. Ferguson:

You have a building fund presumably.

Chairman, Les Amis:

We are raising money. The Jersey Homeless Trust are going to build a building for us; we will rent it off them and we are just having to raise for a lot of money for fitting it out.

Deputy G.P. Southern:

You say that it is like chalk and cheese, there are 2 different types of services. You are giving one type of service to a particular group, people with complex needs and the ageing society, so you are not in competition; other people you are in competition with for your particular sector.

Managing Director, Les Amis:

As I say, that my biggest concern is the private sector care providers who say they can look after people like this but the reality is they do not have the training in place. Some of them are not regulated, they are not under the approved provider until the Care Law comes out. We are regulated within an inch of our life. I wake up sweating thinking about regulation and, rightly so, because that is what it is there for; it makes sure people are kept safe. But there are people out there that are working with e-Learning, opposed to proper, good training and development and this is the bit that does keep me up at night, where you think we could lose a care package because we are not cheap enough and somebody has ticked a box that somebody is being cared for but there are different levels of care. I will keep on going back to things like Winterbourne, they were brilliant. When you walked through the front door, everything looked shiny and it was great. As soon as you walked through into the back area, and that was down to lack of staff training, reduction in salaries, looking at profit-making instead of putting in quality care, that is where it ends up. We know what is happening in the U.K. in regards to social care, it is on its knees; it is falling apart. We cannot allow that to happen in Jersey just to save a few quid. The ripple effect is just unbelievable, just scary if we allow that to happen.

Deputy G.P. Southern:

You have just mentioned reduction of terms and conditions, do you have to take on the change that Family Nursing went through in terms of their terms and conditions?

Managing Director, Les Amis:

Family Nursing started the journey we did, we just listened and got on with it and that is no disrespect to Family Nursing because they are in the open market and so are we. We increased what we gave our staff, we did not decrease it and only in the last couple of weeks we have received a silver award in investing in people status and the sixth-generation assessment, the only company in all sectors in Jersey who has managed to achieve that and went through the level 6 generation 6 assessment. We are doing that because we need to continue to progress and develop. Family Nursing, equally, could have stopped and went: "Let us start using time on our hands and do something about it internally" opposed to waiting until you hit the brick wall and you have no other choice and that is my personal view; that is my personal view.

Deputy G.P. Southern:

Okay, thank you for that but anyway ...

Deputy J.A. Hilton:

Maison, are we ready?

Deputy G.P. Southern:

Yes.

Deputy J.A. Hilton:

Yes, could we talk about Maison Allo in respite because ...

Managing Director, Les Amis:

Do you mind if I get some water because my throat is a bit dry?

Deputy G.P. Southern:

Beware of how you pour that because it does not pour ... actually a flower vase, I think. We still have not got it changed, can I log this on the record now because it needs to change?

Deputy J.A. Hilton:

Some panel members did go and visit Maison Allo when Les Amis invested in respite because I think at the time you were converting a garage into fully disabled.

Managing Director, Les Amis:

Yes.

Deputy J.A. Hilton:

My understanding is that you are not getting the clients coming through, so Maison Allo currently is under-utilised, is that ...

Managing Director, Les Amis:

Correct. Yes, it is shut 2 nights a week.

Deputy J.A. Hilton:

It is shut 2 nights a week now.

Managing Director, Les Amis:

Yes, Wednesdays and Saturdays.

Deputy J.A. Hilton:

Okay, Wednesdays and Saturdays.

Managing Director, Les Amis:

Yes.

Deputy J.A. Hilton:

Is that simply because the Health Department are not sending clients through to you?

Managing Director, Les Amis:

We have been told there is no demand for overnight residential respite for children.

Deputy J.A. Hilton:

I find that really difficult to believe.

Managing Director, Les Amis:

So do we, yes, but we can only work with our Health colleagues. We cannot get parents to come and pay for it. We cannot go out and say: "Come out and join us" because we are care providers, that would be a conflict of interest. We have worked with Health now for over 3 years, yes, to try and get to the bottom of the issue. Around about the time we started the dialogue they introduced a thing called short breaks and short breaks is the answer. If you have a child with a learning disability you can have 3 hours off a week and that will keep your family unit together and in the school holidays you can have 6.

Deputy J.A. Hilton:

Yes, that was my understanding, that was their basic package, was it not?

Managing Director, Les Amis:

Yes.

Deputy J.A. Hilton:

Everybody with a child who had special needs got those 3 hours but I find it really difficult to believe that there are not families out there with children with special needs who would not welcome a weekend off. Personally, I am really disappointed to hear that. Are you getting any feedback from, say, Mont a l'Abbe School, for instance?

Managing Director, Les Amis:

It was about 2 years ago we asked the Commissioner at the time, a Mr. Spicer, to arrange an open meeting at Mont a l'Abbe; it was not well attended. We have communicated with Mencap and other organisations to say: "Can you try and get the message out?" Bottom line, if you have to go through a social worker to access services, you can be directed to whoever. I mean it is out of our

control in regards to you can access, we are saying we are here but they still need a social worker to get that assessment.

Deputy J.A. Hilton:

It would be really interesting, especially with the media here today, that this message goes out to those parents who have special needs children, that they are being denied respite for whatever reason. Obviously we would welcome hearing from them because your facility is a fantastic facility and to be closed 2 nights a week just seems ridiculous.

Managing Director, Les Amis:

We have just applied for change of conditions in regards to the Maison Allo to make it an adult provision because it has got to the point where you have a handful of younger people, they are nearly 18, the majority of them and their dialogue is basically pushed along to the point of it demands an adult, so change of conditions to adult. We have said we will apply for it but we can equally apply to change it back but at the moment there is no ...

Deputy J.A. Hilton:

That is a little bit disconcerting though because I mean I understand what you are saying about the 18-plus but what about the under-18s, the children at Mont a l'Abbe, if you did that that means that there is nowhere else except Oakwell?

Managing Director, Les Amis:

And Eden, yes.

Deputy J.A. Hilton:

Eden as well but that is not fully disabled though, is it?

Managing Director, Les Amis:

It is not very nice but ...

Deputy J.A. Hilton:

No, but I am pretty sure it is not fully disabled, which your facility is and Oakwell is and that would be quite disconcerting, I think, to lose what few respite beds there are for children because you are not getting children referred to you. Okay, thank you for that.

Deputy G.P. Southern:

Okay, I notice we are getting towards the end of our session, even though we started a bit late. I hope you can bear with us a few more minutes. You say you are regulated to the hilt and that

some of your competitors, 22 companies, say they can provide care and so they have not been trained, how do we get people trained? Because I have this vision of the growing number of people in private health care, that is one of the growth areas, I think it is third or fourth in terms of we imported workers to do this, how do we ensure that the training has taken place and proper training can take place so that care packages mean care?

Managing Director, Les Amis:

Internally we send some of our staff away to do training trainers, so we could meet the needs of other staff.

Deputy G.P. Southern:

Your other staff.

Managing Director, Les Amis:

Yes, such as safeguarding, such like we have children and adult safeguarding trainers, MAYBO for challenging behaviours trainers, we have the trainers to come from the U.K. over. None of this is cheap but it is something you have to do.

[11:00]

But recently, I think in the last couple of months, Health have pulled a training framework group together to get all sectors to work together and come up with a standard that care providers were signing up to. I welcome that because if we sign up to a standard and we all meet it, then we know that if you go from care provider A, B, C, D you will get the same sort of trained and qualified staff as you would get anywhere else. At the moment it is a mixed bag, it is definitely a mixed bag.

Deputy G.P. Southern:

Okay. Right, I have just found 2 questions on our sheet here that I want to put to you, they are fairly general. Is the scheme an improvement on the arrangement pre-2014?

Managing Director, Les Amis:

In theory it is an improvement.

Deputy G.P. Southern:

In practice?

Managing Director, Les Amis:

It is getting better but in theory having an open market, having providers that are held to account because you can vote with your feet, you have the ability to go and purchase care and you can move from this private ... in theory, brilliant, absolutely brilliant but the reality is it is not working that way yet.

Deputy G.P. Southern:

The reality is that a social worker or somebody guides you through the system and points you in the direction A, B or C.

Managing Director, Les Amis:

Yes.

Deputy G.P. Southern:

Okay. But that level of training and skills for your clients are not widespread.

Managing Director, Les Amis:

I would not say in Jersey, no. Other people will challenge me and say: "Yes, we can do it."

Deputy G.P. Southern:

Yes, we can do it.

Managing Director, Les Amis:

I would quite happily challenge them back and say: "Prove it."

Deputy G.P. Southern:

Yes, we will be talking to some of them later in the week.

Chairman, Les Amis:

We invest very heavily in training, very heavily.

Deputy T.A. McDonald:

How long does it take the average care worker to go through all of the stages and whatever is required in this day and age, be fully competent and efficient and so on?

Managing Director, Les Amis:

It is a lifelong training cycle, to be fair but to give you a set, we have a 6-week induction, we have now advanced to 12-week. The first 6 weeks we have no staff working independently because we want them to learn from day one and that is at cost to the organisation but it is a cost worthwhile

spending, so the person feels supported and knows they can do the job when they have finished their induction.

Deputy T.A. McDonald:

That is the investment in the business as such.

Managing Director, Les Amis:

Yes.

Deputy T.A. McDonald:

But, as you say, they are lost to the system while they are in training, that is the reality and, fortunately, you can afford to do it but there could well be queries about other businesses who are just starting up or just moving through; that is going to be quite a financial drain on resources.

Managing Director, Les Amis:

Of course, yes.

Chairman, Les Amis:

We cannot afford not to do it.

Deputy T.A. McDonald:

No, exactly.

Deputy G.P. Southern:

That was the key element that was in the Ethical Care chapter, training must be provided not in your own time and not at your own expense adequately and ...

Senator S.C. Ferguson:

Do your terms and conditions for your workers include not treat trouble time as lost time?

Managing Director, Les Amis:

No.

Senator S.C. Ferguson:

They just get a flat rate and that is ...

Managing Director, Les Amis:

If they have to travel from A to B they are paid for ... because they are on a contract for 35 hours, they work for 35 hours. If 2 or 3 hours of that week is travelling from A to B, then they are still at work and you are going to do work, yes. No, we would never ever ... that is added to the injury, yes.

Deputy G.P. Southern:

They are not doing it blind or looking after grandkids.

Managing Director, Les Amis:

No. But I know there are private sectors, care providers that do do that.

Deputy G.P. Southern:

Yes, they were looking at it. I think I am bringing you back to the very beginning where you said that the system is not fit for purpose. If you talk about financial sustainability of the system as it is currently structured, what would you say, is it financially sustainable?

Managing Director, Les Amis:

I think that is what you guys, politicians, should be coming up with answers. I do not know how much money you have in the coffers. I know how much it costs to care for somebody but I do not know how much you have in the bank to sustain that. But I do know that it comes out of my salary every month and I know that there is no cap on it. I will wait to hear from you in due course if it is sustainable or not.

Deputy G.P. Southern:

Okay, and we will try and provide you with some sort of an answer at some stage, I hope. Is there anything ...

Deputy J.A. Hilton:

Yes, could I just ask a question about your clients who are on long-term care, what happens in the event that they inherit from their parents?

Managing Director, Les Amis:

We assist them to make that disclosure to Social Security and then they reassess their financial status.

Deputy J.A. Hilton:

In the same way as they would for anybody else.

Managing Director, Les Amis:

Yes.

Deputy J.A. Hilton:

Because it is a means-tested benefit, so basically if they inherited over the means-tested something, then presumably have to pay for their own care.

Managing Director, Les Amis:

Yes, we have a certain individual who is in that situation now and when they hit the cap, then what they have left will be theirs and then to establish receiving their care to be paid for again.

Deputy J.A. Hilton:

Yes. There is just another question I wanted to ask you about, your clients who are funded by the Long Term Care Fund, what is the actual sum of money they are left with at the end of the week? I am talking in the group homes.

Managing Director, Les Amis:

In the residential, yes.

Deputy J.A. Hilton:

Yes.

Managing Director, Les Amis:

In the residential I think they get an allowance of about £136 a month.

Deputy J.A. Hilton:

A month.

Managing Director, Les Amis:

Yes.

Deputy J.A. Hilton:

I thought it was around that sort of figure.

Managing Director, Les Amis:

When you have people living in the community with the Housing Allowance and such like, it varies; some people are better off than others.

Deputy J.A. Hilton:

Yes, okay.

Deputy G.P. Southern:

Okay, yes. But if we are treating them like the rest of society, yes, they would be in the cash and disposable income grade than what you are talking about, yes. The final question, as ever, is did you come here to say something that you desperately wanted to say and we have not asked about? Is there anything else you want to add to what you have contributed so far, for which I thank you already?

Managing Director, Les Amis:

I think I have given up talking about it really. As I say, in theory it is a great system, the complexity of it and everything else. I take my hat off to the people that have to bring it through and then I wonder why the former Minister for Social Security stood down straight after it came in but I hope they will not quote me on that one but ...

Deputy G.P. Southern:

We can only speculate.

Managing Director, Les Amis:

Yes, we can only speculate; maybe he saw the writing on the wall. But, yes, I think the one thing, as an Island, we cannot do is worry about pounds, shillings and pence when it comes to care. We need to concentrate on protecting the vulnerable people in our society and if we lose sight of that then we know how that ends up and it has an ongoing ripple effect; it costs a lot more money in the longer term.

Deputy G.P. Southern:

Absolutely, yes, that is true, so it is short-term spend to stay in long term.

Deputy T.A. McDonald:

What a joy to hear those words.

Deputy G.P. Southern:

Mr. Norman, would you like to add anything to that?

Chairman, Les Amis:

No, I am absolutely fine. I think we covered everything that we wanted to cover.

Senator S.C. Ferguson:

If you think of something when you get outside the door, just come back to us, please.

Chairman, Les Amis:

We would not hesitate.

Managing Director, Les Amis:

I will sign this and to go to the highest bidder [*pointing to the flip chart diagram that was drawn*].

[Laughter]

Senator S.C. Ferguson:

We will raffle it, yes.

Managing Director, Les Amis:

Yes, we can raffle it.

Deputy G.P. Southern:

That is right, in 5 years' time you can put I told you so.

Managing Director, Les Amis:

Yes. No, I have loads of red files like this that is full of I told you so letters.

Deputy G.P. Southern:

Yes, I am sure. Thank you. Thanks for your time.

Managing Director, Les Amis:

Yes. No, thank you.

Deputy J.A. Hilton:

Yes, thank you very much indeed.

[11:07]