

## **POLICY COUNCIL**

### **THE SUPPORTED LIVING AND AGEING WELL STRATEGY**

#### **1. Executive Summary**

- 1.1 Long-term care services in the Islands are broad in scope, but limited or under-developed in a number of key areas.
- 1.2 Information about long-term care services and how they work together is limited and poorly understood and this, coupled with deficiencies in their coordination, can impact adversely on the experiences for those Islanders in need of them. Service delivery is generally not 'person-centred'.
- 1.3 The ability of Islanders to exercise choice about how and where they receive care and support is limited by an over-reliance on bed-based care in residential and nursing homes, and the under-development of community services and supported housing options.
- 1.4 Partly due to current funding arrangements, there is over-reliance on the States as the provider of community-based services and under-development of the third sector as a service provider.
- 1.5 Like the services themselves, the funding arrangements for long-term care have evolved in a piecemeal and haphazard manner: generating confusion for service users, limiting the development of private and third sector services, and working against the informed exercise of choice and the maximisation of personal independence.

- 1.6 The recipients of care and support are not sufficiently involved in decisions that affect them. They may also experience, however inadvertently, ageism and discrimination.
- 1.7 Carers' needs are not well-understood or appreciated.
- 1.8 The adverse effects of loneliness need addressing.
- 1.9 Long-term care services are expensive to provide and will only become more expensive over time as the Islands' populations age, and the incidence of older people with multiple health conditions (co-morbidities<sup>1</sup>) increases.
- 1.10 Neither the health and social care system nor the means by which it is funded are sustainable, and doing nothing is not an option.
- 1.11 It cannot be assumed that the issues surrounding long-term care in Alderney are the same as those in Guernsey.

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<sup>1</sup> Older people are more likely to require health and social care services, and where they do require services are likely to have multiple pre-existing conditions (co-morbidities). This could for example include situations in which an older person has a fall and breaks a hip but already has diabetes, or where someone has a heart condition which requires treatment but also dementia. This combination of care needs can complicate and increase the cost of care and support provision. Due to increases in medical technology, younger adults with previous life-limiting conditions are also living longer into adulthood and old age with complex needs.

1.12 Strategic planning to identify how best to meet future care and support needs is under-developed, and hampered by the unavailability or inaccessibility of relevant data, and a lack of skills in areas such as market development and commissioning.

1.13 These are the key findings of a 2-year project to develop a **Supported Living and Ageing Well Strategy (SLAWS)** for Guernsey and Alderney. Undertaken by a specially-constituted inter-departmental working party, the Strategy sets out four key changes that are necessary:

- A better resourced and developed strategic planning function
- The addressing of social attitudes towards care, disability and ageing
- The reconfiguration of health and social care services to provide a greater emphasis on community-based, person-centred services (including those provided to carers)
- A radical overhaul of the funding of long-term care services and the operation of the Long-term Care Insurance Scheme in particular

1.14 The Working Party's report (see Appendix I) makes no fewer than 29 recommendations to address the issues identified by its research.

**1.15 The Policy Council has carefully considered the Working Party's research and asks the States to endorse all of the recommendations outlined in its report.**

- 1.16 The Policy Letter includes a detailed and prioritised implementation plan with an *indicative* timetable to show how different elements of the Strategy could be progressed between 2016 and 2019. This identifies areas where action is recommended to be taken immediately and other areas that require additional research and/or consultation, some of which will require further consideration by the States at a later date.
- 1.17 To support its delivery, this Policy Letter outlines proposals for funding and resourcing different elements of the Strategy, the majority of which are dependent upon the allocation of funds from the **Transformation and Transition Fund**. The Policy Letter also outlines the need for appropriate governance arrangements to be established to progress the Strategy under the new political structure from May 2015.
- 1.18 Currently, around 2,000 residents of Guernsey and Alderney will be receiving some form of long-term care at any one time. Across all services and social security benefits, long-term care costs the States around £50 million per annum. Without the changes referred to above, it is projected this cost will rise to over £100 million over the next 20 years, as the number of older people (who are the largest ‘consumers’ of long-term care services) increases.
- 1.19 It is, therefore, imperative that the States commits the appropriate resources to the implementation of the Strategy, for without appropriate resourcing services will continue to be delivered as they are today, costs will continue to escalate, and individuals will be looked after,

but not necessarily in the right settings, with attendant implications for their independence, health and wellbeing.

## 2. Introduction

2.1 On behalf of the Policy Council, the **SLAWS Working Party** was established in late 2013 to review the provision of long-term care and support services<sup>2</sup> provided to adults over 18 years of age in both Guernsey and Alderney. The Strategy covers all areas of long-term care, considering how best to support people who:

- live at home and who are cared for by their family or friends;
- are cared for by community services delivered into their own homes;
- are cared for through supported living options, such as sheltered and extra care housing; and
- who live in residential and nursing homes or in a hospital-based setting, or in long-term off-Island placements.

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<sup>2</sup> The Working Party agreed that it is the requirement for care and support by an individual that defines long-term care, not the place or situation where that care and support is provided. It encompasses a wide range of formal health and social care services, as well as the care provided by unpaid family members and other informal helpers, and is distinguishable from acute care as it is provided to individuals with enduring needs, including chronic, disabling conditions or impairments, who need help on a permanent basis.

- 2.2 The Working Party<sup>3</sup> has been chaired by Deputy Harwood and formed of political representatives of the Treasury and Resources, Housing, Health and Social Services, and Social Security Departments. The Working Party has been advised and supported by staff from the Policy Council and those departments. In addition, the Working Party has tested its thinking with a **Public Engagement Steering Group**, formed of representatives of Ageing Well in the Bailiwick<sup>4</sup>, the Guernsey Disability Alliance<sup>5</sup> and the States' Champion for Disabled People.
- 2.3 The findings of the Working Party's research are outlined in detail in the accompanying research report, which is attached as **Appendix I**. This report describes the current provision of long-term care and support services in the Islands; the number of service users and sources of funding; and describes areas where gaps in services have been identified and where services could be improved. The research report also includes a detailed section outlining ways to fund long-term care and support in a more sustainable way to meet future demands.

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<sup>3</sup> The Terms of Reference for the Working Party are reproduced in Appendix B of the research report.

<sup>4</sup> Ageing Well in the Bailiwick is a group brought together by the Guernsey Community Foundation which consists of representatives from organisations working with older people, from the private, voluntary and public sectors.

<sup>5</sup> The Guernsey Disability Alliance includes representatives from more than 30 local disability charities, plus individual disabled people, their families, and the professionals who support them.

### 3. Strategic and Policy Context

#### Links to other areas of States' policy

- 3.1 The Working Party's research report sets out the strategic context in which the Strategy has been developed.
- 3.2 In particular, the research report (Section 1) describes how the Strategy aligns with the States Strategic Plan and is a key part of the **Social Policy Plan**. It also highlights important links to the work of the **Disability and Inclusion Strategy**<sup>6</sup> and the **Mental Health and Wellbeing Strategy**<sup>7</sup>; in particular, in relation to the need to develop or reconfigure services where the strategies share common aims.
- 3.3 In addition to those named above, the Strategy relates to other areas of States' policy; namely:
- The Strategic Land Use Plan and the Island Development Plan;
  - The States Housing Strategy;
  - The Health and Social Services Department's '2020 Vision' for the future of health and social care;
  - The Children and Young People's Plan (CYPP); and
  - Planning a Sustainable Future - the Personal Tax, Pensions and Benefits Review.

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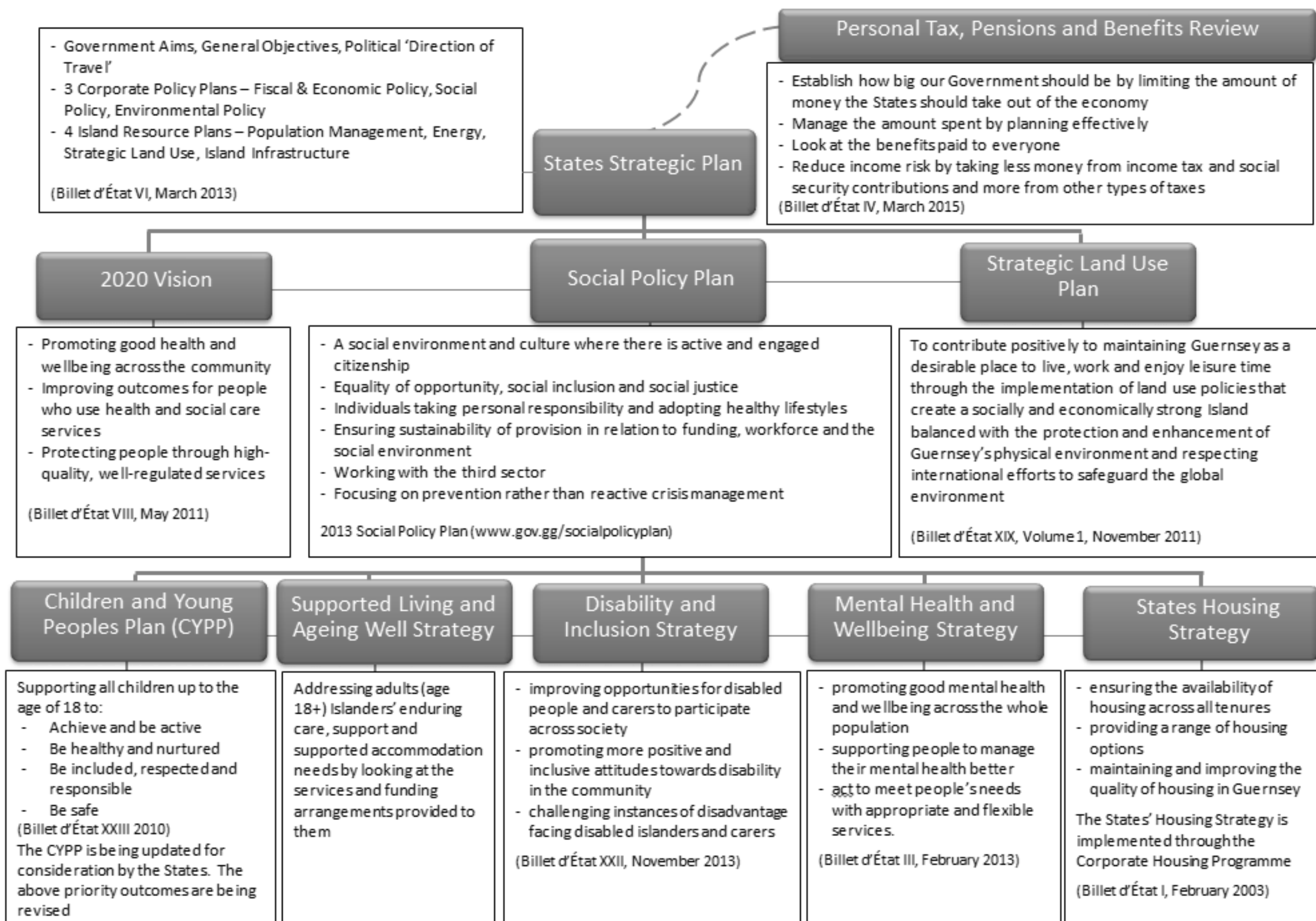
<sup>6</sup> Policy Council – '*Disability and Inclusion Strategy*' – Billet d'État XXII, November 2013.

<sup>7</sup> Health and Social Services Department – '*Mental Health and Wellbeing Strategy*' – Billet d'État III, February 2013.

- 3.4 Figure 1 which follows provides a high level summary of the strategic links that exist between this Strategy and other areas of key States' policy.
- 3.5 Although the links between this Strategy and the **CYPP** are, at first sight, less apparent than in other areas, the feedback received during the consultation processes on both strategies has highlighted the need to focus on the **transition** between child and adult services.
- 3.6 In addition, it is important to acknowledge that whatever can be done to assist Islanders to lead healthy, active and safe lives as children and young people will pay dividends in later life; in particular, it will reduce the number of people requiring long-term care through poor lifestyle choices. Healthy eating, exercise, and not smoking are all habits that can be established in younger years and carried through into adulthood.
- 3.7 In the new political structure, the Policy and Resources Committee will be responsible for ensuring that there is efficient and effective coordination between all these different areas of States' policy, to avoid duplication of effort and resources.



**Figure 1: Strategic links with the SLAWS and other areas of key States policy**



## 4. Strategic Framework

- 4.1 Section 1 of the Working Party's report sets out the Strategy's '*Purpose*', its '*Vision*', the '*Priority Outcomes for individuals with care and support needs and their carers*', and the '*Priority outcomes for the community*'. Together, these statements set the high level strategic framework, which is reproduced below<sup>8</sup>.

### Purpose

With regard to the care and support needs of adult (18+) Islanders to identify:

- What care and support services are needed
- Who should provide them
- How they should be funded

### Vision

To have an adaptable and continuously improving care and support system that is fair, person-centred, enabling and sustainable.

### Priority outcomes for individuals with care and support needs and their carers:

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<sup>8</sup> The strategic framework was amended to reflect feedback received during the public consultation, to recognise more explicitly the need to balance improved outcomes for the individual with effects on the community as a whole, as set out in Section 1 of the research report.

1. **Person-centred:** to have their care and support needs considered holistically and addressed by a comprehensive, multi-sector coordinated approach rather than through piecemeal service provision and support. Care and support provision should be sensitive to the individual's context, their existing social network and relationships, interests, and life goals.
2. **Dignity, peace of mind and safety:** care services should be safe, regulated, and high quality. Support and advice should be available to those who have concerns about their own safety, dignity and wellbeing, or that of someone they care about, together with appropriate safeguarding for all 'adults at risk'.
3. **Informed and included in decision making:** all adults should be supported to exercise as much self-determination as possible, and have opportunities to make informed choices. This can range from simple day-to-day choices about what to wear, to important life decisions about where to live and who to live with.
4. **Reach health and wellbeing potential and prevent avoidable deterioration:** all adults with care and support needs and their carers should be supported to achieve the highest possible standards of physical and mental health in their day to day lives.

Priority outcomes for the community:

- I. **Financial sustainability and affordability of care and support in the medium to long term.**
  - II. **Strategic, evidence-based, and effective continuous development:** service development will be evidence-based, effective and respond to strategic pressures for change.
  - III. **Partnership working within and across the Islands:** a partnership culture will be established whereby the public, private and third sectors, service users, and their carers can each contribute to service delivery developments; including sharing aggregated and personal data appropriately.
  - IV. **Inclusion of all people with care and support needs in community life:** all individuals, no matter what age or disability, should be fully included in community life. Social, physical, psychological and financial barriers should be addressed where possible.
  - V. **The care sector should be a good place to work:** care staff should be supported, respected and assisted in their career development.
- 4.2 In addition to the above, Section 8 of this Policy Letter asks the States to commit to nine '*strategic commitments*' necessary to ensure the effective implementation of the Strategy.

## 5. **The Review**

### *Background to the research*

- 5.1 To aid the development of the Strategy, the Working Party has carried out detailed research into the wide range of long-term care and support services – in particular, within the public sector. Much time has been spent collecting and analysing data in order both to evaluate current services and to inform future policy-making and service development.
- 5.2 In addition to those persons and bodies named in paragraph 2.2, the Working Party recognises the valuable input, via consultation and other means, of a wide range of health and social care professionals, service users and others who have contributed to the development of the Strategy. The Working Party's research has been informed by expert advice; internal research; and public engagement and consultation; as described in detail in the Working Party's report.
- 5.3 Of particular note are:
- (i) the report of an external adviser, Melinda Phillips<sup>9</sup>, which identified changes that should be made to the current health and social care system in Guernsey to provide better services to Islanders; and

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<sup>9</sup> The Policy Council engaged Phillips to identify changes that should be made to the current care system in Guernsey to provide better services to Islanders.

- (ii) a consultation document issued in June 2015 outlining the background to the Strategy, which invited comments, feedback and evidence to help guide its development. (The consultation document is available from [www.gov.gg/slaws](http://www.gov.gg/slaws))

#### 5.4 The consultation document:

- provided an overview of existing care and support services in Guernsey;
- highlighted the challenges in delivering care and support services in the Bailiwick;
- focused on the delivery of services, the range of services provided, and the role of the public sector in service delivery;
- provided a summary of the range of issues under consideration by the Working Party; and
- discussed and offered possibilities of the ways in which services could be funded.

5.5 Over 300 online survey and written responses were received to the consultation, which ended on 22<sup>nd</sup> July 2015. A detailed summary of the findings of the public consultation document can be found at Appendix D of the Working Party's research report.

5.6 An assimilation of evidence from the Policy Council's own research; the research carried out by Phillips; the outcomes of the public consultation exercise, together with the input from the Public Engagement Steering Group; are all brought together in the research report and have been used to inform the development of the Strategy.

## Overview of the Strategy

- 5.7 The Strategy recognises that the Islands' populations are ageing and that our society is changing. This is for a combination of reasons, including the fact that the Bailiwick's largest ever generation, the 'baby-boomers'<sup>10</sup>, has recently reached, and is approaching, retirement. Whilst it is good news that advances in public health, and health and social care, mean that most Islanders are likely to live longer than their parents and grandparents and will maintain active, healthier lives for longer than previous generations, this also presents the Islands with a significant challenge. It can be predicted with some certainty that there will be more people over pensionable age and fewer people of working age in the decades to come.
- 5.8 Although not all individuals of pensionable age will give up work<sup>11</sup>, it remains a truism that because the services delivered by the States are paid for from taxes, a reduction in the working age population will result in a reduction in tax revenues; and because older people are more likely to have long-term care needs, the cost of delivering services will increase while the funds available to pay for them will decrease. This demographic change – which is already upon us - has wide reaching implications for our community, our economy, and our government, and is one of the primary drivers behind the need to develop this Strategy.

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<sup>10</sup> An explanation of this term - and all the others used in the Working Party's research report and this policy letter - can be found at Appendix A of the research report.

<sup>11</sup> And many will contribute to society in other ways, whether through volunteering or caring for relatives.

- 5.9 In its research, the Working Party focused on reviewing existing services and identifying any shortfalls or deficiencies in provision or service delivery. This was achieved by carrying out an audit of existing services to understand better the number of individuals accessing care and support; the costs attached to different elements of the current system; and their present funding mechanisms. The Working Party also engaged external assistance to help identify gaps in provision and consulted widely within the Islands to understand better where improvements can be made.
- 5.10 Although primarily focussed on service provision, the Working Party's research identified that attention needs to be given to the more subtle ways in which social attitudes can affect the lives of people with long-term care and support needs. The needs of carers have also been identified as a priority for attention, Guernsey being the only member of the British Irish Council not to have a dedicated Carers' Strategy.
- 5.11 Islanders have consistently voiced the opinion that, given the choice, the majority would prefer to receive long-term care and support in their homes (or in a supported housing environment) rather than in a residential home. However, although this has been known for many years and some efforts have been in recent times to develop supported housing options – the extra care housing at Le Grand Courtil and La Nouvelle Maraitaine being prime examples - the Working Party found that whilst there are services that are available to support people living in the community, these are relatively under-developed. Instead, the health



and social care system continues to place a greater emphasis on high intensity bed-based provision of care. While residential care will continue to have its place - albeit that it probably needs to become more specialised - the current bias towards institutional care needs to be rebalanced by improving the availability of care in the community in its various forms, (though all forms of care are likely to need to expand in coming years to cope with increasing demand).

- 5.12 As the Islands' changing demographic profile begins to place heightened pressure on the funding of services at a time of increasing demand, the research report looks extensively at ways to fund sustainably the provision of a full range of long-term care and support services in the future. Ways to mitigate against increasing long-term costs are identified, and the report advocates the value of investing in preventative measures to help contain future escalating costs, wherever possible.
- 5.13 Throughout, the Working Party's report recognises the need to balance improved outcomes for the individual with the effects on the community as a whole. In particular, the Working Party identifies the need to rebalance what is paid for by the States and what is paid for by the individual receiving care. Hence the overall Vision: **to have an adaptable and continuously improving care and support system that is fair, person-centred, enabling and sustainable.**

*How changes in service delivery can benefit service users and their carers*

- 5.14 Boxes 1a and 1b which follow include a fictional example which sets out two very different models of service provision, and shows how the more integrated model of care espoused by this Strategy (described in Box 1b) has positive benefits for improving the day-to-day quality of life of both the individual with long-term care and support needs and the person who cares for them.
- 5.15 This idealised example is not intended to describe existing provision in the Islands or to prescribe ways to enhance existing services.

### ***Box 1a. Harry and Edith***

***Harry (79) and Edith (77) live in an old Guernsey cottage in St Peter's where they moved after they got married. Their son (Mark) and daughter (Karen) have both moved to the UK where they are settled and cannot come back frequently.***

#### **Scenario one:**

In 2010, Harry was admitted to hospital after a fall. When Harry was fit to be discharged he was sent home, but no one enquired about whether Edith would be able to cope looking after him. Since he was struggling with the stairs, Edith arranged to move the bed into the sitting room. Whilst there was a toilet downstairs which Harry could get to with a bit of help, the bathroom was up stairs and Harry was reluctant to attempt to climb them. Harry depended on Edith to help him wash, go out, drive, do the shopping, cook, and do any lifting or carrying.

Whilst Edith had been a regular attender at W.I. meetings and enjoyed playing euchre with friends, she did not like leaving Harry on his own in case he fell again, so increasingly she stopped socialising to care for Harry.

Edith had been feeling stressed, anxious and down, and went to see her GP who gave her anti-depressants and diagnosed her with high blood pressure. Whilst the GP helped with her health, he did not ask how she was coping with caring for Harry.

***Box 1a. Harry and Edith (continued)***

Earlier this year whilst Edith was out doing the grocery shopping, Harry had another fall. He ended up in hospital again and was no longer able to stand up on his own easily. Harry was discharged home, as Edith was insistent that she could cope with looking after him. However, Edith became unwell and their daughter Karen, who was concerned, flew over to help.

Karen contacted community services for help. When they undertook an assessment they found that Edith was no longer able to go out to the shops or get Harry out of bed, and that caring for him was having a detrimental impact on her health. The house was not suited to adaptations such as hoists, which would help Edith to care for Harry. A social worker assisted in finding a place for Harry at a residential care home and Edith now visits him regularly.

Fictional illustration inspired by 'Two different stories of caring' from the National Collaboration for Integrated Care and Support (2013) *Integrated Care and Support: Our Shared Commitment*, Available at:

<https://www.gov.uk/government/publications/integrated->

### ***Box 1b. Harry and Edith***

***Harry (79) and Edith (77) live in an old Guernsey cottage in St Peter's where they moved after they got married. Their son (Mark) and daughter (Karen) have both moved to the UK where they are settled and cannot come back frequently.***

In 2010, Harry was admitted to hospital after a fall. When Harry was fit to be discharged a member of the discharge team undertook a carer's assessment to talk to Edith one-to-one about how she could cope with caring for Harry. It became clear that there would be some difficulties for Edith caring for Harry in their current cottage. After this they met with Edith and Harry to discuss what support she might need to look after him at home. Edith and Harry were offered a short-term placement in an extra care flat with a programme of physiotherapy to help Harry to regain his confidence in moving around the flat. Within the flat, with the aid of some equipment, he was able to prepare himself basic meals, get out of bed, and shower by himself. He could even go down to the café in the extra care housing complex.

After a week living in an extra care flat, Harry and Edith saw the potential benefit of changing their environment and decided that they may need to consider moving house to somewhere which was more accessible.

Karen came to help Edith with preparations; and the staff at the extra care scheme directed them to a helpful information service, website and booklet which outlined the available options. Staff at the information service talked through the options with them. Since Harry was now mostly self-sufficient,

***Box 1b. Harry and Edith (continued)***

they decided that they didn't yet need to be in an extra care facility permanently and looked instead at sheltered housing. Edith and Harry found an accessible flat in a sheltered housing complex and Karen helped them to move house.

Through the information service they found out about some services that could help them: they had a 'Lifeline' telecare system fitted, so Edith could go out and know that if Harry fell again he would be able to call for help easily; Edith also undertook a course on using an iPad and learnt how to SKYPE Mark and Karen. Edith and Harry knew some of the other people who lived in the sheltered housing complex and they met with them regularly for meals, games and outings. Harry knew that he could ask his neighbours for help if he needed to without having to go outside or tackle any steps.

When Edith was diagnosed with high blood pressure her GP surgery provided her with information on a walking for health group, she was visited by a Health Visitor to help her to plan her diet, and her health started to improve again.

After his physiotherapy Harry remained reasonably active and confident, but he still struggled with going out shopping on his own, and lifting and carrying heavy items. When Edith went down with a bad chest infection the GP came to visit and asked Harry and Edith how they were coping. The GP referred Harry and Edith to community services for some temporary support with shopping, hot meals and getting Edith out of bed in the morning. Edith recovered, and she and Harry were able to remain living in their apartment.

### Key areas of the Strategy

5.16 The Working Party has put forward a raft of recommendations in response to its findings, which are designed to facilitate wholesale changes to the ways in which services are currently delivered to provide person-centred care. It identifies major service improvements to ensure that the services are more *customer-focussed*, *efficient* and *sustainable* for the future.

**5.17 The Working Party believes that in order to align provision with the strategic direction identified and outlined in its report, significant changes need to be achieved in the following four key areas:**

- 1) Enhancing resources to plan effectively how to meet the needs identified by the Strategy and to develop effective partnerships with the private and third sectors (*Section 3 of the research report*)**

*"We are glad that the Strategy acknowledges from the outset that there will be a need for real partnerships between the States, the private sector and the voluntary sector if major change is going to be achieved. Our members have emphasised that their relationship with the States does not feel like real partnership at present – there is a lack of information-sharing and involvement in service planning. This will need to change considerably in order for partnership working to be effective."*<sup>12</sup>

**Ageing Well in the Bailiwick**

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<sup>12</sup> This quotation was in response to the public consultation.

*The States of Guernsey should take a strategic role in developing a “care community” working in partnership with the private and third sectors. This will involve effective data gathering and analysis; providing information to the public; regulation of care services; analysis and development of the relationship between different services in order to improve coordination; and effective linking with other key areas of strategic policy.*

The relationships between the States, the private sector, the third sector, and carers are complex – forming a network of provision for individual Islanders. How the different organisations and people involved in the ‘care community’ work together is key to effective and efficient service delivery.

The Working Party has identified that there is an absence of strategic oversight in the ways that services work together: to develop the capability to model and project need levels, and to initiate and coordinate change, not only across the States but also with the private and third sectors. To address this, the Working Party recommends that a strategic planning function should be established to support the effective implementation of the strategic planning, market development, and commissioning aspects of the Strategy.

**2) Addressing a range of societal issues affecting attitudes towards those with care and support needs**  
*(Section 5 of the research report)*



*“Staff talking to elderly residents as if they are small children rather than intelligent adults who just happen to be a bit older is one of my bugbears. It happens far too often. I tell them frequently that I may be old but that doesn't mean I'm stupid.”*

**Respondent to the public consultation**

*Attention must be given to addressing ageism, and ensuring disabled people and their carers are socially included. Community approaches to loneliness should be explored. It is important that care and support is enabling and supports people to live meaningful lives and that care and support are not seen as simply doing things for people.*

In a Strategy of this nature, it would be easy to focus on the obvious areas of service provision and funding, and to neglect the less tangible issues about how individuals are treated by society and by those who deliver health and social care services. To avoid this, the Working Party report recommends that attention needs to be given to the more subtle ways in which societal attitudes and assumptions affect people's lives, and how community expectations can limit their opportunities.

It also advocates: considering ways to address loneliness; and ensuring that attitudes within the care sector focus on maximising the independence of people with care and support needs.

### 3) **Focusing on a number of areas where services can be reconfigured**

*(Section 6 of the research report)*

*"I have been a carer for less than a year. During that time no-one has discussed any of the types of respite care with me. I was not aware that they were available. I feel angry and frustrated that these services were not made known to me or the person I care for."*

**Respondent to the public consultation**

*The Working Party's research has identified that services need to be developed in all areas including care homes, supported living services and care in the community. However, areas for immediate priority action should include expanding support for informal carers<sup>13</sup> (including short-break services); establishing a re-enablement service to help people to regain independence after being admitted to hospital; and establishing a proactive care coordination service where a single point of contact can case manage an individual's care where they are receiving care from multiple providers, in order to ensure that the approach is effectively joined-up and that individuals are aware of all of the services open to them.*

To achieve the above will not only require changes to the ways in which individual services are provided, but will also necessitate detailed consideration about

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<sup>13</sup> 'Informal care' refers to the unpaid care and support provided by family and friends.

the ways in which services can become better coordinated and integrated to support the delivery of high quality 'person-centred' care. As described, this is predicated on a major shift in provision, away from the current emphasis upon care being delivered in institutional bed-based environments which engender dependence, towards independence, with care and support being delivered in community settings, wherever possible.

In particular, of fundamental importance to the delivery of this part of the Strategy will be the wider transformation of health and social care (see Section 8 of this Policy Letter); to ensure that care and support services become better aligned to meet peoples' needs; to improve the availability and range of care in the community, with a renewed focus on services that promote 're-ablement' of individuals following a crisis event or period of time in hospital; and for there to be a wider availability of supported living options.

**4) Addressing the strategic funding issues, in particular, taking action to improve the sustainability of the Long-term Care Insurance Fund**  
*(Section 7 of the research report)*

*"I am disabled with a genetic progressive illness and I do not want to be one of the elderly people left to sleep in a chair all day in a home and charged handsomely for the privilege. Why can't we stay in our homes with our friends around us in an area we are happy."*

**Respondent to the public consultation**

*The funding structure should be sustainable and should balance the mitigation of financial risk to the individual against the tax burden on the wider community. A three-stage approach is recommended by the Working Party: firstly, by increasing Social Security contributions by at least 0.5% from 1<sup>st</sup> January 2017; secondly, by increasing an individual's long-term care co-payment for residential and nursing care (in order to cover their living and accommodation costs); thirdly, by expanding the scope of the Long-term Care Insurance Scheme to allow Long-term Care Benefit to be used to purchase domiciliary care in individuals' own homes and in supported housing options, together with exploring the possibility of introducing personal budgets. The Working Party also recommends that, throughout this process of reform, further measures to make the system financially sustainable should be kept under review, including the possible inclusion of capital assets in any means-testing of benefits and the possible capping of the amount of care costs to be funded by the States.*

The Working Party has carried out detailed research to understand better the strategic issues associated with developing a long-term sustainable funding system that is able to support the anticipated increased requirement for care and support services in the Islands in decades to come. It is clear from the Working Party's research that **continuing to fund the provision of long-term care to an ageing population using current funding models will be financially unsustainable in the long-term.**

There is an imperative to reform existing systems, not only because the current funding system is unsustainable, with the Long-term Care Insurance Fund (which is only part of the system) due to run out of money within the next 15 to 20 years, **but also because it is believed that a fairer system, which provides more choice and empowerment, is achievable.**

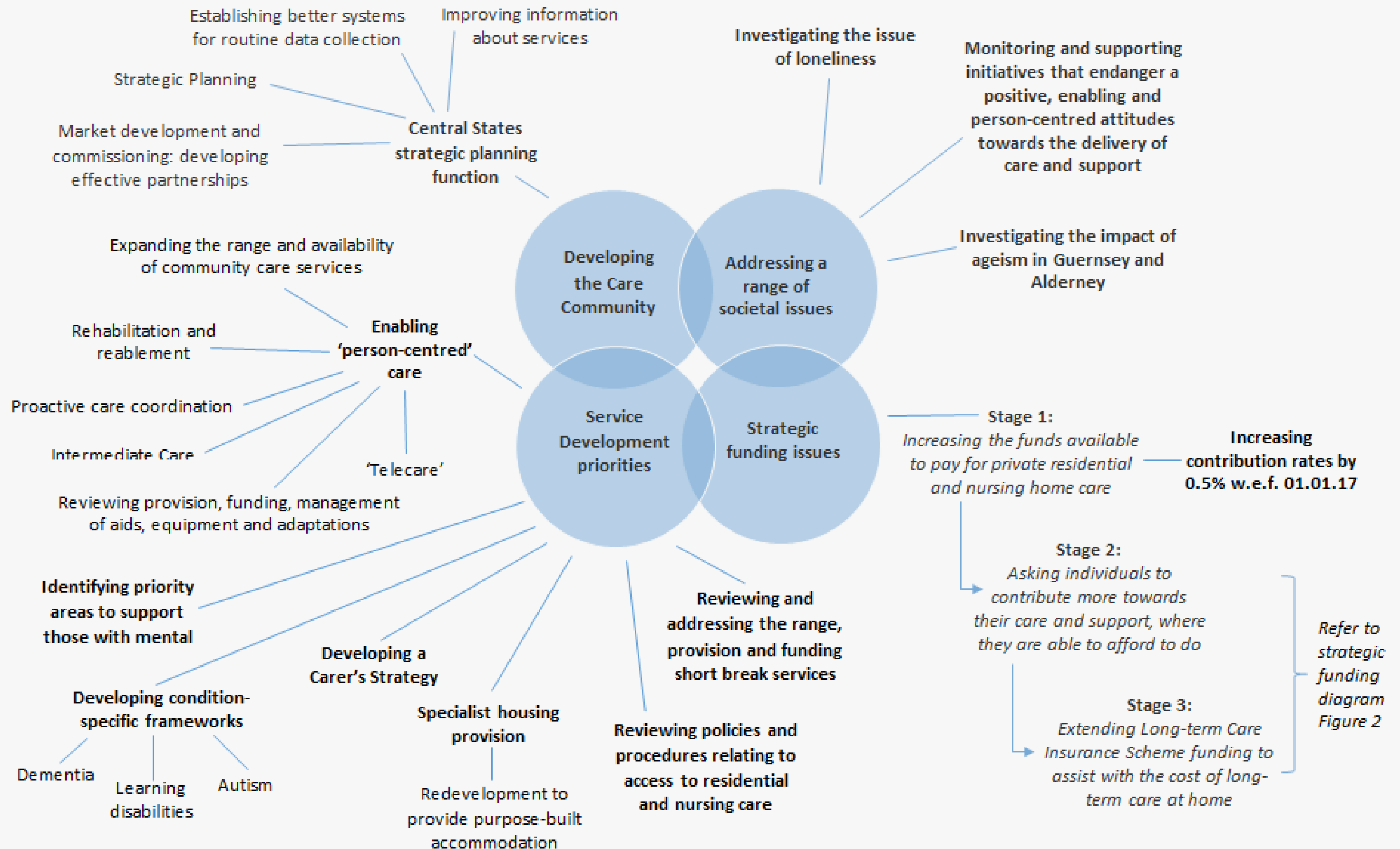
Funding models must be altered if the Islands are to cope with this unprecedented level of demographic change. **To do nothing would see existing funding sources exhausted, would restrict the care options available to people, and would prove to be a very expensive option for all involved.**

An incremental, three-phase approach to tackling the funding issues is described by the Working Party and endorsed by the Policy Council: the most immediate of which recommends that the Committee for Employment and Social Security be asked to bring forward proposals to increase contribution rates to the Long-term Care Insurance Fund for employed, self-employed and non-employed persons by no less than 0.5%, with effect from 1<sup>st</sup> January 2017. **This measure will enable reserves to be built within the Fund in the short-term, to help meet its future obligations; it will also act as buffer while the other measures to reform the delivery of health and social care services are worked through and further actions to change long-term care funding arrangements are planned in more detail. In itself, however, such an**

**increase in the level of contributions does not address the long-term funding issues identified by the Working Party.**

5.18 A summary overview of the Strategy and the workstreams associated with the four key areas described above is shown in Figure 2.

Figure 2: The Strategy on a page



## 6. **Meeting the long-term care needs of Alderney and its residents**

*(Section 4 of the research report)*

*Although the Islands are closely linked, the research informing the development of the Strategy has identified some important differences between Guernsey and Alderney, which need to be taken into account to provide an effective Supported Living and Ageing Well Strategy to Alderney residents.*

- 6.1 Whilst the purpose of the Strategy and its proposed outcomes should be the same regardless of the Island in which someone is resident, the consultation process identified some issues that are specific to Alderney that may need special consideration. These issues include:
- The remoteness of Alderney and the challenges this presents for service delivery;
  - How the States of Guernsey, States of Alderney, private and third sectors can work together to support people in Alderney with long-term care and support needs;
  - How to improve services at times of transition, for example from hospital to home;
  - Travel for appointments, and allowances for passengers accompanying patients to such appointments;
  - The restricted availability of services and the opportunities to improve service delivery, including



consideration of the use of innovations, such as 'telecare'<sup>14</sup> and 'telehealth'<sup>15</sup>;

- Clarifying the responsibilities between the States of Guernsey and States of Alderney, especially with regard to strategic planning; and
- The availability of data about services and needs relating to Alderney.

6.2 In order to take all of the above into account, the Working Party recommends that a dedicated piece of work is required to understand better the needs and requirements of Alderney residents.

## **7. Implementation and governance**

7.1 The Policy Council has carefully considered the Working Party's research and supports all of the recommendations in its report.

7.2 It acknowledges that some of the workstreams identified are at the stage where a specific course of action is recommended, whereas other areas require additional research and consultation. Accordingly, the Policy Council is asking the States:

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<sup>14</sup> Technology which allows for people to call for help and allows certain warning signs to be monitored remotely.

<sup>15</sup> Technology which allows people to communicate with health professionals who are in different locations.

**To endorse all of the recommendations to progress the Supported Living and Ageing Well Strategy, as set out in the Working Party's research report and reproduced in Appendix III.**

- 7.3** **Appendix II** to this Policy Letter provides a detailed *indicative* timetable for implementing the Strategy's recommendations between 2016 and 2019. It shows that there are multiple workstreams and actions to be progressed, with various different timelines for reporting back to the States of Deliberation and to the Policy and Resources Committee, which will require effective cross-committee working if they are to be achieved successfully.
- 7.4** **However, their achievement is entirely dependent on funding and associated staff resources being in place to undertake research, planning and service development.**
- 7.5** In its report on Public Service Reform (Billet d'État XVI, September 2015), the Policy Council advised that: '*At present, there are insufficient staff with the appropriate skills to support the timely co-ordination, development, and implementation of government policies.*' Indeed, the Reform Framework itself highlighted that: '*Too often, problems arise when policies are affected by over ambitious timeframes, a lack of resources, and poor risk management.*'
- 7.6** The Policy Council acknowledges that the level of transformational change proposed by this Strategy will require:
- (i) existing resources to be deployed in different ways;

- (ii) the allocation of additional resources in areas where there is a particular shortage of skills; and
- (iii) the various workstreams identified to be resourced and managed as a programme of projects – in this instance, primarily as part of the wider transformation of health and social care (see Section 8 below).

**7.7 At the time of writing, the necessary resources are not in place and only the actions highlighted in Appendix II can be taken forward with existing resources. Therefore, it would not be sensible to ask the States to commit to a number of significant actions that are neither resourced nor funded. This would be simply committing those charged with various actions to failure.**

7.8 Furthermore, the States of Guernsey is due to experience a major change in government structures, combined with the election of a new States of Deliberation. The new Assembly will need, early on in its life, to determine its priorities for the new term and to enshrine these in a new States Strategic Plan and Government Service Plan.

7.9 It follows that, at this point in time, it cannot be said with any certainty what priority will be awarded this Strategy or any of its component parts and, therefore, what resources and funding will be devoted, if any, to its delivery.

7.10 In addition, the Policy Council is reluctant to set in stone what governance arrangements should apply, believing this to be a matter for the new Policy and Resources Committee to determine in due course. Nonetheless, the Policy Council considers that this Strategy, plus the other major social policy strategies identified in Section 3, would benefit

from having dedicated oversight from one or more of the members of the Policy and Resources Committee to ensure that they are effectively coordinated and implemented.

7.11 All of the above leads the Policy Council to make the following recommendations to the States:

**To direct that, until alternative arrangements are agreed, the Policy Council – and thereafter the Policy and Resources Committee - shall be responsible for ensuring that the Strategy continues to be taken forward.**

**To direct the Policy and Resources Committee, as part of the finalisation of the Policy and Resource Plan, to report to the States, no later than July 2017, on the arrangements by which political direction and oversight will be provided to enable the Working Party's recommendations to be progressed and implemented, having first consulted with the Committees for Health and Social Care, Employment and Social Security, and Environment and Infrastructure, together with the States of Alderney and appropriate third sector groups.<sup>16</sup>**

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<sup>16</sup> The report of the States Review Committee – *'The organisation of States affairs – third Policy Letter'* (Billet d'Etat XXI, November 2015) - set out how the new Policy and Resource Plan should be developed and the associated timescale. The report describes that in June 2017 the States will debate and make resolutions on the Principal Committees' policy plans and ultimately finalise the content of the Policy & Resource Plan Phase 1 and Phase 2. Further proposals to progress this Strategy will need to take place within this broader policy planning process.

**To approve, in principle, the implementation plan and timescales associated with taking forward the various elements of the Strategy, as shown in Appendix II, but to ask the Policy and Resources Committee to bring forward firm proposals as part of the aforementioned report, including identification of the resources required.**

**To acknowledge that to bring about the level of transformational change identified by the investigations undertaken to date will require significant further research and other implementation activities that can only be undertaken successfully by applying to them programme and project management disciplines, and by assigning to them the right level of appropriately skilled resources.**

7.12 Finally, in order to monitor progress on the implementation of the actions identified, the Policy Council considers that the States should be asked:

**To direct that progress on implementing the actions in the Strategy form part of the annual reporting on the Policy and Resource Plan that will commence in June 2018.<sup>17</sup>**

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<sup>17</sup> This is in accordance with how the new Policy and Resource Plan should be monitored, as set out in the report of the States Review Committee – *‘The organisation of States affairs – third Policy Letter’* (Billet d’Etat XXI, November 2015).

**8. The Supported Living and Ageing Well Strategy: Part of a wider agenda of public service reform and Health and Social care transformation**

**'A Framework for Public Service Reform'**

8.1 In September 2015 (Billet d'État XVI, September 2015), the States endorsed a ten-year framework for transforming the organisation, management and delivery of public services in Guernsey.

**8.2 'A Framework for Public Service Reform 2015-2025'**<sup>18</sup> seeks to ensure that public services: are focused on customer needs; act in partnership as one organisation with common purpose and in partnership with outside expertise; are organised and delivered in ways that centred on those who use them; and public resources are used wisely and carefully. All of these aims resonate strongly within this Strategy.

8.3 For example, the Framework aims to foster an environment within public services that embraces innovation and continuous improvement. It also describes the need to use information to drive performance and to inform longer-term transformational objectives. This has strong links with the Working Party's proposal to establish a strategic planning function as part of this Strategy, to gather information and monitor needs within the care sector, and to establish systems for improved routine data collection (as referred to in Section 5 of this Policy Letter).

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<sup>18</sup> States of Guernsey - '*A Framework for Public Service Reform 2015-2025*' - available from [www.gov.gg](http://www.gov.gg) (accessed on 21<sup>st</sup> October 2015).

- 8.4 Similarly, the Framework acknowledges that the third sector<sup>19</sup> has a wealth of knowledge and expertise that can inform policy development as well as service delivery. Working with the private and third sectors on policy and service development will become the norm, rather than the exception, in order to provide the best outcomes for the community, and this has been a key area in the development of this Strategy to date.
- 8.5 Public Service Reform also makes a commitment to free up resources by making existing processes more cost-effective and efficient, with the resources saved being reinvested in new or improved services to meet increasing demand, and ensuring that they are sustainable into the future. The progression and implementation of this Strategy is heavily dependent on the achievement of this ‘reform dividend.’ (As an example, Section 6.3.1 of the Working Party’s research report explains the positive financial and other benefits of introducing re-ablement services.)

### **The Transformation and Transition Fund**

- 8.6 The **Transformation and Transition Fund** was created to enable the type of transformational change outlined in this Strategy, recognising *“the significant investment required to deliver the public services of the future and the substantial policy agenda for the States.”*<sup>20</sup>

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<sup>19</sup> The term ‘third sector’ includes charities, voluntary groups and non-governmental organisations.

<sup>20</sup> ‘Annual Budget for the States for 2016’ - Billet d’État XIX, October 2015.

8.7 To access the Fund, programmes and projects are required to demonstrate:

- significant long-term transformation in the delivery of services;
- evidenced and measurable benefits; and
- a return on investment (a 'reform dividend').

8.8 In the 2016 Budget Report (Billet d'État XIX, October 2015), it was reported that the Policy Council and the Treasury and Resources Department considered that *"given the level of bids [for use of the Fund] and the uncoordinated nature of the proposals received, investment at this stage should be restricted in order to ensure that plans are properly developed and benefits considered"* before approval to proceed with individual initiatives was sought.

8.9 However, of specific relevance to this Strategy, the States agreed to prioritise for funding from the Transformation and Transition Fund:

- **Social policy development** (to ensure that SLAWS and other social policy development was appropriately resourced to initiate and coordinate corporate change);
- **The programme for transforming health and social care services.**

8.10 The Treasury and Resources Department has been given delegated authority to approve funding of up to £750,000 for any one programme, or £1 million in respect of transforming health and social care services. Upon receipt of an appropriately detailed business case or resource

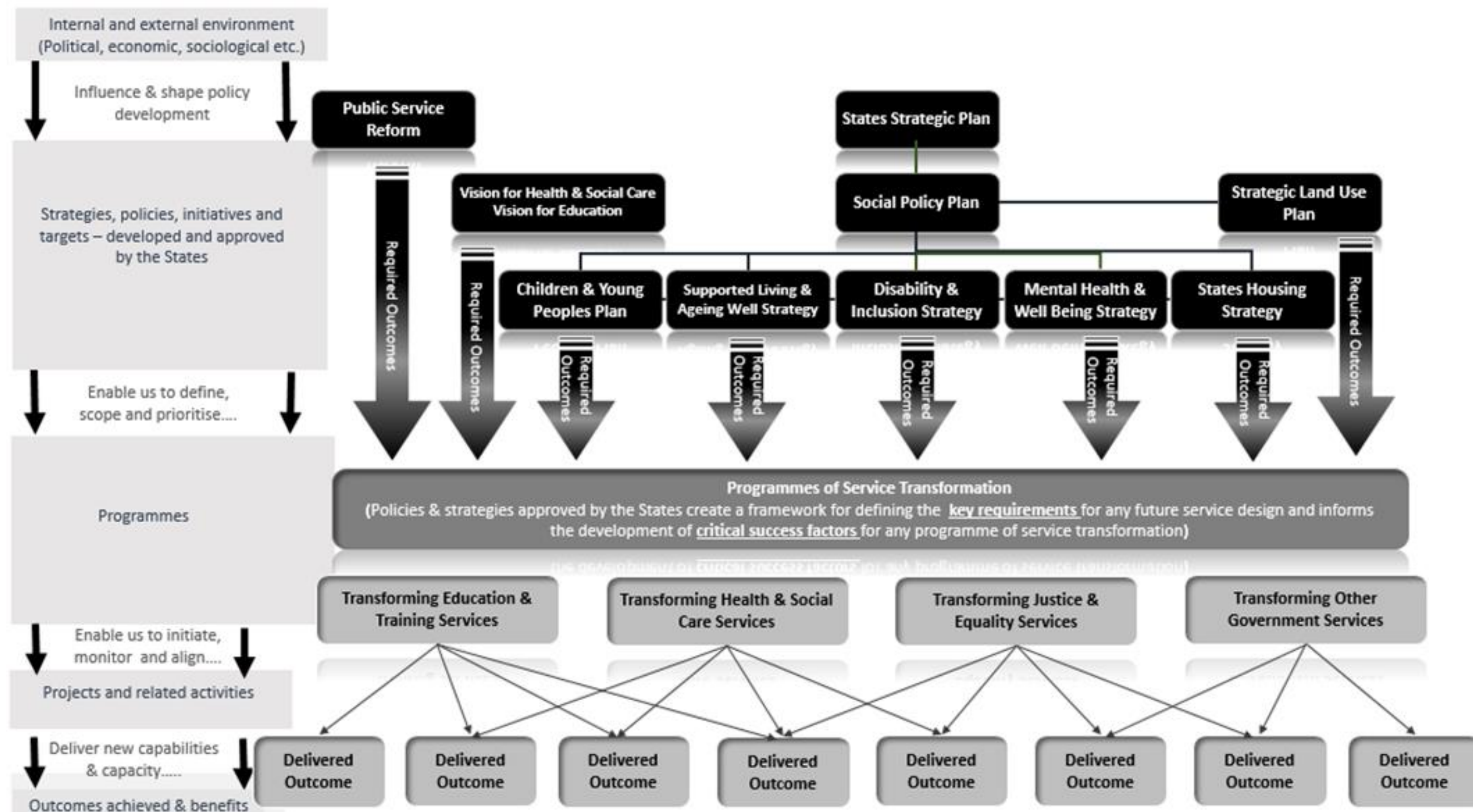


request, these monies can be released to enable suitably defined project proposals to be drawn up.

### **Progressing specific recommendations**

- 8.11 As noted above, the indicative implementation plan for this Strategy sets out a mixture of further policy research and specific operational changes, each of which will need to be resourced and funded through the process described above. This is illustrated by Figure 3, which shows the Supported Living and Ageing Well Strategy is one of a number of strategies to be taken forward through Public Service Reform and its associated programmes of service transformation.

Figure 3: Delivering social policy objectives through the Public Service Reform



### *Social Policy development*

- 8.12 The Policy Council will be seeking funding to provide additional resources to focus on strategy coordination, strategic planning, market development, and commissioning, in order to help to initiate and coordinate cross-departmental and cross-sector change to support the further development and implementation of this and associated strategies, i.e. the Disability and Inclusion Strategy, the Mental Health and Wellbeing Strategy, and the Children and Young People's Plan.
- 8.13 This may also provide the resource to lead the work on loneliness and ageism and to develop a Carers' Strategy.
- 8.14 Given that ensuring co-ordination of the Strategy, and gathering data to inform high-level decision-making, is critical to delivering the entire work programme, the Policy Council is, in anticipation of a positive decision from the States on this issue, undertaking preparatory work in order to ensure that this action can be delivered swiftly by whatever body is responsible for the function in question once approval is obtained. Therefore, rather than awaiting a decision and then starting to act on it, the time between submission of the policy letter and the relevant States' debate is being put to good use in terms of advancing work on this key enabler.
- 8.15 It is acknowledged that there are risks in this approach in so far as work could turn out to have been abortive if it is decided not to pursue or prioritise this work stream. However, this risk is considered low, given that co-ordination of service delivery is so crucial to the success of

the Strategy. The Policy Council also believes that this demonstrates its absolute commitment to advancing the entire Strategy.

8.16 In very broad terms, an indicative outline project plan for this aspect of the Strategy has been produced, as set out below.

<b>Action</b>	<b>Completion Date</b>
Scope the services to be provided by the strategic planning function	15 January 2016
Determine resources needed to provide strategic co-ordination function.	31 January 2016
Draft job descriptions for any new roles required	31 January 2016
Draft business case for strategic co-ordination function	15 February 2016
States' decision	19 February 2016
Refine business case if necessary and submit to Treasury & Resources	26 February 2016
Treasury & Resources decision	15 March 2016
Assuming Treasury & Resources approval obtained, start recruitment process for any roles that cannot be covered by reorganisation of existing resources	29 March 2016
Successful candidates start	15 June 2016

- 8.17 As acknowledged above, these time scales are indicative and are based on what is currently known. Should it prove possible to deliver more quickly, then that opportunity will be taken. Equally, it may prove that a little more time is needed. Either way, the Policy Council is optimistic that this proactive approach will enable it to ensure that the strategic planning function is operational at the very earliest opportunity.

*Programme for transforming health and social care services*

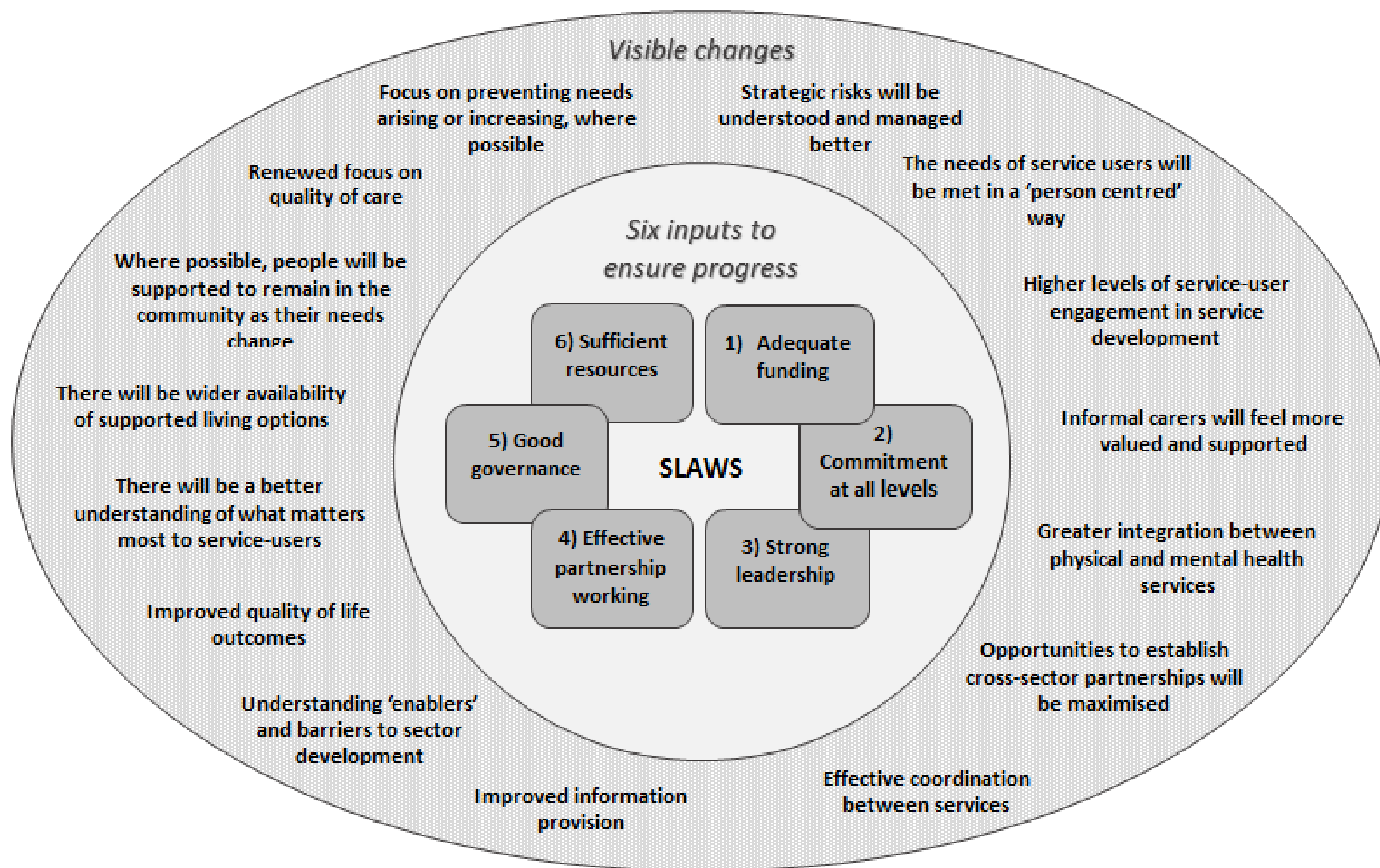
- 8.18 The Housing, Health and Social Services, and Social Security Departments (and their successor Committees) will need to work together to design and resource the **programme to transform health and social care in Guernsey and Alderney**, of which many of the actions in this Strategy will need to form a part, albeit it is anticipated that those workstreams associated with the review and scope of the Long-term Care Insurance Fund will be paid for from monies in that Fund.

*Investigating the use of social finance*

- 8.19 As part of the Health and Social Services Department's policy letter on the Children and Young People's Plan, the States will be recommended to direct the Policy and Resources Committee to oversee and coordinate an investigation into the use of alternative sources of social finance. If this recommendation is accepted, then that investigation should also include the use of social finance as a means of funding the service delivery changes necessary to implement this Strategy.

8.20 Figure 4 below shows the six key inputs required to progress the Strategy and the visible changes that are expected as a result of investing in the transformation described above.

Figure 4: Key inputs and expected changes arising from transforming service delivery as part of the Strategy





## 9. Political Commitment to the Strategy

- 9.1 The development of a Supported Living and Ageing Well Strategy has had a long and somewhat chequered history and, therefore, its publication will be much anticipated. At the time of writing, **much work has already begun in relation to its implementation; for example, the Health and Social Services Department has started preparing proposals for re-ablement services, and is looking at aids and adaptations issues, and the benefits of telehealth and telecare.** Nonetheless, the Policy Council considers that, to demonstrate the States' intent to progress the Strategy, it should be asked:

**To make nine strategic commitments required to bring about the significant transformational change necessary to deliver the Strategy.**

- 9.2 The proposed strategic commitments are as follows:

- *We will develop our role as a strategic planner and facilitator in the development of a multi-sector network of care and support providers. This will include working closely in partnership with the third and private sectors, and improving and appropriately sharing our aggregated and personal data.*
- *We will develop working practices, housing provision, benefits, and service structures to meet the holistic needs of service users in a person-centred way.*
- *We will work to address all forms of discrimination and unhelpful attitudes about care and support.*

- *We will promote inclusion and meaningful, enabling care and support provision.*
- *We will provide and communicate information and help people to make informed decisions.*
- *We will recognise the value of informal carers and seek to ensure that they are supported.*
- *We will recognise the importance, needs and value of the care sector and those who work in it.*
- *We will ensure that there is a sustainable funding system in place.*
- *We will ensure that everyone can afford to access the care and support they need.*

## **10. Consultations**

10.1 As described in this Policy Letter and in the accompanying research report, the Strategy has been prepared in consultation with a number of States' departments and stakeholder groups, and has been informed through public engagement and consultation.

10.2 The Law Officers of the Crown have also been consulted.

## **11. Good Governance**

11.1 The Policy Council considers that the six principles of good governance have been complied with in preparing this Strategy for consideration by the States.

## **12. Conclusions**

12.1 This Policy Letter has provided a high level overview of the research carried out by a Working Party that was established to review all long-term care and support services provided to adults in Guernsey and Alderney.

12.2 The Strategy provides a framework for co-ordinated, cross-sector action to provide for the long-term care needs of the two Island communities. Significant transformational changes are required both in the ways in which services are delivered and how they are funded.

12.3 The need for these changes has been identified before, but they become more and more essential with each passing year: they cannot continue to be put off. Already, around 2,000 residents of Guernsey and Alderney will be receiving some form of long-term care at any one time, at a cost to the States of around £50 million per annum; the number of such recipients will continue to increase as the Islands' populations progressively age. Making no changes to the ways in which services are provided or funded will mean that the projected cost to the States will double in 20 years and quadruple in 40 years. This is an unsustainable position.

12.4 Where it is possible for work to be progressed in line with the Strategy with existing resources, this will be done as soon as is practicable. However, much of the change that is

required cannot be carried forward without investment. It is, therefore, imperative that the States commits the appropriate resources to the implementation of the Strategy, for without appropriate resourcing services will continue to be delivered as they are today, costs will continue to escalate, and individuals will be looked after, but not necessarily in the right settings, with attendant implications for their independence, health and wellbeing.

### **13. Recommendations**

#### **13.1 The Policy Council recommends the States:**

- (i) To endorse all of the recommendations to progress the Supported Living and Ageing Well Strategy, as set out in the Working Party's research report and reproduced in Appendix III;
- (ii) To direct that, until alternative arrangements are agreed, the Policy Council – and thereafter the Policy and Resources Committee - shall be responsible for ensuring that the Strategy continues to be taken forward.
- (iii) To direct the Policy and Resources Committee, as part of its finalisation of the Policy and Resource Plan, to report to the States, no later than June 2017, on the arrangements by which political direction and oversight will be provided to enable the Working Party's recommendations to be progressed and implemented, having first consulted with the

Committees for Health and Social Care, Employment and Social Security, and Environment and Infrastructure, together with the States of Alderney and appropriate third sector groups;

- (iv) To approve, in principle, the implementation plan and timescales associated with taking forward the various elements of the Strategy, as shown in Appendix II, but to ask the Policy and Resources Committee to bring forward firm proposals as part of the aforementioned Policy and Resource Plan, including identification of the resources required;
- (v) To acknowledge that to bring about the level of transformational change identified by the investigations undertaken to date will require significant further research and other implementation activities, which can only be undertaken successfully by applying to them programme and project management disciplines, and by assigning to them the right level of appropriately skilled resources;
- (vi) To make the nine strategic commitments required to bring about the significant transformational change necessary to deliver the Strategy; and
- (vii) To direct that progress on implementing the actions in the Strategy form part of the annual reporting on the Policy and Resource Plan that will commence in June 2018.

J P Le Tocq  
Chief Minister

7<sup>th</sup> December 2015

A H Langlois  
Deputy Chief Minister

G A St Pier  
Y Burford  
D B Jones

P L Gillson  
K A Stewart  
M G O'Hara


R W Sillars  
P A Luxon  
S J Ogier


**Appendix I: The Working Party's research report on the Supported Living and Ageing Well Strategy**




This is appended as a separate document.

## Appendix II: A prioritised action plan for implementing the recommendations of the Supported Living and Ageing Well Strategy

### IMPLEMENTATION PLAN FOR THE SUPPORTED LIVING AND AGEING WELL STRATEGY

 Anticipated progress with allocation of additional resources as described in Policy Letter *(including approval of HSSD and Policy Council Transformation and Transition Fund bids)*

 Anticipated progress using current resources

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Establish and resource a strategic planning function	3(a) and 3(b)						12 months to establish function, thereafter business as usual	Policy and Resources Committee, other States Committees, private and third sector organisations	Dependent on allocation of funds from Transformation and Transition Fund
To bring forward proposals to increase contribution rates to the Long-term Care Insurance Fund for employed, self-employed and non-employed persons by no less than 0.5%	7(a)	 				Include proposals as part of the 2016 uprating report to the States	Proposed increase to come into effect on 01.01.17.	Committee for Employment and Social Security	Within existing resources



	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Report to the States on the arrangements by which political direction and oversight will be provided to enable SLAWS recommendations to be progressed	Policy Letter (iii)		*			Report to the States	June 2017 at the earliest - to tie in with the process for prioritising policy	Policy and Resources, Health and Social Care, Employment and Social Security, Environment and Infrastructure Committees, with States of Alderney, third sector groups:	Within existing resources
To investigate in detail the implications for contributors, individuals and for the States of the principle that the Long-term Care Insurance Fund should cover care and support costs only	7(e)		*			Report to the States with findings and recommendations	No later than October 2017	Committee for Employment and Social Security, in conjunction with the Policy and Resources Committee	Within existing resources

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Further research into the specific needs of Alderney	4(a)	<div></div>	<div></div>	<div></div>	<div></div>	Report to the States	By the end of 2017	Policy and Resources Committee, States of Alderney, private and third sector organisations	Dependent on allocation of funds from Transformation and Transition Fund
Review the policies and procedures by which individuals can access long-term care provided in residential and nursing homes and extra care housing	6(l)	<div></div>	<div></div>	<div></div>	<div></div>	Report to Policy and Resources Committee with any recommendations for change	By the end of 2017	Committees for Health and Social Care, Employment and Social Security and Policy and Resources	Dependent on allocation of funds from Transformation and Transition Fund

	Recommendation	2016				2017				2018				2019				Outcome	Associated timescale	Key parties	Resources
Review, as a matter of priority, the range, provision and funding of short break services for persons with long-term care needs and their carers. Prepare a business case for development/realignment of short break services	6(b)																Report to Policy and Resources Committee	No later than the end of 2017	Committees for Health and Social Care and Employment and Social Security and Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund	
Investigate, as a matter of priority, the expansion of the range and availability of community care services	6(d)																Report to Policy and Resources Committee with a business case(s) in light of the findings	No later than the end of 2017	Committee for Health and Social Care and Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund	

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Investigate the establishment of a proactive care coordination service	6(c)	<div></div>	<div></div>	<div></div>	<div></div>	Report to Policy and Resources Committee	No later than the end of 2017	Committee for Health and Social Care and Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund
Review arrangements for the provision, management and funding of aids, equipment and adaptations	6(e)	<div></div>	<div></div>	<div></div>	<div></div>	Report to Policy and Resources Committee	No later than the end of 2017	Committees for Health and Social Care, Employment and Social Security, and Policy and Resources	Dependent on allocation of funds from Transformation and Transition Fund

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Investigate the transfer of landlord responsibilities for specialist accommodation managed by the Committee for Health and Social Care to the Committee for Employment and Social Security	6(k)	<div></div>	<div></div>	<div></div>	<div></div>	Report to Policy and Resources Committee with findings, to include identifying redevelopment costs to provide purpose-built accommodation	No later than the end of 2017	Committees for Health and Social Care, Employment and Social Security, and Policy and Resources	Within existing resources
Develop, as a matter of priority, a Carers Strategy	6(a)	<div></div>	<div></div>	<div></div>	<div></div>	Report to the States	No later than June 2018	Policy and Resources , Health and Social Care, and Employment and Social Security Committees, appropriate third sector groups	Dependent on allocation of funds from Transformation and Transition Fund

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
To direct that progress on implementing the actions in the Strategy form part of the annual reporting on the Policy and Resource Plan that will commence in June 2018.	Policy Letter (vii)					Report to the States	June 2018	To be determined	Within existing resources
				*					
				*					
To investigate in detail the implications for contributors, individuals and for the States of the application of the principle that the Long-term Care Insurance Scheme should be extended to cover the cost of care and support at home. This should include: a reviewing role of related benefits (SDB & Carer's Allowance); and detailed investigation into personal budgets	7(i) and 7(j)					Report to the States with details of findings and recommendations	No later than October 2018	Committee for Employment and Social Security, in conjunction with the Policy and Resources Committee	Will require additional resources
				*					

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Investigate the introduction of 'telecare', including (if appropriate) commissioning a pilot project to assist with the research	6(f)	<div></div>	<div></div>	<div></div>	<div></div>	Report to Policy and Resources Committee	No later than the end of 2018	Committee for Health and Social Care and Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund
Investigate the impact of ageism in Guernsey and Alderney	5(a)	<div></div>	<div></div>	<div></div>	<div></div>	Report to the States	No later than February 2019.	Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund
Investigate the issue of loneliness in Guernsey and Alderney	5(b)	<div></div>	<div></div>	<div></div>	<div></div>	Report to the States	Ongoing	Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Monitor and support initiatives that engender a positive, enabling and person-centred attitude towards the delivery of care and support	5(c)	<div></div>	<div></div>	<div></div>	<div></div>		Ongoing	Policy and Resources Committee	Dependent on allocation of funds from Transformation and Transition Fund
As part of the Disability and Inclusion Strategy, to develop condition specific frameworks for dementia, autism and learning disabilities, as to identify gaps in service provision	6(g) and 6(h)	<div></div>	<div></div>	<div></div>	<div></div>	Report to Policy and Resources Committee with recommendations to address gaps	Timescale to be confirmed	Committee for Health and Social Care and Policy and Resources Committee	To be taken forward from resources allocated to Disability and Inclusion Strategy



	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
As part of the Mental Health and Wellbeing Strategy to identify priorities for support and service development needed by people with enduring mental health conditions	6(i)					Report priorities to Policy and Resources Committee	Timescale to be confirmed	Committee for Health and Social Care, working with the third sector, and Policy and Resources Committee	To be taken forward from resources allocated to Mental Health and Wellbeing Strategy

	Recommendation	2016	2017	2018	2019	Outcome	Associated timescale	Key parties	Resources
Keep under review whether there is a strategic, long-term financial need to introduce: (i) the inclusion of capital assets in any means-testing of benefits associated with the provision of long-term care; and (ii) the capping of care costs to set out the respective funding liabilities for individuals and for the States	7(l)						Ongoing	Committee for Employment and Social Security	Within existing resources
To acknowledge that to bring about the level of transformation change will require further research and other implementation activities that can only be undertaken successfully by applying to them programme and project management disciplines and by assigning to them the right level of appropriately skilled resources	Policy Letter (v)						Ongoing	Policy and Resources and Health and Social Care Committees, other States Committees, private/third sector partners	This will depend on Policy Council's bid from the Transformation and Transition Fund

## **Appendix III**

### **A summary of the recommendations of the Working Party's research report**

Recommendation (i) of this Policy Letter asks the States to approve all of the Working Party's recommendations to progress the Supported Living and Ageing Well Strategy.

These recommendations are reproduced below:

- 1a) To endorse the strategic framework for the Supported Living and Ageing Well Strategy.

### **3     *Establishing a strategic planning function (Section 3 of the research report)***

- 3a) To agree to establish and resource a function to plan strategically to meet the long-term care and support needs of the populations of Guernsey and Alderney.

- 3b) To note that specifically this States' strategic planning function will:

- (i) include development of the capability routinely to model and project future:
  - levels of need;
  - costs of care and support services; and
  - workforce implications;

- (ii) work in partnership with the private and third sectors in each island to focus on facilitating the development of cooperative relationships within the wider community of providers and funders, and to commission and facilitate the development of services within the private and third sectors to complement those provided by the States;
- (iii) investigate, in conjunction with the Committee for Employment and Social Security, the introduction of service level agreements with providers of care and support services specifying the quality standards expected where significant funding is being provided either directly or indirectly by the States.

**4. *Meeting care and support needs in Alderney (Section 4 of the research report)***

- 4a) To direct the Policy and Resources Committee to carry out research into the specific needs and requirements in Alderney, with a view to a report on any modifications of the Strategy for Alderney being presented to the States by the end of 2017.

**5. *Societal issues affecting the SLAWS (Section 5 of the research report)***

- 5a) To direct the Policy and Resources Committee to investigate the impact of ageism in Guernsey and Alderney and how it could be addressed reporting to the States with its findings and any recommendations no later than February 2019.

- 5b) To direct the Policy and Resources Committee to monitor and support initiatives within Guernsey and Alderney that engender a positive, enabling and person-centred attitude towards the delivery of support and care.
- 5c) To direct the Policy and Resources Committee to investigate the issue of loneliness in Guernsey and Alderney, reporting to the States with its findings and any recommendations no later than February 2019.

6. ***Service development priorities (Section 6 of the research report)***

- 6a) To direct the Policy and Resources Committee, in conjunction with the Committees for Health and Social Care and Employment and Social Security, and appropriate third sector organisations, to develop, as a matter of priority, a Carers Strategy and to report to the States with its recommendations no later than June 2018.
- 6b) To direct the Committees for Health and Social Care, and Employment and Social Security to review and address, as a matter of priority, the range, provision and funding of short break services for both persons with long-term care needs and their carers, and to report to the Policy and Resources Committee no later than the end of 2017 with a business case for the development and realignment of short break services, in the light of their findings.
- 6c) To direct the Committee for Health and Social Care to report to the Policy and Resources Committee no later than

the end of 2017, with the results of an investigation into the establishment of a proactive care coordination service, providing a single point of contact to those with significant care and support needs to assist them in arranging and coordinating their care and support from public, private and third sector bodies, including signposting to advice on how services are funded and paid for.

6d) To direct the Committee for Health and Social Care to investigate, as a matter of priority, the expansion of the range and availability of community care services, including but not limited to:

- (i) the expansion of services for rehabilitation and reablement for those recovering from hospitalisation;
- (ii) the establishment of short-term care in the community to provide an intermediate level of support between hospital and living at home;

and to report to the Policy and Resources Committee no later than the end of 2017 with the relevant a business case(s), in the light of their findings.

6e) To direct the Committees for Health and Social Care, and Employment and Social Security to review the arrangements for the provision, management and funding of aids, equipment and adaptations, and to report to the Policy and Resources Committee no later than the end of 2017 with their findings.

6f) To direct the Committee for Health and Social Care to investigate the introduction of 'telecare' including, if appropriate, commissioning a pilot project to assist with

this research, and to report to the Policy and Resources Committee no later than the end of 2017 with its findings.

- 6g) To note that as part of the Disability and Inclusion Strategy, the Committee for Health and Social Care will be developing condition-specific frameworks for dementia, autism and learning disabilities.
- 6h) To direct the Committee for Health and Social Care that, as part of the development of these frameworks, it should seek to identify gaps in service provision and to report these to the Policy and Resources Committee with its recommendations on how these should be addressed.
- 6i) To direct the Committee for Health and Social Care that, as part of the development of the Mental Health and Wellbeing Strategy for which it is responsible, it should identify the priorities for support and service development needed by people with enduring mental health conditions and to report these to the Policy and Resources Committee.
- 6j) To direct that, as part of their strategic planning, the Committees for Health and Social Care, Employment and Social Security, and Environment and Infrastructure, should take account of the importance of the provision of specialist housing to meet the long-term care needs of persons with various impairments and conditions.
- 6k) To direct the Committees for Health and Social Care, and Employment and Social Security to investigate the transfer of landlord responsibilities for specialist accommodation managed by the former Committee to the latter

Committee, and to report to the Policy and Resources Committee no later than the end of 2017 with their findings, including the identification of any consequent redevelopment costs to provide purpose-built accommodation which will require a financial contribution from the States Corporate Housing Programme Fund.

- 6l) To direct the Committees for Health and Social Care, and Employment and Social Security, to review the policies and procedures by which individuals can access long-term care provided in residential and nursing homes and extra care housing, and to report to the Policy and Resources Committee with any recommendations for change by the end of 2017.

**7. *Address strategic funding issues (Section 7 of the research report)***

- 7a) To direct the Committee for Employment and Social Security to increase contribution rates to the Long-term Care Insurance Fund for employed, self-employed and non-employed persons by no less than 0.5% from 1<sup>st</sup> January 2017;
- 7b) To agree, in principle, that wherever care and support is received, for accounting and charging purposes, the costs associated with the provision of long-term care services should be separated into three distinct areas: accommodation; day- to-day living expenses; and care and support;
- 7c) To agree, in principle, that the Long-term Care Insurance Fund should be used to meet the costs of care and support



only, with payments for accommodation costs and living expenses being the responsibility of the individual receiving care and support.

- 7d) To agree, in principle, that where an individual receiving long-term care was unable to meet their accommodation and living costs in full, they would be eligible for means-tested assistance via Supplementary Benefit.
- 7e) To direct the Committee for Employment and Social Security, in conjunction with the Policy and Resources Committee, to investigate in detail the implications for contributors, individuals and for the States of the application of the principle that the Long-term Care Insurance Fund should cover care and support costs only, and to report to the States with its findings and recommendations no later than October 2017.
- 7f) To agree that investigation of this principle shall be limited, in the first stage, to the implications related to care and support provided to individuals in public and private sector residential and nursing homes.
- 7g) To note that any costs associated with the investigation of this principle will be met from the Long-term Care Insurance Fund.
- 7h) To agree, in principle, that the Long-term Care Insurance Scheme should be extended to cover care and support costs for people living in their own homes (including those accommodated in their own homes in sheltered and extra care housing).

- 7i) To direct the Committee for Employment and Social Security, in conjunction with the Policy and Resources Committee, to investigate in detail the implications for contributors, individuals and for the States of the application of the principle that the Long-term Care Insurance Scheme should be extended to cover the cost of care and support at home, and to report to the States with its findings and recommendations no later than October 2018.
- 7j) To agree that the investigation of this principle should include:
- a review of the role of related benefits such as Severe Disability Benefit and Carer's Allowance; and
  - detailed investigation into the possibility of introducing personal budgets, including, if appropriate, the establishment of a pilot project to inform the research.
- 7k) To note that any costs associated with the investigation of this principle will be met from the Long-term Care Insurance Fund.
- 7l) To direct the Committee for Employment and Social Security to keep under review whether there is a strategic, long-term financial need to introduce: (i) the inclusion of capital assets in any means-testing of benefits associated with the provision of long-term care; and (ii) the capping of care costs to set out the respective funding liabilities for individuals and for the States.