



Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 7th September 2023

Panel:

Deputy R.J. Ward of St. Helier Central (Chair)

Deputy C.S. Alves of St. Helier Central (Vice-Chair)

Deputy B.B. de S.DV.M Porée of St. Helier South

Deputy A. Howell of St. John, St. Lawrence and Trinity

Witnesses:

Deputy K. Wilson of St. Clement, The Minister for Health and Social Services

Deputy R. Binet of Grouville and St. Martin, Assistant Minister for Health and Social Services (1)

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Health and Social Services (2)

Mr. C. Brown, Chief Officer, Health and Community Services

Mr. A. Weir, Director of Mental Health and Adult Social Care

Ms. A. Muller, Director of Improvement and Innovation, Health and Community Services

Mr. B. Sandeman, Policy Principal, Health Policy Unit, Cabinet Office

Mr. P. Bradley, Director of Public Health

Ms. J. Marshall, Acting Chief Nurse, Health and Community Services

[10:32]

Deputy R.J. Ward of St. Helier Central (Chair):

Welcome, everyone, to the quarterly hearing with the Minister for Health and Social Services. We will start by introducing ourselves, and if people come to the table they will introduce themselves and their role at the time. I am Deputy Rob Ward and I chair the panel.

Deputy C.S. Alves of St. Helier Central (Vice-Chair):

I am Deputy Carina Alves and I am the vice-chair of the panel.

Deputy B.B. de S.DV.M Porée of St. Helier South:

I am Deputy Porée and I am a member of this panel.

The Minister for Health and Social Services:

Deputy Karen Wilson, Minister for Health and Social Services.

Assistant Minister for Health and Social Services (1):

Deputy Rose Binet, Assistant Minister for Health and Social Services.

Assistant Minister for Health and Social Services (2):

Deputy Malcolm Ferey, Assistant Minister for Health and Social Services.

Chief Officer, Health and Community Services:

Chris Brown, chief officer, H.C.S. (Health and Community Services).

Policy Principal, Health Policy Unit, Cabinet Office:

Ben Sandeman, policy principal working in the Health Policy Unit in the Cabinet Office.

Deputy R.J. Ward:

We have about 1½ hours of printed questions so we will go through and I will try and push the questions along. If we are going too fast, forgive me ... I will not be impolite but I will just try and push it along a little. To begin with, we talked about the Health and Community Services Advisory Board, which has recently been in the process of being established. Minister, can I ask you how you are progressing with the recruitment of 5 non-executive directors for the H.C.S. board and the substantive chair?

The Minister for Health and Social Services:

I can inform the panel that the first round of recruitment for non-executive directors has been completed. We have appointed 3 candidates and they are from the interviews that took place in July. We are in the process of appointing final candidates to those, and we are intending to make an announcement around that the week after next. The chair's post was also advertised and we are currently in the process of recruitment for that as we speak.

Deputy R.J. Ward:

When do you think the board will be up and running?

The Minister for Health and Social Services:

We are going to have our first board meeting on 2nd October and that will involve those members who have been appointed and obviously the members of the senior leadership team who are part of the unitary nature of that board.

Deputy R.J. Ward:

Will that be one of the public meetings or will that be later?

The Minister for Health and Social Services:

That is going to be held in public.

Deputy R.J. Ward:

That is going to be held on 2nd October?

The Minister for Health and Social Services:

Yes.

Assistant Minister for Health and Social Services (2):

I think it is the 4th.

The Minister for Health and Social Services:

4th, is it? Sorry, we changed it.

Deputy R.J. Ward:

Is it the 4th?

The Minister for Health and Social Services:

Yes, it is the first week, sorry.

Deputy R.J. Ward:

Have you been successful in finding the Jersey non-executive director candidates?

The Minister for Health and Social Services:

Yes, we have had a number of interests in that and we believe ... obviously I do not want to make the announcement prior to the formal agreement but we have had a number of people from Jersey who have been interested in that appointment.

Deputy R.J. Ward:

Can I ask your opinion on that, in terms of the necessity for Jersey candidates? Do you think that is the right thing to do when we have a dichotomy between being Jersey and perhaps just saying it will be the best candidate? Is it something that you have asked of us?

The Minister for Health and Social Services:

I think, as with any process that you go through, you are also seeking the best candidate but one of the things we wanted to do was to make sure that we had the balance of people who understood Jersey and could bring that Jersey knowledge and insight into the work of the board. Sadly, we did not get that interest in the first round of appointments so we had to make that more explicit. Hopefully we will secure somebody who will be able to add value in that way.

Deputy R.J. Ward:

I think that is everything on the board unless anyone has something else? I was going to ask you about what your role is in the recruitment and the setting up of the board and, if you like - and I cannot think of a better word - but your relationship with the board as Minister or Assistant Ministers' relationship because if you are unwell.

The Minister for Health and Social Services:

In the setting up of the board obviously I have commissioned officers to do the work around creating the board, and clearly that has been done with the involvement of the Appointments Commission, and the outcome of that process is that they make recommendations to me on who is appointable, having gone through that process. That is my involvement.

Deputy R.J. Ward:

Sorry, can I just check? So the Appointments Commission, if you like, short-listed or came up with the final people?

The Minister for Health and Social Services:

Yes, they did the whole sort of appointment process, if you like. So they sourced suitable candidates, they have taken them through the interview process and what the job then is to do is to make recommendations to me as to who is appointable for the positions that we need to fill.

Deputy R.J. Ward:

So, if you like, you are rubberstamping what the commission is doing?

The Minister for Health and Social Services:

Obviously they will choose candidates and depending on what standard or quality of candidate they may well recommend more than one candidate to me. So, my decision will be the final decision on who is selected out of that.

Deputy R.J. Ward:

Did that happen, did you have to choose?

The Minister for Health and Social Services:

On the candidates that I have appointed so far, I was presented with 4 or 5 candidates. from recollection, and the 3 candidates that I appointed I have made the choice around those.

Deputy R.J. Ward:

Okay, that is fine. And the relationship with the board ongoing?

The Minister for Health and Social Services:

The relationship with the board ongoing, clearly I will be charging the board and holding the board to account for its oversight and its advice to me on the performance of H.C.S. One of the things that we have put in place in terms of the governance arrangements around that is that they will also have a 6-monthly meeting with the Council of Ministers to make sure that the Council of Ministers are connected into the work of the board, not just through me as the single Minister for Health and Social Services.

Deputy R.J. Ward:

Okay, that is about everything. Do you want to talk about mental health services?

Deputy C.S. Alves:

Yes, I do not know if you want to swap in. And if you want to introduce yourself as well for the record.

Director of Mental Health and Adult Social Care:

I am Andrew Weir. I am the director of mental health and adult social care.

Deputy C.S. Alves:

Thank you. I have a couple of questions around mental health services and the facilities. After a number of delays we were last told that Orchard House would transfer to Clinique Pinel at the end of August. Has this happened?

Director of Mental Health and Adult Social Care:

No. Unfortunately we were notified 2 or 3 weeks ago that there is further delay in the completion of the refurbishment of Clinique Pinel. That relates specifically to the refurbishment of a lift and the refurbishment of the reception area, which is yet to be completed. Both of those things need to occur before the unit can be used operationally. So we now anticipate that the unit will be handed over to us in the second week of November and we hope to have moved Orchard House and be fully operational by the end of the second week of December.

Deputy C.S. Alves:

Is that having any knock-on effect on the services and the care at the moment?

Director of Mental Health and Adult Social Care:

We continue as we were before. Ideally we would be in a place where we are in the single building and working in the way that we planned to work, but we are continuing to deliver care as we have done throughout this process, operating across 3 separate buildings.

Deputy C.S. Alves:

Obviously with delays it comes at a price, so how much over budget have you gone in delivering this facility?

Director of Mental Health and Adult Social Care:

I do not know that at the moment. It is probably useful just to clarify that we are just the client or we are the customer. The client is Jersey Property Holdings, so it is all managed through Jersey Property Holdings, not through Health.

Deputy C.S. Alves:

We know that there have been delays to the development of the autism and neurodiversity strategy due to resource issues and operational priorities, such as reducing mental health services waiting lists. Have you seen any improvements to waiting lists and times?

Director of Mental Health and Adult Social Care:

No. The position currently is we have seen a reduction in waiting for autism. We have seen a reduction in the number of people that are waiting. Although that has grown again in the last month. For adult and for A.D.H.D. (attention deficit/hyperactivity disorder) we have a specific issue in that we have a reduced medical capacity, unfortunately. So the waiting list currently for A.D.H.D., there are 544 people waiting. That position is likely to deteriorate in the next month, so we are currently exploring other potential ways of managing that, including looking at other providers to support us with that.

Deputy C.S. Alves:

Is that a staffing issue or sheer volume?

Director of Mental Health and Adult Social Care:

It is both. It is obviously a specialised area of mental health so we only have 2 psychiatrists currently who work within that area; one part-time and one full-time but he does other work as well. We have struggled consistently to recruit. We have looked at a whole raft of ways of seeking to bring in specialists in A.D.H.D. to help us and just not been able to obtain folk. I think as we have mentioned here before, that is an international problem; that is not a Jersey problem. That is a problem that is faced by mental health services across the world. What we are doing currently around autism is we are doing work with Jersey Autism to talk about how we can work together as 2 organisations to better manage and support people that are on the waiting list. So there are other initiatives going on but the actual waiting list numbers are not moving in the way that we had hoped they would.

Deputy R.J. Ward:

Are those numbers including children?

Director of Mental Health and Adult Social Care:

No.

Deputy R.J. Ward:

That is adults?

Director of Mental Health and Adult Social Care:

That is adults.

Deputy C.S. Alves:

Finally from me, what mental health support is coming in place for employees of the Government of Jersey? I read that there are some things in place with the police but just across the board, across all departments.

Director of Mental Health and Adult Social Care:

There is a range of things. There is a formal contract that we hold with AXA for occupational health support. If we think about an employee requires occupational health and advice and support then AXA would be the place that we would go to. Within government there are well-being teams. There is a central well-being team and there is also a well-being team specifically within H.C.S. Those teams provide individual and some additional support to employees. There were some very bespoke arrangements following the 3 major incidents recently where we have put in place a slightly

separate pathway providing support and advice to folk, and that includes staff who are employed. But this is something that we have been talking to our H.R. (human resources) colleagues about recently, about are there some things that we could do differently to think across government around how we provide mental health support. For example, we provide T.R.i.M. (Trauma Risk Management) in some parts of government but not in all, so is there something that we could do to widen that and work that in a slightly different way? Those conversations are very new but certainly are being had.

Deputy C.S. Alves:

Is there any sort of monitoring being done around people's mental health like well-being and other things like, for example, responses to exit interviews? Because I know that I have been approached by a few people who have left due to mental health issues that have arisen in the workplace. Is there any kind of monitoring of that?

Director of Mental Health and Adult Social Care:

I do not know the answer to that and that would be held by the H.R. and O.D. (organisational development) team that look after that within government. Certainly we have talked previously here, have we not, about exit interviews and getting better information as to why people are leaving. But in terms of the overarching position, I could not answer.

Deputy R.J. Ward:

Is there an Assistant Minister with responsibility for mental health? Do you have anything you want to comment regards Clinique Pinel or where we are in terms of the delays and autism and so on?

Assistant Minister for Health and Social Services (1):

Not really. I think Andy's covered everything that needs to be said.

Deputy R.J. Ward:

Are you concerned about any of those delays?

Assistant Minister for Health and Social Services (1):

I am but there is not much you can do about it, to be honest, because it has been a very difficult process for them having to work with people in the building. It is quite a long catalogue of problems, so I can understand why it has been delayed, to be honest.

Deputy R.J. Ward:

Okay, I just wanted to check that. I will go through these questions. Deputy Howell was going to do those but she will be here at some point. In terms of the health services framework, I think it is

called, the new Jersey Care Model; am I calling it the right thing because we have had 2 different names?

[10:45]

Are we referring to it as the health services framework, and you know what I am talking about?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

The new Jersey Care Model. The competition date of the framework has been delayed until December this year; will this have an impact on the healthcare facilities programme?

The Minister for Health and Social Services:

So I think the first thing I would like to say is that this is not the Jersey Care Model reincarnate. This is about an approach to the way in which we are trying to design the way in which we provide clinical services, both within the hospital and outside of the hospital. There are various components to it. Each of them are intended to be clear about what is going to be provided within the hospital and what is going to be provided out in the community. That is within our existing budget and our current pattern of service. The reason we are doing this is because we need to get some grip on the cost and the way in which services are being delivered so that we can start to be clear with Islanders as to what they can expect when they come in to our services from point A to point Z, and traditionally we talk about that in the context of clinical pathways or care pathways. At the moment, there is some, in my view, mist around how the whole system works. The idea behind the framework is to provide the clarity for people on that.

Deputy R.J. Ward:

When you said about services within the hospital as well as outside the hospital, given that the outline business case for the hospital is being developed, how much input was there of the framework that you are developing in the outline business case so that we are designing the right hospital to go with the framework?

The Minister for Health and Social Services:

Because there are different drivers for some of this work, what we have to bear in mind in the work around the outline business case is how we want to organise the pattern of service. The work that we are doing at the moment is to get some fix on that so that when we do come to the more detailed

work around the outline business case we can start to model not only the workforce requirement but also the financial commitment that is needed for that.

Deputy R.J. Ward:

Because you are effectively the client for the hospital for the healthcare facilities programme, which is the whole hospital project, are you confident that you will have the framework ready so that you can be comfortable with what is being built is fitting into the framework that you have proposed.

The Minister for Health and Social Services:

We have to. We have to have that work. There are some assumptions that we are carrying forward based on work that was done previously in the Our Hospital project. So what we need to make sure is that some of those assumptions are future-proofed against how we want to provide services going forward.

Deputy R.J. Ward:

What do you currently have? I mean you currently have ... basically what is there now are some services being provided, for example, by charities, some services are being provided in hospital, some are on outreach visits, so we are basically effectively carrying on with those and hoping that they are okay?

The Minister for Health and Social Services:

I think, as with any health system, you are always looking at ways to improve the quality and the safety of the care experience that people have when they come into contact with health services. So there are evidence-based approaches to how you deliver aspects of care but they need to be cognisant or reflective of the needs that we have here in Jersey. Whereby you might get in a larger jurisdiction the ability to provide the whole pathway of care within the local health system, we clearly do not have any specialist areas in terms of tertiary centres, which means that we have to make sure that how we design care for the future allows us to provide what we can afford to provide on-Island, that takes into account the fact that people will have to go off-Island. But the pathway of that needs to be really clear for people.

Deputy R.J. Ward:

What will that look like? Will that be one overriding document, like a reference point for everyone accessing healthcare as to what they can expect, or it will be a manual for healthcare services saying: "This is what we are going to look at"? Because one of the problems and the criticism of the Jersey Care Model was that it was too ambitious in what it wanted to do. How are you avoiding that criticism being pointed at this structure that is being created?

The Minister for Health and Social Services:

There are 2 phases to the strategic work that needs to be done around the health system. The first stage is the internal H.C.S. work that I have talked about, which is to provide a care model around the current pattern of services that are available to us. The more broader picture is connected to other work that we are doing to understand what way in which we need to be planning for future healthcare provision from 2030, 2035 and beyond. That is a bigger strategic piece of work that clearly will need some thought, taking into account that we do not repeat the mistakes that were reflected in the concerns about the Jersey Care Model.

Deputy R.J. Ward:

Are you okay, we can start with an introduction?

Deputy A. Howell of St. John, St. Lawrence and Trinity:

I am so sorry. I was at another meeting. Do carry on.

Deputy R.J. Ward:

I will finish this last one then. The other thing that is being developed during December is the framework for the workforce strategy, which will obviously be inextricably linked with the healthcare model that you are producing. How is this being worked alongside? Are you confident that the 2 will be working together? That obviously I suppose will be integral to the new hospital healthcare, what it is called, to this programme?

The Minister for Health and Social Services:

Yes, it will, the new health facilities, yes.

Deputy R.J. Ward:

That is the one.

The Minister for Health and Social Services:

When you are designing clinical services there are clearly 2 or 3 elements that are integral to producing what we call a model of care, which is you have to articulate what it is you are trying to achieve in terms of delivery and the type of people, professionals and workforce that you need, which is the workforce planning element of it. Also, whether or not if you are planning to deliver in that way, whether that is an affordable way to do it. They are the 3 key parts of what we are trying to do to inform the outline business case for the new hospital facilities but also to try and get a grip on the resource that we need to deliver our current pattern of service so that we can set a proper budget and we can start to manage the finance of the health system in a much more organised way.

Deputy R.J. Ward:

Is that on course for December because obviously they are really quite ... in fact both things are vital for each other, are they not? If you do not have one you are going to have, to some extent, a huge gap in the other, so they are both on course for the same month?

The Minister for Health and Social Services:

That is right. Do you want to talk about the financial recovery?

Chief Officer, Health and Community Services:

By the end of this month we will have completed the work on our financial recovery plan, which I think we mentioned previously in a hearing. That work is in 2 parts. One is something called the drivers of the deficits. What we wanted to understand is why H.C.S.'s position is as it is at the moment. We have looked back to 3 years and looked at what is an underlying deficit that we are faced with. We then looked at how that underlying deficit might be addressed over the next 3 years; it is a 3-year financial recovery programme. Indeed, where we have structural elements to our deficit with the control of efficiency programmes within the department itself. That has been discussed initially with the Council of Ministers, and I believe the Minister will go to the Assembly at some point as part of the Government Plan about how we fund the residual part of the underlying deficit that is still left after we have undertaken an efficiency programme over the next 3 years. That will be based on our current pattern of service, so not a future pattern that will emerge through the work on the clinical strategy and the frameworks, and indeed our workforce plans as opposed to strategies are making the difference. This is about how do we recruit to the vacancies that we currently have in Health. Andy mentioned of course the struggle with psychiatry appointments and others. So there is a more immediate workforce plan that is about staffing to the level that we need today but there will also be a need for the workforce strategy that will look at what type of workforce we will need in 5 years' time.

Deputy R.J. Ward:

So there is a new healthcare plan and new healthcare services?

Chief Officer, Health and Community Services:

Yes.

Deputy R.J. Ward:

At the same time as making efficiencies?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

Which I always see as cuts.

The Minister for Health and Social Services:

Smarter ways of working.

Deputy R.J. Ward:

I will say it is cuts.

The Minister for Health and Social Services:

Smarter ways.

Chief Officer, Health and Community Services:

No, you are wrong, Deputy Ward. It is not going to be cuts because we have such a scope within Health to improve efficiency. Compared to the many financial turnarounds I have done in Health over the last 20-odd years we have probably got the greatest scope for efficiencies.

Deputy R.J. Ward:

We look forward to seeing that.

Chief Officer, Health and Community Services:

You only need to talk to staff who see the waste every day.

Deputy R.J. Ward:

Well, it is my job to ask.

Chief Officer, Health and Community Services:

Absolutely.

Deputy R.J. Ward:

And I will continue that.

Chief Officer, Health and Community Services:

I suppose the premise for financial recovery is of course by improving quality you reduce costs. A good example of that is the high levels of locum and agency staff that I think we are all familiar with at Health is dependent on where we pay premium rates that are 100 per cent more.

Deputy R.J. Ward:

No, I get that.

Chief Officer, Health and Community Services:

By recruiting we get quality staff that are committed to Jersey ...

Deputy R.J. Ward:

As an aside to that ...

The Minister for Health and Social Services:

You are right ... sorry, if I can just come in. You are right in terms of cuts, we have to cut the inefficiency.

Chief Officer, Health and Community Services:

Cut the inefficiency.

Deputy R.J. Ward:

Very good advice. I was just watching on the news this morning, this is another question. There was a project in the U.K. (United Kingdom) where one of the energy companies need funding and paying of energy bills for those most vulnerable and cut - to use your word - the usage ... in fact, the number of times that people had to access the G.P. (general practitioner) and use healthcare reduced. Is any of that included in the strategies of health in the long term? Because those are simple things that can be ...

Chief Officer, Health and Community Services:

In our financial recovery panel, I would probably turn to the director of public health around the other determinants of their health.

Deputy R.J. Ward:

I would have thought that would be right up your street.

Chief Officer, Health and Community Services:

But in our financial recovery plan we do not think it is a more immediate issue but there are clearly things that we would, I am sure, want to do in Jersey that would impact on improved health, and therefore the economy.

The Minister for Health and Social Services:

As you know, we are doing the work on the sustainable health funding model as well, so until we know what the output of that work will be we do not know what the size of the gap of the healthcare budget will have.

Deputy R.J. Ward:

I think that segues nicely into what you are going to do next on the primary care strategy, so do you want to ... so you will not hear my voice so often.

Deputy B.B. de S.DV.M Porée:

We were advised at post-establishment of the H.C.S. board, work would commence on developing structures for whole system partnership governance. How has that work progressed so far?

The Minister for Health and Social Services:

I think we have been continually building our relationship with primary care colleagues and, in actual fact, some of the primary care representatives are represented in some of the work we are doing around the new hospital facilities as clinical advisers. The board in itself does not meet proper until October, and this will be clearly one of the things that will be on their agenda, which is to drive that partnership work.

Deputy B.B. de S.DV.M Porée:

Has any consultation with stakeholders been undertaken yet with regards to the primary care strategy and the work that began?

The Minister for Health and Social Services:

Yes. Can I just ask Ben, would you like to come in? The policy officer who has been leading on this.

Policy Principal, Health Policy Unit, Cabinet Office:

In terms of the primary care strategy, we have delayed that until the board is up and running and those governance structures that you mentioned, Deputy, are in place. But what has taken place, which I think you would be aware of, over the summer period is a number of announcements around variations on our primary care. How people access primary care in Jersey. So those have been subject to stakeholder consultation, those pieces of policy work that have been implemented. But if you are talking about the primary care strategy itself, I would say there was initially but when we took the decision to delay it, the work has sort of stopped at that point because we know that we want the board to be up and running prior to recommencing that work. What I would also say as well, is there's a bid in the Government Plan for policy resource, so the team that I work in. Again

that work may be subject to those Government Plan decisions that the Assembly will make in the coming months.

[11:00]

The Minister for Health and Social Services:

I think it is also fair to just reflect the work that my colleague, the Minister for Social Services, has also done in collaboration with us to build that relationship with primary care through the investment that has been made in some of the service development. I do not know if you want to ...?

Assistant Minister for Health and Social Services (2):

Of course the reduction in G.P. costs for patients has been a really positive move and well received. Of course the provision of free G.P. appointments for children has been incredibly well-received, as has the improvement of out-of-hours services to give patients a much more rounded service and at a cheaper cost. Those are really positive developments that we have been able to put in place.

Deputy R.J. Ward:

Can I ask a quick question here?

Deputy A. Howell:

What has happened about the out of hours, you have not heard anything about that?

Assistant Minister for Health and Social Services (2):

The out of hours is currently being worked on as part of the medical benefit contract to improve accessibility to that out-of-hours service.

Deputy R.J. Ward:

Can I just ask, G.P.s would have been one of the stakeholders that we were talking about when consulting in the primary care strategy. and during that primary care strategy there was a reduction in G.P. costs. There has been some concern, and I use that word "concern" because we do not have the full evidence, that that cost perhaps was not passed on. Do you think that those concerns and if that is happening may become an obstacle to the development of the primary care strategy that is effective in the long term? What do you do to make sure they do not happen?

Assistant Minister for Health and Social Services (2):

The first thing is transparency of pricing and a ...

Deputy R.J. Ward:

I know the prices have gone up.

Assistant Minister for Health and Social Services (2):

But not all surgeries have increased their prices. Some have and that was part of their business plan, it was already factored in, and some have not. At least customers, patients, can look across G.P. surgeries and see which is going to be the best value for money for them. But of course very often people have a personal relationship with their G.P., and that is what they want to maintain. But, ultimately, if cost is the determining factor for them they have the ability with more transparency of pricing to see if they can find a cheaper visit elsewhere.

Deputy R.J. Ward:

We are going to end up with a compare your doctor website.

Assistant Minister for Health and Social Services (2):

No, but what we are aiming for is transparency of pricing in a consistent way so that the tariffs will be displayed in an identical way in each G.P. surgery.

Deputy R.J. Ward:

Can I just ask one more thing on that? Is that the type of granular thing that will be in the primary care strategy, looking at those sort of costings? Because that is going to be important for people as you pay to go to the doctor.

Chief Officer, Health and Community Services:

I think in the development of any strategy you want to look at the whole problem. What the introductions of the measures this summer that the Deputy and the Assistant Minister has outlined allows us to assess how they have landed so that when we do restart the work on the primary care strategy we can assess what difference those measures have made when we think about the strategy in the round.

The Minister for Health and Social Services:

I think it is also important strategically to mention that in our conversations with G.P.s there has been a lot of positive regard for the establishment of the board and their engagement with it, and they have asked how and in what way primary care can be represented on that board. I am pleased to announce that one of the non-executive directors was the national lead for primary care in the U.K., so they will have somebody that will understand the position around the primary care agenda. But in terms of the governance issue, you have talked about it, the board primarily at this moment in time is for H.C.S. and, as you will have heard me say previously, we have got the review period at

the 18-month cut off, which was agreed by the Assembly, while we evaluate. We will then need to understand what the board configuration will look like going forward.

Chief Officer, Health and Community Services:

Just to mention also on an operational basis, I meet with my executive colleagues with the existing primary care board on a monthly basis. It was established at that meeting when I arrived to deal with issues and concerns from both sides so we can address them head on, and that happens on a monthly basis. So that is hopefully improving our relationship for primary care and primary care with H.C.S.

Deputy R.J. Ward:

I have some questions on end-of-life strategy. How is the external ethical review proceeding and when is it due to be completed?

The Minister for Health and Social Services:

I can give you the headlines while people are taking over. This has been commissioned over the summer and I am just waiting for the outputs of their work.

Deputy R.J. Ward:

Just introduce yourself.

Director of Improvement and Innovation, Health and Community Services:

I am Anuschka Muller, I am the director of improvement and innovation for H.C.S.

Deputy R.J. Ward:

So in terms of the ethical review with the end-of-life strategy?

Director of Improvement and Innovation, Health and Community Services:

Is that the end of life or assisted dying?

Deputy R.J. Ward:

I have end-of-life strategy but I think we are talking about assisted dying. Whatever term is being used and it is assisted dying.

The Minister for Health and Social Services:

The assisted dying, as I have said, I am still waiting for that work to be produced, which was commenced over the summer.

Deputy R.J. Ward:

I think we are talking about 2 things here, so we will talk about the assisted dying legislation that hopefully will be coming through at some point but also the end-of-life strategy, which is wider than that, and I suppose the palliative care on and off-Island. Perhaps we should start with the assisted dying.

Director of Improvement and Innovation, Health and Community Services:

Assisted dying, I am afraid I am not the expert on that. I would be able to give you the information around the end-of-life palliative care strategy.

Deputy R.J. Ward:

Okay, let us do that.

Director of Improvement and Innovation, Health and Community Services:

So end-of-life strategy is nearly finalised. It is due to be published by the Minister in due course, so definitely before the end of the year. I think we have a date in October. It has been developed with stakeholders, particularly with Jersey Hospice and user families as well. In the end-of-life strategy it is really important it is about palliative care services, so to establish good palliative care services in the Island. The reason for that is without those, I think that was a dependency on the assisted dying debate, so the end-of-life strategy is nearly there. However in parallel, they ready the services so there is a commitment for 6 service areas to be delivered. This is already well progressing. As you may remember there was a business case in the Governmetn Plan for this year and this is already well progressing. So out of these 6 services, 4 of those are either already live or very well progressed.

Deputy A. Howell:

Can we just ask what they are, please?

Director of Improvement and Innovation, Health and Community Services:

Yes, of course. Our first one is a specialist palliative care team service in the community to provide advice and guidance to people with progressive life-limiting illness and unresolved complex needs. This has gone live on 1st January and is delivered by Jersey Hospice. The second one is inpatient services. So that is the probably familiar one provided by Jersey Hospice. This is for inpatient setting for adults. The third one is about education. So providing education to a wide range of academic and competency-based educational training programmes across the Jersey health and social care communities for professionals to be more aware of palliative care and what it means, and how to provide it.

Deputy R.J. Ward:

That is for sort of care providers in nursing homes, et cetera?

Director of Improvement and Innovation, Health and Community Services:

Yes, exactly.

Deputy R.J. Ward:

So staff are aware of what palliative care is and what it looks like, what is available.

Director of Improvement and Innovation, Health and Community Services:

Exactly. And also in terms of the data analysis that has been done, it is clear that too many die in hospital, for example. People do not want to die in hospital usually. So making sure that people die in the place they want to die, and this is also part of the education, being more familiar with what is available. The fourth service is bereavement and emotional support service. That is emotional, practical and financial support for families and individuals, experiencing the end of life and loss of a loved one. This will be provided by Jersey Hospice care as well, so we are just about to sign the contract with them. The 2 outstanding services are hospice at home. So palliative care services at home and to support individuals at their preferred place. The other one outstanding is the end-of-life day services, so that is for ... what it says, it is basically a service and place to provide support and respite as required on a daily basis rather than in-patient. These 2 services, we are just about to do the analysis of demand, look at what is available at the moment and then to commission that out.

Deputy A. Howell:

Can I just ask: except for the education, most have these been carrying on for quite a while? We have had these.

Director of Improvement and Innovation, Health and Community Services:

Some of them have but some of them have not been defined in a way that are clear about outcomes, what are the objectives, what are we ... really being clear about what is needed. So some of it was established before with hospice but it was not evidence-based and it needed an update.

Deputy R.J. Ward:

Sorry, can I just ask, where the interaction from government and charities is becoming a lot more formalised in terms of charities may have been finding the exact service, when government comes in and funds that, government needs to know about the standards and the processes getting into, if you like, perhaps international standards, let us hope so, and so on. Is that interaction like that?

Director of Improvement and Innovation, Health and Community Services:

Some of it, yes, you are absolutely right. I think there is more to it. Jersey is quite rich in charities, as we know, but also for example hospice, it is very much working together to get the most out of it. So hospice receives a lot of charitable funds plus, of course, they are commissioned by government. So how do we look at the pot as a whole in terms of funding, but then looking at the needs, the demand, and how the funds could be ... rather than looking in silos. That is that joined working together.

Deputy R.J. Ward:

That will be an integral part of what the strategy does, so look at how that relationship with charitable donation and government commissioning link together.

Director of Improvement and Innovation, Health and Community Services:

Yes. As you can imagine, homecare providers will have an applied role as well. So it is not just hospice, it is a number of stakeholders.

The Minister for Health and Social Services:

I think your question is about how do government target resources around palliative care and that is what we want to do through this process. It is for that to be a lot more transparent so that the quality and the activity can be accounted for in a way that we do not do at the moment.

Deputy R.J. Ward:

But also the charity is providing funds which government therefore do not have to pay, so I think it is quite important to stay in that relationship.

The Minister for Health and Social Services:

The thing is there are things that ... that is the nature of the partnership really, which is there are certain things that government want to invest in in order to be able to provide good quality care for people, and the nature of the partnership is how you agree between yourselves as to who will fund that from a charitable partner, what government will afford.

Deputy R.J. Ward:

That is a strategy so it will not be something that comes through the Assembly.

The Minister for Health and Social Services:

No.

Deputy R.J. Ward:

The other question we have is about draft legislation. I think that is where we are talking about merge the 2. It is interesting to have those 2 happen in parallel. I think that is a really important thing for us to talk about at a public hearing so the public understand that those 2 are different and separate areas. That is really important. In terms of the assisted dying legislation, are you still on track to lodge that draft legislation in December for debate in February?

The Minister for Health and Social Services:

We are. There is a discussion as to whether or not because of the Government Plan in process that we might have to move it, but it will not be anything to ...

Deputy R.J. Ward:

That is why I am asking it.

The Minister for Health and Social Services:

Yes. It will not be anything to do with the fact that we will not be ready to present it. I think this is more a scheduling system issue rather than the fact that the work will not be done.

Deputy R.J. Ward:

That is all I have on that.

Chief Officer, Health and Community Services:

Chair, if I may. You mentioned ethical review on assisted dying. What I can say is, I understand you had a separate briefing on the matter, but it has started and it is ticking along nicely. I can confirm the academics who were mentioned to you were appointed and they are undertaking that.

Deputy R.J. Ward:

But obviously that was a private thing, in a private format, so thanks for that. Next, it is me again. The suicide prevention strategy; do you want me to ask that?

Deputy A. Howell:

You can.

Deputy R.J. Ward:

At a hearing in April you were unable to provide data on how many suicides had taken place in 2022 because the inquest process, which confirms whether a death is attributed to suicide or not, concluded. Can you now provide those details? Sorry, I should have let you sit down before I just carried on with the question. Did you get the question?

Director of Public Health:

I did, thank you.

Deputy R.J. Ward:

Would you like to introduce yourself?

Director of Public Health:

Yes, I am Peter Bradley, director of Public Health. What I can tell you is that we have on average about 13 suicides each year. The work that we are doing on the suicide strategy is ahead of schedule. We are expecting the figures to be available imminently but I have not got them with me today. What we are hoping is, so only this year, late October we will have an action plan to address the issues that we can see from the data. I should be able to bring that up at the next meeting.

Deputy R.J. Ward:

Thirty, that seems ... I have no context for this but 30 ...

[11:15]

Director of Public Health:

Thirteen.

Deputy R.J. Ward:

My hearing is not great. Thirteen per year, okay. It seems terrible to ask the question but is that high?

Director of Public Health:

Clearly every case is tragic.

Deputy R.J. Ward:

Of course.

Director of Public Health:

But it is no higher per population size than we would have seen in the U.K., for example. So we do not see any evidence of there being a higher rate in Jersey.

Deputy R.J. Ward:

Are there any particular demographics, is the question as well? I know there is some data on suicide being high, particularly with young men. Is that reflected in the Jersey suicide rate?

Director of Public Health:

No. From what I have seen so far, it is probably a slightly older age group we are talking about. Importantly as well, they do not seem to be people who have service contact. They are people who are in the community, who are not accessing support. Clearly that is going to be really important for us when we work through those solutions. I probably should say as well, we always have this time lag, and clearly there has been an awful lot going on in the Island over the last year or so, so we will continue this work for a time beyond this year because I think we need to see what has happened in the last 12 months. It will be a bit of a time before we get that data.

Deputy C.S. Alves:

Can I just ask, you say these are people who are not accessing support? I am assuming you mean health support or is that support across all sectors? Because obviously people will come into contact with government in different departments at different points.

Director of Public Health:

Yes, thank you. What I specifically meant - thank you for the question - is that they do not have contact with our mental health services necessarily. So the detail of whether they are in contact with other services will be something that I hope we will be able to comment on a bit more. But it does seem that largely these are people who are not frequent users of mental health services.

Deputy C.S. Alves:

I asked that purely because we have heard recently through our review that some people ... often one of the reasons for suicide could be financial difficulties. I know that some people will obviously be accessing other departments like the Social Security Department, so I think that data would be really useful.

Director of Public Health:

Yes, I agree. Thank you.

Deputy R.J. Ward:

You said previously that the work, the strategy, was ahead of schedule.

Director of Public Health:

Yes.

Deputy R.J. Ward:

There is likely to be a first draft prior to 1st December 2023. Can you confirm whether that is still on time for being early or whether it will be completed or what?

Director of Public Health:

Yes, it should be early. The work is reaching a point of conclusion of a draft report which will then have to go through various committees, so I can think of no reason why it would not be available ahead of schedule.

Deputy R.J. Ward:

Can you discuss any of the measures you are considering within the strategy that aim to reduce the number of suicides?

Director of Public Health:

Not at this stage, unfortunately.

Deputy R.J. Ward:

You do not know?

Director of Public Health:

I just need to keep that for the time being.

Deputy R.J. Ward:

No, it is a really important piece of work and we do not want to get in the way of that. The external bodies you have engaged and consulted with the strategy, perhaps we can learn about those.

Director of Public Health:

Yes, so I have not got the full list in front of me but we have engaged with people with lived experience in terms of people who are relatives and families of people who have committed ...

The Minister for Health and Social Services:

Completed suicide.

Director of Public Health:

Yes, thank you. Also we have engaged with a number of the mental health charities that are involved in the work, so they have helped us through a number of government departments. We have talked to people in the commercial sector as well as some of the stakeholders that have been involved in the substance work.

Deputy R.J. Ward:

It is interesting, very pleasing to hear you move away from the phrase “committed”.

Director of Public Health:

Yes, and I am very, very sorry that it even occurred to me. I must apologise to anybody listening because we do try and avoid it.

Deputy R.J. Ward:

No, but I think that change and the fact that it has been recognised is important and that is a move forward; just a small thing that we mention it. Is the plan to present the strategy as a report to the Assembly?

The Minister for Health and Social Services:

Yes, I think that is what we were going to do. We were not going to have a debate about it, it will just be presented.

Deputy R.J. Ward:

As a report, yes.

Director of Public Health:

Yes.

Deputy R.J. Ward:

That is an important question in terms of the relationship of the strategy with the Assembly.

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

Speaking of strategies ... unless there are any other questions on that? Do you have any questions?

Deputy A. Howell:

No, that is fine.

Deputy R.J. Ward:

Anything? No? Another strategy we want to talk about is the maternity strategy.

The Minister for Health and Social Services:

Jessie and Chris, do you want to take your place?

Deputy R.J. Ward:

Do you want to introduce yourself as well?

Acting Chief Nurse, Health and Community Services:

Yes. I am Jessie Marshall the acting chief nurse for H.C.S.

Deputy R.J. Ward:

Welcome.

Deputy C.S. Alves:

Thank you. So at our last hearing you advised that at the end of April you were assessing where you were with implementing the previous panel's recommendations on maternity services, so can you provide an update on this now, please?

Chief Officer, Health and Community Services:

Yes, I think probably it is always good to start when we talk about strategies and plans and improvement that we have 2 different areas. One is what we call our maternity improvement plan which I think, Deputy, you are referring to. These are recommendations that have been made in the past round, what needs to happen to improve maternity care in Jersey. We have been pulling those multiple recommendations over many years together to have one maternity improvement plan that is fine, the action that needs to be taken now rather than the strategy which is a separate piece of work about what maternity might look like in the future.

Deputy C.S. Alves:

So I was referring to the report that the previous panel as well did on maternity services, so those recommendations.

Chief Officer, Health and Community Services:

Those will all be wrapped up into what we call the maternity improvement plan, so things we have to do now to improve quality and safety in the service and the maternity strategy is looking at the longer-term position about how we might configure and what maternity might look like in the future so that we have got the 2 pieces of work.

The Minister for Health and Social Services:

I think there is also another question to respond to there, which is there are a number of reviews that have been done and with very similar recommendations. So rather than having a single plan for each of those in response, the team are trying to harmonise and bring all of those together.

Deputy R.J. Ward:

I will not ask what I was going to ask because I have just seen the next question.

Deputy C.S. Alves:

Yes, so in our review we had 29 recommendations; how many of those do you think you have implemented to date?

Chief Officer, Health and Community Services:

I do not know the answer to that offhand. As regards to recommendations in maternity, we have probably got literally hundreds over the years that we are trying to - literally hundreds - that we are bringing together into one plan. We can find out specifically where we are at with the 29 from here but, as I said, what we are trying to do is bring the recommendations from external clinical reviews, from Scrutiny committees, from the auditor general's office, et cetera, all together because many of the themes are very similar. In fact, the majority of themes are very similar so we want to just sort of consolidate that, because we have had so many different action plans associated, maternity was becoming confusing. But I do not know, Jessie, if you want to say where we are at with what we are doing.

Acting Chief Nurse, Health and Community Services:

Yes, so what we have done is pooled our one-to-one maternity improvement plan, all the recommendations which totalled 141 recommendations. The team have been working extremely hard on working through those recommendations and 2 weeks ago when we reviewed the recommendations, 41 have been closed, so they have been graded red, amber and green. So 41 of them have been closed and we are working through the rest of them. Some of them will eventually become business as usual and other ones will require a bit more work.

Deputy C.S. Alves:

So can we as a panel have sight of that document and those recommendations and the back writing from that?

Chief Officer, Health and Community Services:

Yes, and they will also be going to the public board that we referred to earlier in October, so, yes, we can do that.

The Minister for Health and Social Services:

I think it is really important to note here that the current state of maternity services is not acceptable in the context of those plans. That is why there is a particular emphasis in that department to address all of the things that have been reviewed and said and to also understand why things have not improved and to make sure through the bulk processes that we get that assurance that things are happening.

Chief Officer, Health and Community Services:

I think, Minister, when I started in the change team, and the change team that remain on-Island, the clinical members of that team, as has Jessie and the medical director, it is an area that was of concern around the quality and safety of that service. So that is why we are putting so much attention and have been putting so much attention to it over the months that I have been chief officer here because it is an area where, as the Minister said, it is not an acceptable service that we are providing at the moment.

Deputy C.S. Alves:

So going back to the strategy, so the maternity strategy, the completion date was pushed from March this year to the end of the year. Are you still on track to deliver that in December?

Acting Chief Nurse, Health and Community Services:

So we have got a new director of midwifery that has been appointed and she will take up post hopefully, if all clearance is completed, by the beginning of December. We do have an interim director of midwifery with us at the moment and she is continuing to work with the team and the draft strategy as part of the work that they are looking at. So we do plan to continue with that work but our substantive director of midwifery will have the final read on it.

Deputy C.S. Alves:

So that strategy then should ... so you are on track to deliver in December?

Acting Chief Nurse, Health and Community Services:

Yes.

Deputy C.S. Alves:

Great.

Chief Officer, Health and Community Services:

Yes. I think what we would like is the new director of midwifery, who will be very fundamental in implementing the strategy, to have some sort of say because she is so close to arriving.

Deputy C.S. Alves:

Of course. Thank you very much.

Deputy R.J. Ward:

Can I just ask something on that? You said whenever the word “safety” is used - obviously it raises issues from us, particularly around maternity - when you say it is not safe or there are elements that are not safe, how long is that going to last for, do you think?

Chief Officer, Health and Community Services:

I think when we say “safety”, this is about assuring that we have got the governance processes in place so we can be sure of saying ... so we are not saying it is unsafe but we need to have assurance that it is. The level of governance that exists, has existed in maternity, is not adequate for convincing and assuring us, and certainly the new board, that we can be comfortable that everything is safe. We have had a number of external reviews from obstetricians and others that have expressed concerns about different aspects of that service. We have concerns around the human factors elements in that service and the relationships of professionals in that service.

Deputy R.J. Ward:

Human factors?

Chief Officer, Health and Community Services:

So, relationships between midwives and obstetricians, behaviours that need to be addressed, and we learn from the ... and many of you will be aware of the problems in some maternity units that are being seen in the National Health Service in the U.K. from East Kent to Morecambe Bay to Shrewsbury and Telford and many others where the importance of a good relationship between teams is essential. We know where there are poor relationships that that adds risk into a service, whether that is maternity or anywhere else, but the multi-disciplinary team working is particularly important in maternity services, so there are a lot of lessons to be learnt from incidents in the U.K. that we need to ensure do not happen here. So it is guaranteeing the safety and having the assurance that I as chief officer, and Jessie as chief nurse, and Patrick Armstrong as medical director can be assured that our services are of the quality and the standards that women in Jersey absolutely deserve, and that is the work that the maternity improvement plan in its essence is addressing. So we are doing some targeted work on, using the jargon, the organisational development, the relationship issues to ensure that that works well as a particularly fundamental part of that improvement plan. We have been improving training, so certain aspects of training that both midwives and obstetricians need, and we have improved the rates of training, updating policies

to make sure they reflect modern practice in maternity services that is internationally accepted, so all of those things.

Deputy R.J. Ward:

How many births do we have a year?

Chief Officer, Health and Community Services:

Eight hundred, which is very few.

The Minister for Health and Social Services:

It is reducing.

Chief Officer, Health and Community Services:

Yes, it is reducing.

Deputy R.J. Ward:

Would the strategy address things like home births and so on and so forth?

The Minister for Health and Social Services:

Yes, it does.

Deputy R.J. Ward:

Because as a small Island I would have thought that would have been very possible.

The Minister for Health and Social Services:

Yes.

Chief Officer, Health and Community Services:

I think the numbers of deliveries is small and that presents challenges for all small jurisdictions. I was talking to the Isle of Man, they have similar challenges, so it is something that we are working with others to work through.

The Minister for Health and Social Services:

I think it is important to keep the perspective around this because safety can be interpreted in all sorts of ways. When we are talking about safety, what we are talking about is making sure that standards are being maintained consistently and collegiately so that there are no gaps or no deficiencies in the patient experience.

Deputy R.J. Ward:

If you are an expectant mother or an expectant father, the word “safety” would be the first thing I saw.

[11:30]

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

It needs to be managed within that care. Speaking of which, and it just seems to flow very nicely, the next strategy we would like to enquire about is the women’s health strategy.

Deputy B.B. de S.DV.M Porée:

That is right.

Deputy R.J. Ward:

I was going to say with that, and I do not mean to sound trite, but I want to say thanks as well to all of our staff, nursing staff, as well. I do not think we say it enough.

Deputy B.B. de S.DV.M Porée:

So the next topic is regards to women’s health strategy. So we do know that the first round of public consultation seeking Islanders’ views on areas of inclusion with the women’s health strategy was delayed due to capacity of resources. Has the work started now? The public consultation.

Policy Principal, Health Policy Unit, Cabinet Office:

I think in previous hearings, certainly women’s health strategy has consisted of a number of things, but in terms of consultation on the development of the women’s health strategy, that has been delayed, yes, for reasons you mentioned and also I think to incorporate results of the J.S.N.A. (Joint Strategic Needs Assessment) that my colleague, Peter, can talk a little bit about. But it has not started yet, we are planning to start it in October, and that is to allow us to implement the emerging themes and data that is coming out of the J.S.N.A.

Deputy B.B. de S.DV.M Porée:

So that will be ceasing first to follow, I suppose. On that note then, has the political group been started yet regarding that same strategy or it will follow after the strategy is ongoing?

Policy Principal, Health Policy Unit, Cabinet Office:

So I know that it is not a formally constituted political oversight group but it is an informal group of interested Government Ministers and Assistant Ministers who have met for, I would say, the best part of this year. They have been meeting to discuss the work and to steer the work as well.

Deputy B.B. de S.DV.M Porée:

Thank you. So would you be able to give us at this stage any dates where you could come back with a time where the strategy is taking place and you can give us some feedback on that?

Policy Principal, Health Policy Unit, Cabinet Office:

So I think the commitment to publish the strategy next year still remains a valid one that is achievable. What we have delayed is the sort of first stage of the consultation activity, and that is to identify issues that should be included in the strategy and areas to focus on. We have always planned to do a second stage of consultation early next year on the proposals then and the solutions that will form the strategy. What is nice though, if I may, is in being able to use the results of the Joint Strategic Needs Assessment, which is focused on women and women's health, what it has allowed us to do is design the consultation activity in such a way that it represents what people in Jersey are telling us, so it is not just the themes that the U.K. strategy consulted and focused on. I will hand over to Peter to talk a little bit about that work.

Deputy A. Howell:

Can we now go on to the dementia strategy? Do you deal with that?

Policy Principal, Health Policy Unit, Cabinet Office:

If you are okay with ...

Deputy B.B. de S.DV.M Porée:

I was just going to pinpoint you a little bit more and ask you, within the next year, are we looking at early next year, middle next year, towards the end, as we would really like to follow up on that. So we are just trying to get an idea when we can come back to you with a bit more information once that has started?

Deputy C.S. Alves:

Yes, and when do they aim to start that consultation?

Deputy B.B. de S.DV.M Porée:

Yes, that is really ...

Policy Principal, Health Policy Unit, Cabinet Office:

So starting the public consultation, speaking with the officers, is going to be in October for that first stage of consultation, then the second stage will follow early next year. We will then have to do the policy work with the Minister to understand what our policy interventions are going to be within the strategy. But, yes, the commitment is absolutely to have that published in October.

The Minister for Health and Social Services:

I do not think you can expect to see anything until potentially this time next year.

Deputy B.B. de S.DV.M Porée:

Okay, so that is a good span of the ... they just roll on to ...

Deputy A. Howell:

So now with the dementia strategy, at our last quarterly hearing on 8th June you advised us that the responses to the survey were in collation. Are you still in the process of collating responses for the dementia strategy, please?

Director of Improvement and Innovation, Health and Community Services:

So the responses have been collated and the current status of the strategy is to analyse the responses but also to draft the new stakeholders, so it is currently in the drafting stage and we anticipate to have a draft ready towards the end of the year and then to go out again ... it is an interactive process but the final strategy will be expected to be published by quarter one, end of quarter one next year.

Deputy A. Howell:

So sort of end of March?

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy A. Howell:

Thank you. Now do you want to go on? Did Carina want to do the ...

Deputy R.J. Ward:

Well I was just going to ask about a brief summary of how these results affect ...

Deputy A. Howell:

What you have found.

Deputy R.J. Ward:

From the consultation. You can ask that.

Deputy A. Howell:

Can you provide us with a brief summary or not?

Director of Improvement and Innovation, Health and Community Services:

I am afraid not but I am happy to provide that afterwards.

Deputy A. Howell:

Thank you. Carina now for the cancer strategy.

Deputy C.S. Alves:

So around the cancer strategy and cancer screening, in June we were told that the cancer strategy was due to be reviewed by clinicians ahead of the H.C.S. senior leadership team for final quality assurance checks and approval. Can you confirm that these checks and approvals have been completed and when is the strategy due to be published?

Director of Improvement and Innovation, Health and Community Services:

So the strategy has been internally approved and revised and has been presented to the Minister just before the summer. We are now working on getting a date to get it presented to you, so just before the publication and finalising the form work, so it is nearly there.

Deputy C.S. Alves:

Thank you, that is great. What cancer screening is currently offered in Jersey and how are these communicated to the public?

Director of Improvement and Innovation, Health and Community Services:

Chris, do you want to ...

Chief Officer, Health and Community Services:

Could you repeat, sorry?

Deputy C.S. Alves:

Shall I repeat that? Yes, no problem. What cancer screening is currently offered in Jersey and how are these communicated to the public?

Chief Officer, Health and Community Services:

Cancer screening?

Director of Improvement and Innovation, Health and Community Services:

Maybe I will just jump in there. So we have a number of cancer screening services, so, for example, for testing, that is for colon cancer, breast screening and cervical cancer.

Deputy C.S. Alves:

How are these communicated to the public?

The Minister for Health and Social Services:

I think that clearly there are issues around the communications. I do not think we have had a really good communication framework around promoting screening services. So, I think it is really helpful to put a focus on this and if the suggestion is that we need to improve it, we will take a look at that. One of the things that I have asked officers to do through each of the strategic frameworks is to build in some of that preventative focus so that we can start to highlight the importance of attending for screening services where they are available so that people know that they are there. But I do not think we have done as well as we could do and we will look at that and see what we could do to improve that.

Deputy C.S. Alves:

So, specifically in respect of bowel cancer, I do not know if the wider age group who has the screening has now been extended. Are you able to tell us what is the wider age group that the screening has now been extended to?

Director of Improvement and Innovation, Health and Community Services:

You are absolutely right, it is planned to be extended. I would have to check back on whether this has already happened or whether it is planned for next year because I know there were some issues with getting the ...

The Minister for Health and Social Services:

It was certainly to be focused around the over-50s.

Deputy C.S. Alves:

Over-50s?

The Minister for Health and Social Services:

Yes.

Deputy A. Howell:

Can I just ask if there is anything we should be screening for that we are not currently screening for that we should be doing? Like prostate. Is there a new prostate cancer ...

Chief Officer, Health and Community Services:

I do not know if ... I think Peter might be able to ... do you want to?

The Minister for Health and Social Services:

This is why the J.S.N.A. was so good.

Director of Public Health:

Yes, the one that is currently being reviewed is screening for lung cancer. So, it is important to realise as well that the screening programmes on offer in each of the U.K. nations do differ. So, obviously we look across all of those screening programmes but the obvious one to just see if it is the right programme for Jersey is for lung cancer.

Deputy A. Howell:

Should we be doing any more for prostate cancer?

Director of Public Health:

So, all screening programmes can be reviewed in time but there are some difficulties with the prostate screening programme. The issue for any screening programme is that you do not want to offer more ... you do not want to cause more harm than good, there is always a possibility in screening, so each of these needs to be reviewed really quite carefully. So I think that that one would need a proper review before it was recommended.

Deputy A. Howell:

Thank you.

Deputy R.J. Ward:

There are some move forwards with M.R.I. (magnetic resonance imaging) screening for cancer which have been really, really successful and it is also a really treatable cancer, so it is really important. It is also a lot of men who just do not involve themselves, let us be honest.

Director of Public Health:

It is but there is also an awful lot of harm that results from people being detected as having potential cancer and then going on to have treatment and you have to balance those 2 impacts. So where there is a possibility of early treatment that can prevent the cancer either recurring or spreading, it

always makes sense to screen but it is not always the case and it is quite a complex consideration. But there is a screening board which is led by the H.C.S., the Health Department in the hospital, and they are going through each of these programmes sequentially with public health support. So, I absolutely hear what you say and these will be reviewed in time.

The Minister for Health and Social Services:

I think also there is the evidence-based guidelines around when and how to approach the screening programme.

Deputy R.J. Ward:

There are questions around that. There are a lot of questions around those we found, their status and so on but they are an indicator. As long they are used appropriately and there is follow up there is a lot that can be done.

The Minister for Health and Social Services:

Yes.

Deputy C.S. Alves:

Can I just ask about children's cancer, paediatric cancer? What kind of screening is available there and kind of awareness?

Director of Public Health:

So there are a number of children's screening programmes but I am not aware there is anything around cancer for children, and that will be purely on the basis that the programmes are less likely to confer benefit for the children. It is all to do with whether you are likely to detect cases at an early-enough stage that you can start treatment that really makes a difference to those outcomes. So, as I say, all these cancer screening programmes are reviewed in the U.K. and they are also now being addressed in a specific board in Jersey. It really is that balance of harm and good that we have to consider every time.

Deputy R.J. Ward:

I know we need to move on but I just wondered whether Jersey is a good demographic for some screening programmes because of the older population and the occurrence of certain cancers as a trial maybe with modern technology which is developing, and there is an opportunity there, just to put that seed in your mind moving forward. The next thing we are going to ask about, there are a few things within that here, is the unavailability of healthcare equipment. Recently all States Members received an email raising concerns regarding the unavailability of health equipment due

to the department not paying bills to external companies. Can you provide an explanation for this and what is being done to address the issue?

The Minister for Health and Social Services:

I will leave Chris to provide the detail around the actual departmental stuff but from a Ministerial point of view, clearly when this came to my attention the first thing was to address this with the Minister for Treasury and Resources. I do know that there was some dedicated focus to resolve that procurement and administration system so that we could be assured that where invoices were being submitted they were being paid. I think as we did that we revealed that the problem was more complex and perhaps maybe you can give some more detail as to what was going on.

Deputy R.J. Ward:

Just briefly because we have got something else we wanted to ask.

[11:45]

Chief Officer, Health and Community Services:

Yes. It is linked to the introduction I think at the beginning of the year of the new payment system, the Treasury payment system. What we were finding in some cases bills were not being processed and that maybe ... well there were a number of reasons for that, that the suppliers were finding it quite difficult to use our system. The staff were also finding it quite difficult to use the system but equally what it exposed was issues such as contracts, existing contracts, that did not have a purchase order. With the new system, quite rightly, you cannot get paid unless you have a purchase order, so it sort of flushed out some sort of poorer practices, so it tightened that up. I think what we are seeing now is, certainly in my inbox, the numbers of unpaid bills have reduced. I think what we also have found is that things were being attributed to being unpaid bills. They were not unpaid, it was to do with supplier issues or internal issues within H.C.S. where equipment was not being sent to the right department.

Deputy R.J. Ward:

So are the issues still being experienced? So are people missing, for example, M.R.I. scans because of whatever issue goes with it?

Chief Officer, Health and Community Services:

I have not had anything recently that was about because of unpaid bills. There are things where we have had supplier issues or where H.C.S. has not done what it should do. But as specifically proven that it was as a consequence of unpaid bills, I have not had anything across my desk that we have

investigated that the source of the problem was unpaid bills. We certainly were seeing that a lot but it is a lot less now. There were other reasons for things happening that are not associated with it.

Deputy A. Howell:

Sorry, can I just ask, are we still short of sort of basic things like having something to do with giving blood, basic tubes were not coming through and all sorts?

Chief Officer, Health and Community Services:

No one has reported to me that we are short of equipment.

Deputy A. Howell:

Anything at all at the moment?

Chief Officer, Health and Community Services:

Yes, it is not ...

Deputy A. Howell:

So everything is fine at the moment?

Chief Officer, Health and Community Services:

Well, if it is not, no one has told me. So, if a supplier does not supply which may be not ... it is nothing to do with a payment, whether they missed a supply or whatever. So we will still experience operational issues like every health system does. Have we always got all the equipment we need? Well, I would hope we have and if we do not then that would be raised as a Datex through the risk system and reported. So, I am not seeing lots of cases of this.

The Minister for Health and Social Services:

I think just in response to your query, because I understand the concern, and there may well on occasion be an issue around the supply and the logistics of that, but what I have asked officers to do is to make sure that we have sufficient stock control so that we do not get into a situation where we run out.

Deputy A. Howell:

Yes, I have heard of people not having hip operations because a hip joint has not arrived.

Chief Officer, Health and Community Services:

Well, as I say, if that is the case then they need to tell me.

Deputy A. Howell:

Okay, so anything that they are short of they should come ... can I just ask: how is the adoption of the electronic patient record going?

Chief Officer, Health and Community Services:

Well we have had, as I say, I think I have quoted to sort of say that it has been relatively smooth. I say "relatively" compared to systems that I have been experienced with. That does not mean it has been trouble-free because it has not and there are all sorts of teething issues and teething problems that we are having to work through. I think we are in month 4 now of its implementation. Remember, it is a 3, 4-year programme of rollout, so we are right at the beginning, so there are still issues that we need with the company to address. So, how it works, the time it is taking for some people to complete, need to improve training. So, we have a governance process to ensure that all the issues that are raised by doctors and others about its use are addressed by the MAXIMS team and M. and D. (Modernisation and Digital), the government department. So it is not without its difficulties but from the point of view of the level of improved governance that it provides, remember, before this we were doing a lot on paper.

Deputy A. Howell:

Yes. Can you say, have any departments been advised to go back to using paper records?

Chief Officer, Health and Community Services:

There have been a couple of times where we felt that there needs to be some improvement in the system, so we have said: "Right. Well, okay, look, while we are making that improvement just go back to what you were doing before on the paper and we will improve it and then we will move back again."

Deputy A. Howell:

Does IMS MAXIMS allow them to do that?

Chief Officer, Health and Community Services:

To go back to the ...

Deputy A. Howell:

To go back to the ... are they finding it easy to go back to the paper, do you know?

Chief Officer, Health and Community Services:

The issue is not about how easy, it is about the level of governance and for

Deputy A. Howell:

I just wondered, how is intensive care? Is intensive care using IMS MAXIMS?

Chief Officer, Health and Community Services:

They will be using MAXIMS, yes.

Deputy A. Howell:

Because I have a feeling they are using another record.

Chief Officer, Health and Community Services:

Right.

Deputy A. Howell:

Anyway, it was just an issue.

Deputy R.J. Ward:

Can I ask, because we have only got a short time left, perhaps we can include that in some written questions at the end just to go back over that.

Chief Officer, Health and Community Services:

Yes, we should deal with that.

The Minister for Health and Social Services:

Please, because I share the concern. It is not ...

Deputy A. Howell:

Yes, I think there are really significant problems about this patient record ...

The Minister for Health and Social Services:

Yes, I agree.

Deputy A. Howell:

... which perhaps are not coming to ... and it is really significant.

Deputy R.J. Ward:

Yes, I think if we can put some public questions written to you on that because I think they need a more detailed answer. So if we can do that, that would be really, really good.

The Minister for Health and Social Services:

Please.

Chief Officer, Health and Community Services:

Yes, we can do that.

The Minister for Health and Social Services:

If I can just assure the panel, I have raised this with the Assistant Minister and I ...

Deputy R.J. Ward:

Which Assistant Minister is that?

The Minister for Health and Social Services:

Which is Deputy Alex Curtis for I.T. (Information Technology). I can assure the panel that he is alive to this and he is working with us to try and resolve some of these issues.

Deputy A. Howell:

I think they are really significant.

The Minister for Health and Social Services:

Yes, they are safety issues that we need to address.

Deputy R.J. Ward:

Okay, thank you. We have only got about 6 or 7 minutes left; the substance use strategy, Deputy Porée?

Deputy B.B. de S.DV.M Porée:

Yes. So I am going to be asking questions more targeted towards your last published document, which was 20th July, specifically referring to the 5 overarching aims of the strategy and the underlying objectives. What are the priorities you will address first?

Director of Public Health:

So the objectives are clearly set out in the strategy but I think one of the main priorities is about alcohol consumption which is particularly high on the Island. But all of the objectives are important because we are trying to focus on prevention but prefer to focus on the health and social outcomes as well. Clearly, we are just going to try and work through those objectives in a systematic way. Some work has already been completed. So, for example, we do have digital self-help tools now. We have aligned to the U.N.E.S.C.O. (United Nations Educational, Scientific and Cultural

Organisation) anti-doping advice, so it will not only be about alcohol, it will be about those other things as well.

Deputy B.B. de S.DV.M Porée:

Thank you. But you did say alcohol consumption is your priority?

Director of Public Health:

I think it is a big priority because we know it is particularly high on the Island but it also has many consequences and also it is a very important part of our social structure. So it has implications for assaults, for hospital admissions, but also it is a beneficial aspect to the economy and part of people's social life. So that is the kind of rounded picture we want to take of it and work across government to make sure we get the right balance but currently, as I say, our alcohol consumption is particularly high.

Deputy B.B. de S.DV.M Porée:

As well as the impact, I suppose, in the society, that is how you are looking at it?

Director of Public Health:

Yes, absolutely.

Deputy B.B. de S.DV.M Porée:

Thank you for that. Okay, maybe this one for the Minister. Could you please provide the legislative timeframe for the strategy as it relates to your Ministerial portfolio? Within your work, well when are you looking to ...

The Minister for Health and Social Services:

I am just trying to remember what the timescale is. If I cannot provide that for you right now, Deputy, I will do that, yes.

Deputy B.B. de S.DV.M Porée:

Come back to us, please. Thank you.

The Minister for Health and Social Services:

I just cannot recall it at the moment. I am just trying to see if I have got any notes here that will give me some indication.

Chief Officer, Health and Community Services:

I think Ben might be able to help, Minister.

Policy Principal, Health Policy Unit, Cabinet Office:

For which project?

The Minister for Health and Social Services:

It is for substance use.

Policy Principal, Health Policy Unit, Cabinet Office:

Substance use, okay.

Deputy B.B. de S.DV.M Porée:

Would you maybe like to prepare that on the same brief; is that okay with you?

The Minister for Health and Social Services:

Yes, if I can. Yes, thank you. I am so sorry, I just have not got the detail around that.

Deputy B.B. de S.DV.M Porée:

Okay, that is fine.

Deputy R.J. Ward:

We will submit some questions at the end in writing anyway, so I think we will ...

Deputy B.B. de S.DV.M Porée:

I think we are just really trying to push through more questions with you. It is more important and if you can come back to us maybe we can make that while we get some point.

The Minister for Health and Social Services:

Yes.

Deputy B.B. de S.DV.M Porée:

Okay, so we also note that the strategy page on the gov.je website notes that work around medical cannabis remains ongoing and that date will be published in due course. Please could you explain what work relating to medical cannabis is due to be carried out and when would you expect that date to be published?

The Minister for Health and Social Services:

To be done. So the Minister for Economic Development, Tourism, Sport and Culture and I are the Ministers involved in this industry, if I could put it that way. My role is to make sure that the regulatory

frameworks governing medicinal prescribing are in place. We are currently working jointly with the Economic Development Unit to identify how best we produce a regulatory framework that provides safe administration and is compliant with the international convention that we are obligated to that meets Home Office requirements but equally supports the industry to deliver the best quality of medicinal cannabis provision in the Island. At the moment the regulation of the medicinal cannabis connects through the Jersey Care Commission. One of the things that we need to do is to take account of all of the work that is going on around medicinal cannabis in the Island to make sure that we have got the appropriate regulations in place for people who are interested to grow and cultivate cannabis and to strengthen those regulatory frameworks right across the piece and do some harmonisation around that.

Deputy B.B. de S.DV.M Porée:

That will be very important, I think, especially within the community. No one knows exactly what the regulations are there in place, so that will be much welcome as soon as we possibly can.

Deputy R.J. Ward:

Can I just ask whose remit that would be under, which Minister?

The Minister for Health and Social Services:

The regulatory framework will be under mine.

Deputy B.B. de S.DV.M Porée:

Yours?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

What about the growing and the industrial?

The Minister for Health and Social Services:

The growing and the industrial development is Economic Development.

Deputy R.J. Ward:

But that will be determined by the regulatory framework as to what is best to grow and what will be the things that we know about the industry or ...

The Minister for Health and Social Services:

No, what the framework will do is it will set the standard if aspiring companies or individuals want to grow, the regulatory framework they will need to comply with in order to obtain their licence to continue their business.

Deputy R.J. Ward:

So that may well be a medical framework in terms of medicine?

The Minister for Health and Social Services:

Well currently at the moment our framework is focused around the misuse of drugs regulations on the international convention on narcotics, so that is what drives the prescribing element of it. But within that, because the substances that we are dealing with have a narcotic element to it, it is encompassed under those regulatory arrangements. There is a review that we are undertaking at the moment to make sure that the regulatory framework is consistent with the compliance arrangements from the World Health Organisation as much as the misuse of drugs legislation which are different. So what we need to do is we need to bring the harmonisation of those legal frameworks together or regulatory frameworks together.

Deputy R.J. Ward:

I am conscious it is midday and the timing, I know there are lots of other things going on, is there anything else that anyone wants to ask? Those written questions we will send them to you.

The Minister for Health and Social Services:

Yes, okay.

Deputy R.J. Ward:

The written questions, they will be made public to go with this hearing anyway. Is there anything else?

Deputy A. Howell:

Yes, a lot of Islanders have had their appointments cancelled, in some cases, 10, 11 or more times, and I just wondered how those sort of issues are being addressed and how if an Islander knows they need an appointment in 3 months and then they do not hear anything, what should Islanders do?

Chief Officer, Health and Community Services:

If they are missing their appointments or having them cancelled, then people need to obviously contact H.C.S. and find out why that is the case.

Deputy A. Howell:

Yes, and who should they contact?

Chief Officer, Health and Community Services:

They can contact the P.A.L.S. (Patient Advisory and Liaison Service) office who will investigate why that might be the case and see what has happened, what has caused that, so the Complaints Department.

Deputy R.J. Ward:

Where do you find that on the ...

Chief Officer, Health and Community Services:

That will be on the ... where is it, Jessie?

Acting Chief Nurse, Health and Community Services:

It is on the website.

Chief Officer, Health and Community Services:

On the website, yes.

Deputy A. Howell:

Is it in the telephone book for elderly people? Possibly?

Chief Officer, Health and Community Services:

Will it be in the telephone book?

Acting Chief Nurse, Health and Community Services:

The hospital switchboard can put them through.

Chief Officer, Health and Community Services:

Just phone the switchboard.

Deputy A. Howell:

Just phone the switchboard?

Chief Officer, Health and Community Services:

Yes.

Deputy A. Howell:

Because this is a real issue for people. I think to have your appointment cancelled 11 times is not acceptable.

Chief Officer, Health and Community Services:

Yes, well that is completely unacceptable obviously and they should certainly make a complaint about that so we can investigate why is that, but 11 times is just not happening.

[12:00]

Deputy A. Howell:

If they know they need to go back in 3 months but they do not have an appointment, what happens? What should they do then? Phone up again to ... what should they do?

Chief Officer, Health and Community Services:

Yes. So if a patient is told that: "I need to see you again in 3 months' time" and they do not get an appointment, then in that case they should again raise that with the P.A.L.S. office or contact the speciality directly, the consultant's office, because typically a follow-up appointment would be sent out on that basis.

Deputy A. Howell:

Thank you.

The Minister for Health and Social Services:

I think, just to assure you, Deputy Howell, that this is a very live issue that I need to discuss with the chief officer and the team this very week, and that it is also suggested that we have some internal review of the way in which the appointment system is working. But also, I think at a different hearing, suggested to the panel chair there may be a particular Scrutiny focus on the way our whole appointment system is operating would be welcomed.

Deputy A. Howell:

Because it will be helpful if you have got a phone, you could have a text message: "Do not forget to come" or: "This is your appointment" not everyone needs a letter perhaps.

Chief Officer, Health and Community Services:

No, they do not. No, you are absolutely right.

Deputy A. Howell:

Thank you.

Deputy R.J. Ward:

Okay, is there anything that you want to ask the panel? You will notice you have got very little time to do that.

The Minister for Health and Social Services:

I suppose, given we have had 2 or 3 meetings now, and I think we welcome the scrutiny, but I wondered if there is anything that would help you in your work in terms of how you scrutinise us, if there is anything that you think we need to change or alter. Perhaps you do not need to answer that now but you might want to have a view about it.

Deputy R.J. Ward:

The one thing I would say is that if you are going to bring legislation, please give us time to scrutinise it.

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

I say that right at the beginning otherwise you do add the risk of poor scrutiny can lead to poor legislation and ...

Deputy A. Howell:

Then possibly it would be really helpful to know what you are doing really, to have more information, for us to have a bit more information about what is going on.

The Minister for Health and Social Services:

What would you like?

Deputy A. Howell:

Well things like we have heard that possibly we are having discussion with Guernsey, say, but we have not heard anything about it.

The Minister for Health and Social Services:

I do not know whether that is for this panel because I think that is a broader Council of Ministers' issue.

Deputy A. Howell:

But I thought that was with Health.

The Minister for Health and Social Services:

There are relationships that are being developed. If you specifically want to know about conversations and relationship-building we can talk about that but our intention is to just understand and learn from our partners across in Guernsey how they do things and what we can learn and what we can share.

Deputy A. Howell:

Thank you.

Deputy R.J. Ward:

We are looking forward as well to deciphering the Government Plan, but we will come back to that.

The Minister for Health and Social Services:

That is okay.

Deputy R.J. Ward:

But with that, I will say thank you to everyone for your time this morning, it is afternoon now, and we will call the hearing to a close.

[12:03]