

# STATES OF JERSEY

## OFFICIAL REPORT

**WEDNESDAY, 14th DECEMBER 2022**

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[9.30]

The Roll was called and the Dean led the Assembly in Prayer.

**Deputy C.F. Labey of Grouville and St. Martin:**

Sir, I have a funeral to attend this morning and I wondered if I could be marked défaut excuse, if I am not here for the votes?

**The Bailiff:**

The Greffe reminds me, we do not need to mark you défaut excuse, you are here for the roll call, you simply will not be recorded as having exercised a vote but you have explained and Hansard now reflects the fact you will be at a funeral. Before we move on with business this morning, Connétable of St. Martin, do you have anything you wish to put before the Assembly as a result of the deliberations overnight?

**Connétable K. Shenton-Stone of St. Martin:**

Yes, thank you, Sir. I would like to thank everybody who responded to the emails overnight, which a vast majority did. Having consulted with Members, this is what I would like to propose for the arrangement of our time this week. I am not proposing that we return after the vigil service this evening as a majority of Members are against that idea. I would therefore like to propose that we meet until 8.00 p.m. on both Thursday and Friday with a short adjournment at 5.30 p.m. on each day of 15 minutes. In terms of time limits, I am not asking you, Sir, to rule on whether a shorter time limit than 15 minutes should be implemented. P.P.C. (Privileges and Procedures Committee) will look at the guidance on time limits in the new year on the back of this. We can see if improvements can be made. But a number of Members have expressed concern about the precedent that would be set if we were to introduce a new hard time limit in this way and at this stage. Nevertheless, I would encourage all Members to be mindful of the length of their speeches, something which all Members have supported, even if they were not in favour of new time limits. There was insufficient indication regarding early starts and I am not therefore making any proposal at this time to change our start time. I will revisit the situation at the end of today and we may need to see where we are at this time tomorrow and whether any further decisions need to be made. I therefore would like to make the proposal for sitting late on Thursday and Friday evenings.

**The Bailiff:**

Is that proposition seconded? [**Seconded**] Does any Member wish to speak on the proposition that the Assembly will start at 9.30 a.m. as usual on Thursday and Friday, will take the usual hour that we specified for this week for lunch but then will sit until 8.00 p.m. with a break at 5.30 p.m. for 15 minutes or so, which is obviously essential for Members and indeed for the States staff.

**Deputy P.F.C. Ozouf of St. Saviour:**

I wonder whether or not it would be possible for the Greffe to kindly put the clocks so that even though those Members who are not limited by speeches can give an indication as to how long they are speaking. Having taken soundings from other responders and proposers, it may be helpful for the clocks to be put in place, even though they are not mandatory, just so that they can be shown how long they are speaking because it is difficult?

**The Bailiff:**

If that is physically possible and I am not sure it is, it will be done as soon as it is convenient, Deputy. I will simply add my own words, if I may, to those of the chair of P.P.C. There is obviously an enormous amount of work to get through in the next few days and it is not certain that one will be finished even by 8.00 p.m. on Friday evening unless people exercise self-discipline as to, firstly, whether or not they need to speak, as, secondly, whether or not they need to dilate upon the essential points in their speech. It is sometimes very tempting to indulge oneself in the quips and quiddities and all of those kinds of things, but that might not be conducive to moving the debate along at pace. Anyway, I say that for what it is worth and it is a matter for Members of course.

**PUBLIC BUSINESS - resumption**

**1. Proposed Government Plan 2023-2026 (P.97/2022): twentieth amendment (P.97/2022 Amd.(20)) - Hospital Funding - resumption**

**The Bailiff:**

We continue now with the debate on P.97, amendment number 20. The last person to speak was the Connétable of St. Brelade. Does any other Member wish to speak?

**1.1 Deputy T. Binet of St. Saviour:**

Firstly, I would like to thank the Assembly for supporting the direction of travel of the review, which changes the focus of this amendment from a position of uncertainty to one where we will be able to spell out our intentions and hopefully make provision to fund them. I would also like to thank Deputy Farnham and the project team for all their work on the single site at Overdale, much of which can be reused, particularly in relation to the clinical standards and requirements that will assist us in making rapid progress in the new year. Having listened to many of the comments made during the debate on Deputy Farnham's proposition, P.109, I feel it important to be clear about what is intended of this proposition, particularly in relation to 2023, why this approach is being taken and the effect that this does and perhaps, more importantly, does not have on previous decisions taken by the Assembly. As far as the intention is concerned, the proposition, if accepted, will allow the Council of Ministers to work with health staff to define the split of clinical services and optimise clinical adjacencies prior to seeking the support of the Assembly for dual or multi-site hospital facilities. It will also enable the drafting of plans required for the purpose, produce a costing for the development, schedule timings for deliverables and give some indication of the running and staffing costs involved. In other words, it will, in part, fund the production of a full business case. It will also fund ongoing works at the Les Quennevais site, with additional funds to improve insulation in certain parts of the building and pay for landscaping works which, should a decision be taken, to make full use of the site in the longer term. At this point, I would like to provide assurance to the Constable of St. Brelade who, during yesterday's sitting, very sensibly inquired about the £7 million specified for the purpose and the amendment. I am pleased to say that of that sum £5 million forms part of the total amount already committed to the project and the remaining additional £2 million would be to fund the insulation and landscaping and car park refurbishments mentioned a little earlier. In addition, it will fund a strategic

acquisition of the Kensington Place site from Andium Homes so that it is in the ownership of the Government of Jersey, enabling us to move quickly should the dual site development of hospital facilities prove acceptable. I should mention at this point that this exercise is vital for another reason, and that is to ensure that Andium Homes are not left for an extended period holding investment in a site that it is not able to utilise. As for why we are proposing to alter the funding arrangements originally stated in the Government Plan, this is quite straightforward. As we have seen from the results of the debate relating to Deputy Farnham's proposition, the majority of the Assembly appear to support further work that builds on the findings of the Our Hospital 100-day review. The numbers proposed in the original Government Plan reflected the ongoing tensions of the previous Our Hospital Project, however, we felt it would be disingenuous to simply proceed with the planned works, utilising funds designated for a different purpose. Fortunately the result of yesterday's debate suggests that this course of action may well be understood and appreciated. Moving now to the effects this proposition does and does not have on previous decisions taken by the Assembly. I can confirm that it allows for us to do the more essential elements of Deputy Farnham's earlier proposition but, in this instance, with a fully focused direction of travel with an end in mind and within an appropriate timescale. Importantly and concurrent with this work, it enables the purchase of essential property in a timely manner and sufficient investment in current projects to ensure that they will be fit for purpose in the proposed new scenario. What it does not facilitate is the revocation of any of the decisions made by this or previous Assemblies in relation to the physical elements of the Our Hospital Project.

[9:45]

Nor does it invalidate the planning permission granted for the Our Hospital Project at Overdale. There is much work to be done and while we now have a more defined direction of travel we will certainly keep our options open to ensure we provide the most appropriate and deliverable project possible. I would also like to make it clear that this amendment includes no funding for activity beyond 2023. The funding it would provide is that which is required to enable the project to progress for the next 12 months. Beyond that, we will need to come back to the Assembly for their approval. Not just for funding but also for the amendment or rescindment of any extended decisions and any major proposal that may become appropriate at some point in the future. I trust this explanation sets out our intentions in clear, open and honest terms, just as this new Council of Ministers promised to do at the time it took office. On that basis, I ask Members to give their wholehearted support to this amendment.

#### **1.1.1 Deputy L.V. Feltham of St. Helier Central:**

I am happy to follow Deputy Binet as he raised a few points that I would like to just discuss as a constituency Deputy, because no matter which site we are talking about, aside from the St. Brelade sites, all of the St. Helier sites fall within my constituency. Within the review, and within what we are reading in the Government Plan amendment, there are still so many questions that need to be asked about the impact of the plans on my constituents, both in terms of the road, in terms of the site acquisition of Kensington Place, and also in terms of the impact on the many healthcare staff that also live in my constituency due to its proximity of the hospital site. I looked at this amendment and I thought to myself what would encourage me to support it. Now, I am quite a risk averse person - I see Deputy Ward nodding and agreeing there, he knows me well - and the reason I think I would support this would be to mitigate risk. If I was concerned that the Minister for Treasury and Resources could not be trusted to keep a tight rein on the purse strings during this period of uncertainty on how the project will proceed because effectively by not approving this all that remains in place is the facility for the Minister for Treasury and Resources to borrow up to the previously agreed amounts. I am sure many Members will agree with me that there is probably no other Member in this Assembly that we could trust more to keep a tight rein on purse strings than Deputy Gorst. So for me that risk is mitigated. But the risks that are not mitigated are the risks around the questions that I have in relation to my constituency and the effect of the plans on my constituents. So that is

why I will not be supporting this amendment and I would like Government to come back to us with standalone propositions with far more detail about the buying of the site at Kensington Place and how that is going to be purchased and what that means, what other risks that entails. Far more detail around what the implications are in relation to traffic and other services for my constituents, and far more detail about what this reduction in budget means about the timeliness of the building of the hospital because the way I am reading this, and I think it was confirmed by Deputy Binet in his speech, is that the funding that is confirmed within this amendment is funding essentially for more preparatory work. I have constituents that work in the hospital that are asking when there is going to be a spade in the ground and I do not want to be supporting an amendment that may well prevent that, if the Government finds itself in a position that it can proceed with some form of building before the end of the year.

**The Bailiff:**

Does any other Member wish to speak on the proposition? If no other Member wishes to speak then I close the debate and call upon the Chief Minister to respond.

**1.1.2 Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter:**

I thank those Members who have spoken, and I can wholeheartedly agree with Deputy Feltham that the Minister for Treasury and Resources does indeed hold the purse strings tightly and, I think as Members agreed at the very beginning of this session in this Assembly, that he is most certainly the right person for that particular job. I do ask that Members support this amendment to the Government Plan because it enables us to bring the development to the full business case stage. It is important that we are able to deliver that level of detail to the Assembly and it is the right and appropriate way to do it. I do understand some of the concerns that have been raised about Les Quennevais but why spend twice? The previous Government was renowned for spending twice on projects, sometimes even 3 times, and the move of some facilities to Les Quennevais was exactly one of those examples. If you take the Child Development Centre, which had recently been refurbished for the cost of £3 million in 2018, they were proposing to move it to Les Quennevais, which of course is being prepared and an investment made to make that happen, and then it was going to be moved elsewhere to a location that had not yet been agreed. That, in my view, was spending thrice, not even twice, and was totally inappropriate and wasteful. I would urge Members to help us ensure that the monies being spent on the Les Quennevais facility will endure and will serve the healthcare needs of Islanders, and particularly those in the west for the long term. Indeed, it is an example of spending wisely, in my book. On the point of the additional money, which as one Member raised, increased from that which was proposed under the previous Government's plans, that is due to an overspend that was incurred on that project. Unfortunately it is something that we have to withstand. Town Deputies mentioned Kensington Place, as did others, the contract there. We of course do not want to tie the hands of Andium and it is only right that we pay the fair price for that site so that we can enable them to carry on and deliver better homes for Islanders elsewhere, such as at St. Saviour's Hospital where they will be able to develop a fine environment for Islanders to enjoy affordable accommodation in pleasant surroundings. There has been much talk of town cramming and Members' concerns about that in previous debates. I would like to suggest that we should certainly move away from the plans to, in my view, create more town cramming if that is Members' views. If that proposed site at Kensington Place were to take place, yes, it is 106 much-needed units for accommodation but it was a development that was in fact criticised by the planning inspectors when they conducted their enquiry into the bridging Island Plan. It is not the kind of accommodation that we want to deliver for Islanders. We can do better and I hope that Islanders will support us in moving this forward so that we can. Finally, as the Minister for Infrastructure stated in his speech, we will be coming back to the Assembly as and when appropriate for the further agreement, and to enable Scrutiny to take the time that they need to scrutinise any further plans. As we progress on this project we will most certainly do that, along with the Assembly at the right time. But for the moment I ask Members to support this amendment.

**Connétable P.B. Le Sueur of Trinity:**

Before we move to the vote could I raise the défaut on the Constable of St. Brelade?

**The Bailiff:**

Yes, the défaut is raised on the Constable of St. Brelade.

**Connétable A.N. Jehan of St. John:**

Can I arise the défaut on Deputy Farnham?

**The Bailiff:**

Yes, indeed. Do you call for the appel, Chief Minister?

**Deputy K.L. Moore:**

I do, Sir, thank you.

**The Bailiff:**

The appel is called for, I invite Members to return to their seats and I ask the Greffier to open the voting and Members to vote. The vote is on the twentieth amendment to the Government Plan. Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting.

<b>POUR: 33</b>		<b>CONTRE: 12</b>		<b>ABSTAIN: 1</b>
Connétable of St. Helier		Connétable of St. Lawrence		Deputy M.R. Scott
Connétable of St. Brelade		Deputy G..P. Southern		
Connétable of Trinity		Deputy M. Tadier		
Connétable of St. Peter		Deputy R.J. Ward		
Connétable of St. Martin		Deputy C.S. Alves		
Connétable of St. John		Deputy L.J Farnham		
Connétable of Grouville		Deputy S.Y. Mézec		
Connétable of St. Ouen		Deputy T.A. Coles		
Connétable of St. Mary		Deputy B.B.S.V.M. Porée		
Connétable of St. Saviour		Deputy C.D. Curtis		
Deputy C.F. Labey		Deputy L.V. Feltham		
Deputy S.G. Luce		Deputy R.S. Kovacs		
Deputy L.M.C. Doublet				
Deputy K.F. Morel				
Deputy S.M. Ahier				
Deputy I. Gardiner				
Deputy I.J. Gorst				
Deputy K.L. Moore				
Deputy P.F.C. Ozouf				
Deputy P.M. Bailhache				
Deputy D.J. Warr				
Deputy H.M. Miles				
Deputy J. Renouf				
Deputy R.E. Binet				
Deputy M.E. Millar				
Deputy A. Howell				

Deputy T.J.A. Binet				
Deputy M.R. Ferey				
Deputy A.F. Curtis				
Deputy B. Ward				
Deputy K.M. Wilson				
Deputy L.K.F Stephenson				
Deputy M.B. Andrews				

## **1.2 Proposed Government Plan 2023-2026 (P.97/2022): fourth amendment (P.97/2022 Amd.(4)) - Health Insurance Fund Transfers**

### **The Bailiff:**

We now move on to the fourth amendment, the Health Insurance Fund transfers lodged by the Health and Social Security Scrutiny Panel. The main respondent will be the Minister for Health and Social Services. I think, Deputy Southern, you are presenting this; is that correct? Are you accepting the amendment of the ...

### **Deputy G.P. Southern:**

No, Sir, we are not accepting the amendment.

### **The Bailiff:**

In which case I ask the Greffier to read amendment number 4.

### **The Deputy Greffier of the States:**

Page 2, paragraph (c) – After the words “Article 9(2)(b) of the Law” insert the words – “, except that – (a) the transfers from the Health Insurance Fund to the Consolidated Fund (Revenue) and Consolidated Fund (Capital) shall be reduced to £0 for 2023 and 2024; and page 2, paragraph (e) – After the words “of the Report” insert the words – “, except that – (a) the General Reserve Head of Expenditure shall be reduced by £12,450,000 for the purposes of funding the Jersey Care Model, the Jersey Care Model – Digital Systems and the Digital Care Strategy.

### **1.2.1 Deputy G.P. Southern of St. Helier South (Chair, Health and Social Security Scrutiny Panel):**

What I have by way of title in my speech today starts with the words: “Promises, promises, promises.” Because that, to be frank, is what I think we have been receiving on the end of for the past 10 years. Lots of promises to preserve the H.I.F. (Health Insurance Fund) and nothing to back it up. It has been spent, spent and spent. Not on its original purpose, on primary care. So the prime function of this Government Plan amendment is to prevent the Minister for Social Security, along with the Minister for Health and Social Services from once more raiding the Health Insurance Fund and using it to fund whatever projects they see fit. We will see, as we go along, how those amounts allocated away from primary care and towards other spends grows like topsy, as we go along. The Health Insurance Fund is supposed to be tightly controlled by the Minister for Social Security to collect social security contributions, that is 1.2 per cent from employees and 0.8 per cent from employees, to meet the primary healthcare costs of the public. These effectively are largely pharmaceutical and G.P. (general practitioner) fees. Members will be fully aware that while pharmaceutical costs are low, G.P.s are far from that, but are high. I say, sadly rather, once again because this is far from the first time that the Health Insurance Fund has been raided. The very first time to my knowledge was back in 2010 when P.125/2010 redirected funds from the Health Insurance Fund to cover diabetic,

dietary and continence products that are already administrated by H.S.S. (Health and Social Services) and this was a relatively small amount.

[10:00]

The first of the major raids took place in 2012 when P.88 diverted £2 million in 2013, £6 million in both 2014 and 2015 and at the time we were assured that these transfers were only to be used for the primary care services provided by H.S.S. and will be subject to the strict control of a Minister for Treasury and Resources. Not only have we got one layer of safety in there with the Minister for Social Security but if they get generous with funding then the Minister for Treasury and Resources steps in and says: "Hey, hang on, what are you doing that for? Is that justified?" The answer has been along the way, yes, it is justified because we say it is. 2020 also saw the start of ramping up with the sums involved, in addition to a £5.3 million loan because of COVID, there was an £11.3 million transfer from the Health Insurance Fund to other costs. Here we have that £11 million broken down; the Jersey Care Model £6.6 million, that is no longer in existence, we have relabelled it something else; the Jersey Care Model digital for I.T. (information technology) developments £1.3 million; Digital Care, again, £3.4 million. We have got a chunk of material there that is being used other than what it is designed for, which is primary care. If we look at what the Primary Care Board says about those changes, it says the following: "We understand that a sum in excess of £11 million has already been allocated to health to replace secondary care I.T." Note second care I.T., not primary care, again, a diversion wrong: "While this capital investment is overdue as a result of decommissioning of previous software with limited capabilities, it does not represent investment in primary care I.T., nor does it appear to have any link with the J.C.M. (Jersey Care Model)." The people who are on the receiving end of this fund are complaining like billy-o that it is not going to the right place. They go on: "The Government Plan has no specific proposals on how general practice and wider primary care will be funded and no specific proposals as to how the Health Insurance Fund will be maintained." Indeed, the P.C.B. (Primary Care Board) have complained about this in the past. They go on: "We have yet to see any proposal in support of the statement that money will follow the patient to allow transfer of care to the community in the longer term. In addition, the need for associated infrastructure and its cost has not been addressed. In the meantime, diverting funds will inevitably reduce the sustainability of the Health Insurance Fund and its ability to continue to support patient benefits. It should be remembered that the principle of the H.I.F. is to support patient access to primary care services, as such H.C.S. (Health and Community Services) budgets should not be supplemented by money from the Health Insurance Fund." That is what the G.P.s largely have to say about that. If we examine the text attached to the Government Plan 2022-2025 on page 169 it reads as follows: "Following transfers in 2020, transfers up to £11.3 million will be made in 2021. It is intended that a further £33 million of investment in the Jersey Care Model and digital will be met from balances held in the Health Insurance Fund." Note that sum, all of a sudden we have got a massive increase in the amount of money that is going away from primary care into secondary care in one form or another; £33 million in that particular Government Plan: "Overall the net effect on the Health Insurance Fund is a move from an opening balance of £92 million in 2022 to a closing balance of £48 million in 2025"; that is approximately one year's funding. It is on a very slippery slope, the funding for primary care. Turning to the most up-to-date Government Plan 2023-2026 on page 69 we find the following: "During this Government Plan period, work will continue on redesigning and digitising healthcare as a health and social care. Following transfers in 2021 and 2022 it is anticipated that a further £22 million will be invested from the Health Insurance Fund between 2023 and 2024." In addition, the Minister for Social Security commits to a transfer of £30 million for 2023 and after all these transfers the Minister notes that the closing balance of the H.I.F. is just under 2 years' worth and expenditure. The Health Insurance Fund is living on a knife edge, it may well go under at any stage but where is the report that assesses that? That says: "No, it is perfectly safe" or: "Hang on, we had better be very careful around the H.I.F." It is not there. Promise after promise to do a review of how effective the Health Insurance Fund is has not come to pass. We have ignored it, crossed our fingers and said let us hope everything works out in the end; that appears to be what we are doing.

According to my calculations, there has been some £60 million or thereabouts redirected from the Health Insurance Fund towards the J.C.M. and related digital innovation. In order that such spending is subject to proper governance, both Ministers have given repeated assurances that the proper safeguards are in place. In the case of the Minister for Health and Social Services she insists that sustainable funding will be in place before allowing any further withdrawals. Sustainable funding will be in place before any further withdrawals. Is that happening? No, it is not. This Government Plan says withdraw more money from the Health Insurance Fund. The amendment says stop doing that, you are putting the Health Insurance Fund at risk with no great alternative as to how we are going to fund primary care. There is no allowance in there at all: “The Minister for Social Security has gone further in calling on the actuaries to review current practice.” Specifically they talk about: “An actuarial review of the Health Insurance Fund is prioritised in 2022 and will include specific analysis of the use of the Health Insurance Fund for the purposes of the Jersey Care Model and its related digital strategies, in consideration of the impact of all the withdrawals on the fund since 2020.” Actuarial report with details saying this is what is happening: “The future of the Health Insurance Fund, should withdrawals take place, as envisaged by P.130/2020, as part of the wider review of sustainable healthcare, there will be a specific consideration undertaken to repaying the H.I.F. from the Consolidated Fund if no sustainable healthcare funding is operational by 2025.” Do not worry about it then, if we have not sorted it by 2025 we will repay it back into the H.I.F. How short-sighted can you get? About as short-sighted as these Ministers who have been fobbing us off and their predecessors fobbing us off with promises, promises, promises. Just by way of summing up, I will take 3 statements here from either the Minister for Social Security or the Minister for Health and Social Services from 2020 or 2022: “The Government Plan we will be debating in the next few weeks recognises the need for quick action. It brings forward the need to deliver a solution to make sure that health costs are funded sustainably and it commits to undertake a full review, which will include taking proposals to this Assembly ahead of the 2022 Government Plan.” Are we ahead of the 2022 Government Plan? We are not: “Including proposals brought to this Assembly as to how we should progress.” Has it happened? No, it has not. Again, this is the J.C.M.: “We will undertake a full review which will include taking proposals to the States Assembly ahead of the next Government Plan to determine an appropriate model for future health funding.” That does not exist yet. The work has not been done, we are just hitting and hoping. Finally: “The 2021 Government Plan sets out further transfers in 2022 and 2024. I, again, will only put these forward after Ministers have completed and planned at the planned review of sustainable health funding and brought proposals back to the Assembly during 2023.” They are the promises that have never been delivered. We have a Health Insurance Fund now which we do not quite know what state it is in but it is not in a very healthy state at all. This amendment says hold this process until you have the report. The report is due, not in 2022 though because that is just gone; 2023, middle of next year, perhaps late next year we will see the report, in which case we can decide what we are going to do with the Health Insurance Fund because we will have some information, some evidence to base it on; at the moment we have not got that. This is a safety-first amendment which I encourage all Members - all Members - to vote for.

**The Bailiff:**

Thank you very much, Deputy. Is the amendment seconded? **[Seconded]**

**1.3 Proposed Government Plan 2023-2026 (P.97/2022): fourth amendment (P.97/2022 Amd. (4)) - amendment (P.97/2022 Amd.(4).Amd) - Health Insurance Fund Transfers**

**The Bailiff:**

There is an amendment to the amendment and that is brought by the Council of Ministers, and I ask the Greffier to read the amendment.

**The Deputy Greffier of the States:**

1 Page 2, part 2 - For the words “shall be reduced to £0 for 2023 and 2024”, substitute the words “shall be reduced to £4,178,000 (Revenue) and £0 (Capital) in 2023 and £3,216,000 (Revenue) and £0 (Capital) in 2024.”

[10:15]

2 Page 2, part 2 - For the words “the General Reserve Head of Expenditure shall be reduced by £12,450,000”, substitute the words “the General Reserve Head of Expenditure shall be reduced by £7,378,000” and after the words “Digital Care Strategy” add a new subparagraph (b) as follows: “(b) the Head of Expenditure for Health and Community Services shall be reduced by £894,000”.

**The Bailiff:**

Who is proposing the amendment on behalf of the ...

**Deputy K. Wilson of St. Clement:**

I am, Sir, thank you.

**The Bailiff:**

Thank you very much.

**1.3.1 Deputy K. Wilson (The Minister for Health and Social Services - rapporteur):**

I would urge the Assembly to support this amendment to the amendment, which is proposed on behalf of the Council of Ministers. The amendment proposed by the Health and Social Security Panel, if unamended, would seek to reduce the funding from the Health Insurance Fund, otherwise known as the H.I.F. For those projects and programmes, that until recently were collectively known as the Jersey Care Model, the panel would seek to reduce H.I.F. funding for these projects to zero and instead propose that funding be sourced from the General Reserve. Members will know from the report supporting our amendment that we, as a Council of Ministers, acknowledge the panel’s concerns about the use of the funds from the H.I.F. for such purposes. But Members will also know that I too, as the relevant Minister, had concerns regarding the efficacy of the projects being funded by the H.I.F. and recently concluded my own review of the Jersey Care Model. In summary, it was determined that many of the services are necessary for the redesign of our health and care service. Therefore, as a council, we are confident that it is appropriate that some funding from the H.I.F. be used for the purposes of redesigning our health and care service. But we do also recognise that funding needs to be found from elsewhere. As such, our amendment proposes to reduce the overall requirement for funding from the Health Insurance Fund and use some funding from the General Reserve to cover any difference. We are confident, as a Council of Ministers, that our proposal is a sensible alternative and a middle way to address the panel’s amendment. I would like to open the debate to the Chamber and will do my best to address any points raised by Members in this debate.

**The Bailiff:**

Thank you very much, Minister. Is the Council of Ministers’ amendment to the amendment seconded? **[Seconded]** Thank you very much.

**1.3.2 Deputy P.M. Bailhache of St. Clement:**

I supported Ministers in relation to the hospital but I am not going to support this Government amendment. In fact I think the Minister should be a little ashamed of this attempt to continue the plundering of the Health Insurance Fund when they have acknowledged the validity of the concerns expressed by the panel. The panel wants to draw a halt to it. The Government says, in effect, that they know the panel is right but they want to take just a little bit more, just over £4 million in 2023 and just over £3 million in 2024. It is like the little boy in the sweet shop caught with packets of stolen jelly babies in his pocket but hoping that he will get away with the stolen gobstoppers in his satchel. Members are entitled to expect that the Council of Ministers will be principled in its actions. I fear that on this occasion that principle is lacking. Their report contained some weasel words about

protecting the Reserve Fund but the Reserve Fund should not be protected by robbing Peter to pay Paul. It should not be protected by taking money from another fund, which in truth belongs to the contributors to the H.I.F. This is not money which ought to be used for the general purposes of the Health Department or the Jersey Care Model. It is money contributed by employers and employees from their wages for a specific purpose and that purpose is to make it possible for contributors, the public, to be able to afford to go and see a G.P. when they need to do so. It is about affordable access to a doctor; that was why the Health Insurance Law was enacted in 1967. It is an insurance scheme, you pay your premiums or contributions and you get the benefit of a reduction in the cost of seeing the doctor when you are ill. Originally medical benefit was intended to cover 50 per cent of the cost of seeing a G.P. and of course there was the health insurance exemptions to enable lower income groups to have free access and now replaced by a comparable provision for those on income support. I know that the 1967 law has been amended to allow successive Governments and Assemblies to use the H.I.F. for other purposes, originally for funding different primary care services and since 2018, effectively, for almost any expenditure of the Health Department. But that last amendment in 2018 was as unprincipled as is the Government's current amendment and should be repealed. What has been the consequences of taking money out of the Health Insurance Fund? First, the value of the fund, which underpins the whole insurance scheme, has been severely diminished. The chair of the panel says that £60 million has already been taken. Secondly, the medical benefit, what is deducted from the G.P.'s fee, has not been increased for the last 10 years and it has become progressively more expensive to see a doctor. Increasingly, some people think twice before going to a G.P. and some do not go when they should. Thirdly, G.P.s' incomes have been squeezed and it is now difficult to persuade doctors to come to Jersey and, increasingly, it is not easy to get a doctor's appointment. The concerns expressed by this panel about the Health Insurance Fund are not new. They were expressed in December 2020 during a debate on the Government Plan 2021-2024, which led Deputy Martin, then Minister for Social Security, to say this: "I understand their concerns, I do not share them because we will not be taking any more money out until we find that sustainable model. It will come back to the Assembly. It needs to come back to the Assembly and it has to be done, as I said, before we can just carry on taking money out of the Health Insurance Fund." The current Minister for Social Security seems to think that that undertaking has lapsed in some way. But whether that is right or not it seems eminently sensible not to take more money out of the H.I.F. until there is a plan for the sustainable funding of primary care. If the Government had a clear idea of where it was going and what was going to happen to the funding of primary care when the H.I.F. was reduced to zero, that would be one thing but the Government's officials told the panel that they had no idea at present what the plan would be. The plan may emerge sometime next year. I think that in the meantime we ought to be increasing the value of the Health Insurance Fund, not diminishing it. If we did increase it we might be able to do something about dental care, currently in a lamentable state. According to the recent Jersey Lifestyle Survey, half of adults in Jersey say that the cost of a dentist's appointment stopped them from going. Children can wait years to get an appointment in the public system. This is deplorable in a wealthy community, yet the 1967 Health Insurance Law envisaged a similar insurance scheme for dental care more than 50 years ago but nothing has been done. In my view there is not very much wrong with our health insurance scheme. It would be sustainable if the Health Insurance Fund were not constantly diminished. It is different from the U.K. (United Kingdom) but it is like schemes operated in many other countries. Of course it can be improved, we should certainly increase the medical benefit, we should find a means of ensuring that everyone is able to afford to go to a G.P. when it is necessary to do so. Our health insurance scheme, which until a few years ago had worked well for more than 40 years, should not be put at risk by plundering the fund which underpins it. It is really disappointing that the Government has brought forward this amendment. I retain a small hope that it might, on mature reflection, withdraw it but if not I hope that the Assembly will roundly reject it.

### **1.3.3 Deputy B. Ward of St. Clement:**

Firstly, I would wish to thank the Minister for Health and Social Services and her team for providing the recent information and associated costs for a reduced number of systems they wish to be paid for by the H.I.F. going forward. Having examined the information, I am most concerned that the H.I.F. in the main is for Health and Social Services staffing, which in my view should be paid for under separate business plans to Treasury for an increase in the H.C.S. budget to cover these new services and associated staff. We have heard from my colleagues the history as to why the H.I.F. was set up; to support G.P.s, pharmacists, dentists and, importantly, patients or the community in the primary care sector. However, what has been happening, I believe, is a departure from that principle. The Assembly needs to know that in previous years the H.I.F. funds were depleting and not sustainable, due to increasing pharmacy costs. But with meaningful discussions with the doctors and pharmacists on their prescribing and dispensing of medications, which had a positive effect in reducing these costs, with the result the H.I.F. regained a more healthier position, providing longevity of funding provision for patients' benefits and free prescriptions. This was not a green-light signal for Health to take out money, which in turn is recommencing the depletion of funds. Examples of money being used from Health and Social Services based on the recent information that has been provided us are as follows: firstly, the out-of-hours community services, which at present is a trial. The G.P. out-of-hours service was set up in 2005 and provides out-of-hours on-call services to Islanders 365 days over the year. This service has and continues to work well at a cost of £350,000 a year paid by the Health Department, with on average 2.5 calls/visits between the hours of 11.00 p.m. and 8.00 a.m. in the morning. Health wish to have an additional service put in place with nurses employed to visit patients overnight, which from the stats that have been provided equates to 0.8 visits, but that is from 8.00 p.m. in the evening to 8.00 a.m. in the morning at a cost of £973,000 a year. I feel this just does not add up and will worsen as the years progress to an eye-watering amount of £3.1 million by 2024, by introducing another layer of staffing at 3 times the yearly cost of the present system, which is not broken and I have to ask, what is going on? Secondly, oxygen and respiratory, which is a live project.

[10:30]

While I support introducing new services to help patients stay in their own homes and prevent admission, money for new services is wishing to have an increase of 3.0 full-time equivalent staff members at £225,000. Again, this should be set out on a business proposal to Treasury and not taken out of the Health Insurance Fund. Thirdly, immediate care management at a cost of £448,000; this is for a new manager by 2024, based on the information we have received. The rapid response service, which is live, while again I fully support this type of service I have to share with the Assembly the proposed cost of this is £2.66 million to pay for staffing, 3 consultants, which are medical consultants and the associated staff costs. Again, a separate new business case should be tabled to the Treasury and not use the H.I.F. to supplement more Health and Social Services staffing. I have demonstrated with just these few examples that the Health and Social Services is using the H.I.F. money to pay for staffing and expansion of H.C.S. services. The more you dig into the information the more questions it raises. We have heard repeatedly from the general practitioners that the patients' benefit has not been increased for some 10 years, placing huge and serious pressure on G.P.s and primary care services. I am aware that some £9 million has been allocated to G.P. practices but that has been on a sliding scale over the next 3 years to assist in providing nurses and paramedics in G.P. surgeries. But there is no sustainability in this gesture. What will happen in 2 years' time? Please, no more money is to be taken from the H.I.F. We must restore and protect the patients' benefit to today's rate with index-linking going forward. If we do not use the H.I.F. as it was intended we will not have a sustainable primary care service which looks after our community, providing 80 per cent of our care. We have been elected to be open and transparent, take better care of our finances by looking at how States spends its money. I really do feel by using the H.I.F. money to expand health was and is not the correct route. We need to know if any of the approximate, as I heard, £60 million from the H.I.F. money already transferred has been spent on, for example. I would like to know the number of interim managers paid up to £750 a day and housed in hotels. I would like a full breakdown of how many health staff have been paid from the H.I.F. to date. How much

of the H.I.F. monies have been paid to the 30, 40 staff working on the Jersey Care Model to date, especially during the last 6 months, while the scheme has been paused? Fourthly, where is the evidence of what has been achieved with the £60 million? The public need to know how their money has been spent and on what. I believe the transferring of H.I.F. money over the years to Health has and is to the detriment of our G.P.s, pharmacists, dentists and, most importantly, our community, our patients. We are still waiting for the sustainable funding report and the results of the Social Security actuarial report, which is expected, as we have been advised, the first or second quarter of 2023. Until we have all the checks and balances accounted for, there needs to be a halt in raiding the H.I.F. Sadly, I am not confident in the way the H.I.F. money has been spent by Health in times past. What we have seen to date, based on the recent information, I have an increased lack of confidence, which I must lay with the Minister for Health and Social Services, in the way the H.I.F. money is being handled to date and for their plans going forward. I cannot support the amendment to the amendment but, therefore, please ask that you support the Health and Social Security Scrutiny Panel's amendment. Thank you very much for listening.

#### **1.3.4 Deputy M. Tadier of St. Brelade:**

What we are seeing here, I think, is a thorough piece of work from Scrutiny and it is refreshing to see that because up until now most amendments have been either supported or opposed by Government on the basis that you have got Government on one side and you have got either Back-Benchers or a given party on another side and the positions seemed to be fixed. What we have got here is a piece of Scrutiny work which has looked at what this Government is seeking to do. It has got a diverse group on that Scrutiny Panel, which includes the leader of the Jersey Liberal Conservative Party and it includes one of our members and an independent member and maybe another one. Sorry, I am not sure, I think it is Deputy Porée, thank you, and Deputy Howell. Sorry for not being fully aware of that, I know the first situation another member has been added and that is good and that is how Scrutiny works. It takes advantage of differing knowledge and experience and life experience, not just political experience, to look at evidence and come up with solutions. It has to be said when I hear an agreement, albeit that it is a Scrutiny piece of work, between Deputy Southern and Deputy Bailhache, the leader of the Jersey Liberal Conservative party, in the Assembly and also when he makes such clear arguments in his opening speech and as did Deputy Southern, I have to agree and I see that we are in a situation, and I like the analogy about the sweet shop. I see a similar analogy about a man going down to his local watering hole and he decides that he wants to buy a round of drinks for everybody in the pub and then the next day, after coming back home, he realises that he does not have enough money to buy a meal for his family. He ends up raiding his child's piggybank in order to buy the family a meal. It is exactly that, is that the money in that piggybank is not his. There is a trust that has been broken by that act. It is entirely right that if he wants to do something with that money, his own money, he can do that. We come back to the fact that when it comes to hospital spending that money comes through general taxation and there is a legitimate use of social security money, the H.I.F. funding, to fund things like G.P.s and dentists, which we are already struggling to do. If anything, we need to increase that money, as has already been said, not decrease it. For me, this comes back to basic principles because it is not a party-political issue, it is about basic principles of fairness, trust and financial probity. I do not want to conflate issues unnecessarily but it seems to me that yesterday we have a Government that is prepared to give away money to people who do not necessarily need it unnecessarily. I am referring of course to what happens with the empty-rooms tax, and I know it is different amounts of money in terms of magnitude, but yesterday we have a Government that is willing to give away a third of £1 million. Quite coincidentally on the same day I was telling somebody what we were debating and he says: "I rent a room out." I say: "Now you will not be charged tax on that" and he says: "Why?" I said: "Apparently you need the money, apparently you are struggling." He says: "I am not struggling." I said: "Also, we want to encourage people like you to rent more rooms out." He says: "But I have only got the one room, it is not going to make any difference." I make that by way of analogy.

#### **Deputy E. Millar of St. John, St. Lawrence and Trinity:**

Sir, did we not discuss this yesterday?

**Deputy M. Tadier:**

I make that by way of analogy.

**The Bailiff:**

I am sorry, if you could pause it, what are you asking, Deputy Millar?

**Deputy E. Millar:**

Sorry, it seems to me, Sir, that when we have already agreed to try and limit speeches, Deputy Tadier is beginning to reopen a discussion we had yesterday rather than the point at issue.

**The Bailiff:**

I am sorry, Deputy Millar, that is neither a point of order nor is it a point of clarification and those are the only bases, unless you were going to talk about the fundamental rights of the Assembly, in which it is possible to interject during the course of a debate. The fact that you do not like it is really not a basis for interjection, I am afraid. There has been no ruling relating to the length of speeches. I have asked Members to exercise their own personal restraint and judgment, so there is no breach going on at the present time. Please, do carry on, Deputy Tadier.

**Deputy E. Millar:**

I apologise, Sir.

**Deputy M. Tadier:**

While muttering from people is difficult during a speech, certainly standing up and making spurious interruptions is also much more off-putting, I would suggest. But I was getting around to the point that my analogy is the fact that we have a Government, which is scrambling around on the one hand, raiding pots and piggybanks for money that they otherwise do not have a proper sustainable mechanism of funding for, while at the same time being able to throw money around like the man at the pub saying: "Drinks all round, the drinks are on me", not the Milky Bars: "The drinks are on me." Then later coming back to the Assembly and saying: "Look, we have got a serious problem about funding for health, what are we going to do about it? Let us raid this piggybank." It is even more bizarre because we are debating the amendment, and I recognise that there is necessarily some overlap between the main amendment and this amendment from Government. They are saying: "Okay, we recognise that we should not really be using this money because that is not the purpose of it, so we will only just use a little bit of that money." Completely bizarre but they should at least stick to their guns and say: "No, this is a legitimate use of the H.I.F. or it is not" and that is what we boil down to. This is not a legitimate use of the H.I.F. If you have got a problem, and I believe that we may be starting to see the evidence of a Government in crisis here, in financial crisis because the writing has been on the wall for a long time that we need sustainable methods of funding our major tax spends in the Island. We might all have different views of socioeconomics and what that means in the political arena but we cannot get away from the fact that to run an Island with complex needs, increasingly complex needs, is costly and that there is a minimum amount that needs to be spent, especially in healthcare, not on the building of a hospital but on the facilities that then go in that hospital and to make sure that whoever it is in 10, 15 or 40 years' time, that they are getting the care that they need to. It cannot be done just by grabbing and penny-pinching here and there from pots where there is no legitimacy in that process. I do ask, first of all, the Minister for Health and Social Services to back down on this, to pull this amendment and to support what the Scrutiny Panel and its cross-Bench representatives on that panel have recommended.

**1.3.5 Connétable D.W. Mezbourian of St. Lawrence:**

I smiled to myself when Deputy Southern stood up and began his words by saying "promises, promises, promises" because he is absolutely right. To me this is a groundhog-day debate because I

cannot remember the number of times that we have debated what Deputy Southern referred to as a raid on the H.I.F., Health Insurance Fund. Deputy Bailhache used maybe an even stronger word, he said: “We have plundered the H.I.F.” I cannot do any more than agree with both of them in relation to the way we have treated this fund. It is clear from the 1967 law that this Assembly has made decisions about how we spend that money in ways which are not, in my view, entirely in keeping with the intentions behind the fund when it was set up. Although I am speaking to the amendment to the amendment, I know I am veering into the amendment itself but I think they are inextricably linked. In the report of the Scrutiny Panel they tell us that in July 2022 the then newly-elected Minister for Health and Social Services made the decision to pause the Jersey Care Model programme of work to allow time for herself and, as a new Minister but not only as a new Minister but as a new Member of the States Assembly, notwithstanding her health background, she was a newly elected Member of the States Assembly and I think it was quite right that they paused the Jersey Care Model programme to enable her, as Minister and indeed they say the Council of Ministers, to review activity of the Jersey Care Model at that time, including progress and spend against the original J.C.M. objectives. But then it is very interesting in the report that the new Minister for Health and Social Services confirmed 2 reasons for the pause. The one that struck me in relation to this debate of the amendment to the amendment was that she confirmed that one of the reasons it was predominantly driven by concerns raised by the public, not only are concerns being raised by Assembly Members but by the public about the way in which the H.I.F. was funding service developments.

[10:45]

What the Minister has said today has not in any way alleviated my concerns and she has not convinced me by any means that I or Members, any of us, should be supporting this amendment to the amendment. The list of raids on the Health Insurance Fund are listed on page 4 of the panel’s report. I know that I have resisted raiding or plundering that fund over the years. I cannot remember though, as I may well have gone with the raids in 2020 to respond to COVID-19. I hope I did not but I cannot remember whether I did or not. I know I have not supported it over the years. I am not supporting the Council of Ministers’ amendment to the amendment by the Scrutiny Panel. I urge all Members to support the amendment by the panel. We rely on Scrutiny very much at times during the Government Plan debates because there is so much in it that the pressure is really on them to act as the critical friend to the Council of Ministers and act on behalf of us all. I am not supporting the amendment to the amendment but I will be supporting the panel’s amendment itself.

#### **The Bailiff:**

Thank you very much, Connétable. Does any other Member wish to speak on the amendment to the amendment? Deputy Howell. If someone is not in the Assembly could you indicate in the Chat, please, whether you wish to and then we will call on you?

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

The Scrutiny Panel thanks the Council of Ministers for acknowledging that money should not be taken out of the H.I.F. for the hospital digital programme. We are now asking the Assembly to agree not to use any more money from the H.I.F. to fund the Jersey Care Model. We all applauded the Minister for pausing the Jersey Care Model in July. There was a sigh of relief, a new States Assembly acting positively, listening to the views of Islanders during the election and determined to do the right thing, realising that the Jersey Care Model could never work because you simply do not have enough staff and the savings promised were pie in the sky. Common sense would prevail. How disappointing then that as a result of her review the Minister now says that the Care Model will carry on as before but she wishes to rebrand it, call it something else. My question is this: how can the Minister’s review released a couple of weeks ago be considered independent and objective when the very officers employed to devise and implement the Jersey Care Model undertook that review? Would not the Assembly Members consider this as a case of marking your own homework? Unsurprisingly the recommendation of these officers is that all but one of the projects should continue. Another interesting point, while there was mention in the review of the Minister meeting with the independent

oversight board, there is no statement of their findings or recommendations in the review itself, which seems very odd, as they are the ones tasked with such oversight. Before approving any further transfer of monies from the H.I.F. I would suggest that Members of this Assembly ask themselves why the oversight board had recommended a pause to the care model. Surely the board must have considered something to be wrong. What was it that they were unhappy with? Have they been consulted since the Minister's care model review? Have they agreed to restarting the projects and embarking on new ones? Meanwhile how do we know then that the continuation of projects and services, which form part of the Jersey Care Model, are providing the best and most efficient care and support for Islanders when there has been no independent verification of such and no public consultation or patient feedback? This is confirmed by the Minister in her foreword to the review when she states that: "There needs to be a more formal evaluation at the earliest opportunity to assure Ministers and the public that delivery is in line with the anticipated outcomes, both financial and non-financial." Why are all the projects to continue and new ones to start when we do not have the answers? What was the review for? Why did the Minister bother with the review at all? The H.C.S. Scrutiny Panel has not been given the opportunity to scrutinise or give a formal evaluation. We are not quite sure how many millions of pounds have already been taken from the H.I.F., at least £40 million. But what have these achieved? Where is the accountability? Why is the H.I.F. paying the salaries of so very many managers and administrative staff? We need to assess whether or not projects to be supported really do benefit the community and primary care and, if so, are they as good value for money? Indeed, we need to question the Health Department's exorbitant spending on strategic planning, analytics and commissioning. Many of us stood on the platform of fiscal prudence and we promised to spend Islanders' money carefully. For a Government that also stands for openness, transparency and accountability it is time to drill down and seriously question H.C.S. spending, spending that has to be justified. Deputy Barbara Ward and I have split up the list for what the H.I.F. has been earmarked to pay for in 2023 and 2024 between us. We do not think this should be happening, it is not how the H.I.F. should be spent. It is not what the H.I.F. is for. But the first one on my list is Telecare community alarms and we have spoken about this, a lifesaver for many Islanders but under the care model they are now double the price. Islanders used to pay £10.56 a month, now they have to pay £21. We need to question the cost, £566,000 per annum. The second one on my list is H.C.S.24. This is a phone call answering service, a bit like the U.K. N.H.S.'s (National Health Service) 111. It was introduced as a top-down initiative. This service is employing 17.4 staff, including occupational therapists, clinical supervisors, patient-facing civil service. Why are they spending £18,000 renting a room and list a house? How is this providing best value for money when mental health professionals are no longer involved? An Islander used to be able to phone up a department, talk to someone or leave a message. We already have a hub at Family Nursing and the ambulance switchboard used to be responsible for all call-handling for the community alarm system and all emergency calls, including those between 11.00 p.m. and 8.00 a.m. in the morning. Figures reveal there are 65 calls a day, perhaps 5 an hour. My funny arithmetic, I reckon that is £57.80 per phone call. Is that good value, do you think? Why not just employ one or 2 receptionists? But better still, if H.C.S.24 were to be stopped we could save almost £1 million a year. The physiotherapists, the occupational therapists, the social workers would then be free to go and see patients and look after them. Number 3, not so much this time, only £216,000 for digital projects, health demographics, new referrals, a Jersey care record, all very commendable but I believe the digital component should come out of the digital component of the H.C.S. budget. Number 4, discharge service £388,000; if patients are discharged early from hospital rather than remaining in hospital, then in the words of the director general for H.C.S. when the Jersey Care Model was first introduced: "Money should follow the patient." I think H.C.S. should foot the staffing bill. The H.I.F. is not there for salaries. My final one was only £11,000 for a care pathway development. I think this could be done without funding. It is simply a matter of various clinicians getting together to discuss. Again, there is no way it should be funded from the H.I.F. I seriously question what the money, at least £40 million, possibly £60 million, from our H.I.F. has been used for. I suggest it may not be providing proper benefit to patient care and support, in comparison to money being spent. I

urge you, please do the right thing now, please stop any more squandering of our vital Health Insurance Fund. Please vote against the Council of Ministers' amendment and instead support the Scrutiny Panel's amendment. Let us keep the H.I.F., our H.I.F. and use it for G.P. consultations, prescriptions and actual primary patient care for all Islanders.

### **1.3.7 Deputy T. Binet:**

This is quite a difficult one for me. The use and misuse of the Health Insurance Fund has long been an important issue for me and I am afraid it remains so. As a consequence, I have already expressed my intentions to my colleagues on the Council of Ministers. My thoughts on the matter are very similar to those expressed by Deputy Bailhache, so with much regret I am afraid I will not be able to support this particular amendment.

### **1.3.8 Deputy M.B. Andrews of St. Helier:**

I find it rather peculiar, we have had a number of speakers and we have not seen many Members of the Council of Ministers who have supported the Minister for Health and Social Services. I think that is quite intriguing. Of course we have just seen Deputy Binet, who has stood and also is in opposition to the amendment. But I think there are a couple of items that I have really picked up on here. There was a review that was conducted and it was in relation to the Primary Care Board, who basically advised that there were concerns over the results of the primary care outcomes in terms of the actual benefits from the investment in digital. I think that is quite important to allude to because here we would be seeking investment to improve things. If there are question marks that remain in terms of the actual proof of outcome being successful, then we have to be asking more questions, and I think that is really important. For me, a Back-Bencher and also I am a scrutineer and of course this is not my remit in terms of the panel that I am on, however, I have taken a great level of interest. I think with Deputy Southern, his opening speech, it was most welcoming because he mentioned about the value of the fund decreasing from £92 million to £48 million by 2025. But also as well, I did a bit of research and the fund from a 2017 review was going to be forecast to be exhausted by 2035. Where is contingency of planning. There is not any. I think there is some reluctance for certain Ministers to be standing up in this debate because they do realise that there is a sufficient level of support in opposition to the amendment that the Council of Ministers have brought forward because why are they not standing up, why are they not speaking? I think they realise that they need to go away and they need to do more research and they have to come back with something that is going to be much improved.

[11:00]

Because, yes, it is mentioned within the law that the Treasurer of the States and also an investment manager may be able to source funds from the Health Insurance Fund but I do not think this is the time or the place to do it, absolutely not, because we just need to look at the disconcerting devaluation of the fund that is currently forecast, and I do not think that is good enough. There has to be a contingency if that is going to be forthcoming but I am afraid I cannot support the amendment that the Council of Ministers have brought forward and I will be supporting the Scrutiny Panel.

### **1.3.9 Deputy K.L. Moore:**

I thought I ought to rise following the Deputy's challenge. It is of course a difficult matter but, as it is clear from the amendment, this has been as a result of an attempt from the Council of Ministers to seek some middle ground on this one. Because it is quite right, and I agree with Deputy Howell, that the use and misuse, I think she said, of the H.I.F. has been a matter of concern; it has concerned me too. Therefore, we have approached this in a way that enables us to firstly move forward, secondly restrain, and that means that we have focused this amendment by only allowing items that are in relation to primary care, and primary care alone, to be included within it because, as Deputy Andrews alluded, some research is needed. Other speakers have mentioned that the actuarial report is coming forward very soon, that will give us the evidence that we need to continue to turn around the work of the previous Assembly. But what is more important of course is that firstly the H.I.F. was created in

1967, our healthcare, our demographic structure has changed drastically since then and we therefore need an opportunity to revise it to consider how best we meet the primary healthcare needs, the dental care needs of our Islanders. We have shown that desire in a previous debate on the Common Strategic Policy in relation to our approach to primary care for children. So I hope Members can understand that we come at this with the very, very best of intentions but we also have to be pragmatic and find a way forward. That pragmatism also relates to the General Reserve and we do have to ask the Assembly to help us protect it. We are all very aware of inflation and the impact that it is having upon our community and upon our spending power and, most importantly, we have to think about our staff across the States of Jersey, all of those people who need to be looked after, and in particular our healthcare workers and also those in education. We have to ensure that we can achieve a settlement with them all and look at our pay so we can have a stable workforce to deliver healthcare, not just for next year but for the year after as well. Members will be particularly aware that it is an important thing to do in this respect, deliver a stable workforce, because at the moment we are haemorrhaging money on bank staff and temporary staff. Millions of pounds are being spent and we have to turn that around. Members, I ask you to help us by supporting this amendment which does go halfway. We understand what the panel is saying, we absolutely do, but there is more work to be done. Let us not forget we are only a matter of months into this term of office and we have a tanker to turn around, but turn it around we will and those activities are all in place. The Minister has already given her considerations on the Jersey Care Model and we are delivering the other aspects of turnaround in terms of the wider Health and Community Services brief which is very much needed and we do not shy away from that.

#### **1.3.10 Deputy P.F.C. Ozouf:**

I rise as a former Minister for Treasury and Resources and as a member of the Council of Ministers in order to, I think, set a few facts straight, if I may, in respect of this amendment. I have been downstairs looking at the previous allocations of the Health Insurance Fund. In the remarks by Deputy Bailhache, he portrayed as much, as many Members do, a concern about the use of the H.I.F. and its original purposes. I was a Member that brought amendments to the Health Insurance Fund back in 2012 in order to allow for primary healthcare. It may be of assistance to Members to be reminded that in 2013 the balance of the fund was some, I think, £100 million from recollection, and the H.I.F. medical benefits through 2013 to 2018 have been in the region of £8.8 million, £8.8 million, £8.2 million, £8.1 million, £7.8 million and £7.7 million in 2018. Those are the H.I.F. benefits that are for G.P.s. In addition to that, there is of course pharmaceutical benefit which is attended to primary healthcare. Those are £18.1 million in 2013 through to £19.4 million in 2018. In addition there is gluten free £300,000 for people with issues with those problems, primary care, and in 2017 and 2018 some additional £100,000 was given for the hospital pharmacy for their dispensing of products and also other G.P. services of £250,000 of £300,000. So I think to characterise, if I may, the Health Insurance Fund as just simply a G.P. fund, and I understand that, many people will think that it is G.P.s, but of course it is all of our primary healthcare professionals, and that is other primary healthcare professionals that should be. Many Members I see, Deputy Howell and Deputy Ward, no doubt with their huge experience in these matters, will know that doctors, for example ... as Members have said, there is concern about the amount of G.P.s in Jersey but you can have a prescribing nurse that is currently, as I understand it, not able to avail themselves of the benefit in order to get that co-payment to see a benefit. They are not allowed I am ... oh, they are now, that is a recent evolution, so there have been a number of positive evolutions. So when we originally changed the H.I.F. to allow primary healthcare services for contributors that were being provided for at the General Hospital, cautious allocations were made for the H.I.F. I can go back to see that the H.I.F. arrangements, certainly in both my time and the current Minister for Treasury and Resources when he was the Minister for Social Security, were extremely particular in relation to the amounts that could be taken from the Health Insurance Fund in line with its original objectives. I regret, and I agree with Deputy Bailhache absolutely, that the last Government passed some further statutory changes, approved by this Assembly, which made it almost be regarded quite understandably like a

self-service buffet for dealing with matters in the General Hospital. I know that there has been great care taken by the Council of Ministers, and the Minister for Health and Social Services has had quite a hard time at the Council of Ministers to ensure that the allocations which are being requested fall within the spirit and the moral compass of the original Health Insurance Fund, which Deputy Bailhache and others have so eloquently explained. It is quite right to say that recent decisions from the last Assembly were questionable maybe in terms of the original purpose, maybe lawful, passed by a law of the States, but questionable in their use of funds which may well not have been entirely in hindsight. We cannot change the past, we can make changes now. What the Government is proposing, as I understand it, having been part of the scrutiny and that internal challenge that happens at the Council of Ministers is challenge - and rightful challenge - the amendment as proposed, by taking a very clear understanding of the concern, my concern, other Members' concerns that the use of the appropriate H.I.F. has been made. Just to put into context, it is of course those pharmaceutical benefits that are at the moment the big user of the fund. I was a member of the Council of Ministers that had to agree when G.S.T. (goods and services tax) was introduced to give free prescriptions. We have seen prescribing rates go up, maybe that is the reason why the pharmaceutical benefit has gone up so much when we have free prescriptions. These are all issues which have been authorised and approved by the States Assembly which, as the Chief Minister quite rightly says, have been needing to be attended to by the new Council of Ministers and it is very difficult. It is extremely difficult to deal with some of these issues and we have to move forward with action not words, we have to deal with amounts that are fulfilling the criteria of the moral and legal intent for the much-valued Health Insurance Fund, which members of our community have absolutely rightful expectations, having contributed to it over many years to basically better fund primary care. The original intention of when the law was brought in, I think in 1967 or 1974, was primary care as we saw it then but primary care has of course extended in its remit so very much as medical advances have been made, and we can do so much more with primary care. We must work with our doctors, we must put the end to the debates about them being nationalised, et cetera. We must give certainty to our valued G.P.s and we must of course find a way of a co-payment system that will work, so these all underpin the Council of Ministers' amendment. They are cautiously, properly considered in line with what was absolutely required in terms of the original purpose of the fund which is absolutely correct. It is right and proper that the original purposes of the fund are in scope of the 1967 law and those changes, which I certainly agreed with back in the 2010 amendments, the draft miscellaneous provisions that was changed, the further changes that were made in 2012 and those allocations there. I would stand and say that those were proper. These amendments as proposed by the Council of Ministers are proper because they fall within the scope of the primary healthcare provision fund and its improvement, and we need to improve our primary healthcare. The Chief Minister is quite correct; no doubt the Minister for Treasury and Resources will also address us on the challenges that have been made in respect of these particular funds. I am one of these Members that also stood on the election and said that we need to bring back control to health expenditure, we need to sort out our health service. It is the health service that is provided in our G.P.s' surgeries and our primary care surgeries that must be sorted out. The less people we have going into hospital, having received excellent care by our G.P.s with an appropriate co-payment which has not been done, but this Government is absolutely clear, with our Minister for Social Security and our Minister for Health and Social Services working in tandem, will ensure that we have the right use of these valuable funds, which rightly is not a tax, it is a contribution, and it should be regarded as such. But the amounts that the Council of Ministers have been making are within, as we are advised, the remit of the original purposes of the fund. I just would draw Members' attention to the sheer scale of the allocations for contributory benefits that are made from both the G.P. co-payment and the pharmaceutical benefit which is much, much bigger.

[11:15]

Hugely bigger than the co-payment unless a Member wishes to correct me on that. So the Council of Ministers is faced with an inherited position that is uncomfortable. The consequences of this amendment not being passed will have a serious difficulty for the Consolidated Fund, and that is a

matter which has been uppermost in Members' minds. I would respectfully suggest that Members are respectful and that they take the undertakings given by Ministers in respect of the use of the fund. These will be carefully overseen, carefully scrutinised, and they are in line with what is not only the legal abilities - this is not the self-service buffet - but the careful allocation of funds for primary healthcare and primary healthcare improvement which is necessary to help our G.P.s, help our general practitioners in other primary care, and also the pharmaceutical benefit. I, as a sceptical member of the Council of Ministers, Members said Council of Ministers would not stand and speak, I speak, and I speak in line with what should be done with the Health Insurance Fund. I know that is 11 minutes but Members did want Ministers to speak. I am a sceptic but I am also a scrutineer on the Council of Ministers and I will be supporting the Council of Ministers' agenda but keeping a very watching brief over the future of this and needing to reform the fund overall, which is something that the then Minister for Social Security and I, when I became Minister for Treasury and Resources, set out on a piece of paper about what we should do. It just then did not happen for various different reasons but we must do it, and I know the Minister for Social Security will do it with the Minister for Treasury and Resources. I ask Members for a respectful support of the Council of Ministers' agenda.

### **1.3.11 Deputy E. Millar:**

I support strongly the amendment put forward by the Council of Ministers and the Minister for Health and Social Services. The Minister for Health and Social Services and I had a detailed meeting, a private hearing with the Scrutiny Panel, and discussed our proposals in terms of this amendment. I do believe it is the right way forward and I was disappointed that the Scrutiny Panel did not feel able to support the Council of Ministers' amendment because what I heard very clearly from the Minister for Health and Social Services was that the work that has been undertaken as part of the Jersey Care Model, and whatever we call it, the underlying projects and programmes complemented directly or provided primary and community care and they were doing that, and if we withdraw this funding those services will be at risk. I cannot endorse a situation where Government takes a step backward and withdraws services that are currently available to members of the public under the banner of primary care simply for the reason that they are part of what was called the Jersey Care Model. Those services are important, they provide valuable resource and support to members of our community and we must preserve them. At the same time, I cannot agree to a situation where an impossible strain is put on the Minister for Treasury and Resources by adding to the pressure on the General Reserve. Do any of us want to be in a position next year where we are balancing withdrawal of essential health services or strikes because we cannot fund pay rises, for example, for some of our essential workers? It is an impossible situation. The economy in 2023 is still going to be a difficult place. We know this morning that inflation rates in the U.K. have reduced slightly but it is still very high, and it is not going to reduce next year. We must be able to fund inflationary increases, parental leave for public services employees, pay rises, and without then adding to the burden of health services, are quite appropriately paid for from the H.I.F. funding. As Deputy Ozouf and the Chief Minister have said, we have heard the concerns of Members of the Assembly about use of the funding but I would emphasise that, despite the language you have heard this morning about plundering and raiding and thieving from piggy banks, no money was taken from the H.I.F. without the approval of this Assembly. Some of the people that have commented on that were part of the Assembly that made those decisions. You may have voted against but you were part of the Assembly that made those decisions; previous Assemblies made law changes to permit those transfers to be made. The transfers are only made after very careful scrutiny and after the funds have been expended. Funds have not simply been handed over to Health as a piggy bank that they can dip into. We have been very clear on how the money has been spent and how the money has been applied. As far as the 2024 figures in the amendment to the amendment are concerned, those have been included there as estimates only based on the current workplan. We will review all of this with the Minister for Health and Social Services next year before those funds are spent. If I could just return a little to some of the other things that have been said about the purpose of the H.I.F. As we have heard more than once already, the Health Insurance Fund Law was set up in 1967. That was 55 years ago. Our society and

our population have changed dramatically. In 1967 the life expectancy of a person in the U.K. was just under 72. In 2022 it was just over 81. That 9 years of a difference makes an enormous difference to the provision of healthcare. We have all, I hope, seen the graphs that show the projected increase in population over the next 30 years of the number of members of our community that will be both over 85 and over 95. Those graphs horrify me. I am also horrified, I have to say, by the proposition by Deputy Howell that Health does not need a strategy or analytics. How on earth are we going to prepare for a large population of people who are over 85 and over 95 with their primary, secondary, tertiary healthcare needs if we do not have a strategy and we do not have analytics? It is vital that we start thinking about those things now because otherwise I know in 30 years' time I will be one of the people that is over 85 and heading towards 95, and I want to be sure that primary care is going to be there for me if I make it that long. We all have an interest in ensuring that we have a sustainable healthcare system for the future. That is exactly what my review of benefits in the next year and the Minister for Health and Social Services' review of the funding model is intended to achieve. We need to understand that. I have lost count of the number of times in this Assembly we have heard Ministers say: "We do not have the data." That is shocking. We cannot be in a position in 5, 10, 20 years' time where we do not have the data of our own population and their healthcare needs. In 1967 we did not have lots of elderly people needing care in their homes or in care homes. We did not have bed blocking because people were able to come out and be cared for by their families. The world has changed. We have new treatments. Treatments that were acceptable in 1967 are no longer acceptable. You would be negligent if you prescribed or conducted some of those treatments whether that is in skincare or mental healthcare. People were treated in mental health in 1967 in a way that would appal most of us now. We have got to move with the times. Deputy Bailhache, as part of his speech, said that the original purpose - and he is not the first person to tell me this - the original purpose of the Health Insurance Fund was to meet 50 per cent of the costs. I would be interested in his evidence of that proposition because my officers tell me that there is no report, no proposition, no policy paper setting that out in writing. It was nothing more perhaps than an aspiration. It would also be a money pit. We cannot say we will always meet 50 per cent of the costs because we do not control those costs. G.P.s control the cost of a visit and we could agree to pay 50 per cent today to find that the cost goes up next month and the month after and the month after, and that is not to suggest that doctors would behave in any way that is cynical as regards the rebate, but we have to look to how we provide healthcare. As I have said several times in the Assembly, the proposition that monies have been taken out of the H.I.F. to the prejudice of primary care is simply incorrect as I have discussed several times now in my 6 months in the Assembly. We have invested from the H.I.F. in monies to improve doctors' I.T. systems, we have agreed contracts under which the Government pays for flu jabs and cervical screening, which used to be paid for directly by members of the public. I accept that is not additional revenue to doctors but it is for the patient benefit. More people now have flu jabs and more women ... we have some of the best rates for cervical screening anywhere in the U.K. That is because of the investment made by Government from the H.I.F. We have entered into contracts for the health access scheme and I know that there are voices that want to improve and increase that scheme but we have a scheme at the moment which works well and which allows people on low incomes to see doctors for reduced fees and for children to see a G.P. for no cost at all. We have enabled doctors to charge fees for remote consultations which they were not able to do historically; those were all free. Because of the pandemic they can charge for Zoom calls and by telephone calls. As I discussed briefly yesterday, we have invested £9 million to support the inclusion of allied health professionals. That means that we will be paying the wage bills, I think for last year and this year, for nurses, paramedics and other healthcare staff. As well as paying their salaries, we are enabling the G.P.s to charge a fee for a patient to see a nurse: £20 to see a nurse may be the best use of time. It is cost-effective for the patient and it is the best use of doctors' time. We know that there are pressures on recruitment in G.P.s in Jersey but we are not alone. There is a global shortage of doctors. The U.K. on the news this week, we have heard about the shortage of G.P.s in the U.K. That is one of the reasons why we may be struggling because there is a tension with G.P.s and a shortage of G.P.s in the U.K. When I went to the British-Irish Council meeting in September,

I met a politician from Ireland and he said that on his drive to Dublin Airport he saw a huge billboard from the state of Victoria in Australia advertising for doctors and nurses from Ireland to apply for jobs in Australia. Australia advertising in Ireland for doctors. How soon before they are doing it in the U.K.? There is a tension and it is important that we do make sure that we are getting the best use of all our health professionals. We are also working closely with pharmacists to extend their services to allow pharmacists to do more prescribing and to extend their services to give better primary care. Lastly, and I know that not everybody agrees with me - I can see Deputy Southern from the back of my head, rolling his eyes - we do need to think about technology. There are lots of technologies available to all of us. My G.P. told me a few years ago - it is about 3 or 4 years ago - there are lots of health gadgets out there. You can buy for less than £20 a sensor that will tell you what your pulse rate is doing and what your blood saturation level is. They sold out during the pandemic because we all became obsessed with it. You can buy very effective heart rate monitors, blood pressure monitors. My G.P. said that he will get patients, mostly men, who will come in with pages of information that they have downloaded from their health devices to show the doctor what their heart and their blood pressure has been doing in the last month to help the doctor with his diagnosis. My mum, who is 86, spent a month recently taking her blood pressure at home, on her own, and then recording it to take to the doctor so the doctor could then assess what she needed in the way of medication. These are all valuable things that we need to do in support; we need to support all these steps. The amendment from the Council of Ministers is intended to maintain and support primary care. Primary care is not just supported by G.P.s, it is supported by a whole range of professionals and I would encourage the Assembly to support the amendment to the amendment.

### **1.3.12 Deputy A. Curtis of St. Clement:**

I do not intend to be long in speaking but I thought we would respond to the challenge, or the request from Deputy Andrews. So, thank you, I may not be a Minister, I do have part of the portfolio.

[11:30]

I was thinking about the words from the Chief Minister about steering tankers. I am no expert in health but I do have experience with a department with sometimes equal scrutiny or challenge within the Government. I really think it is interesting to hear the simplicity in the way we talk about some of these problems. Some problems are simple, some are not, and I really just rose to say that I do stand here supporting the Minister for Health and Social Services in a pragmatic decision. I have complete faith that when simple, obvious and common-sense approaches face her, she will take those options. But I can guarantee you, and when you will be challenging my portfolio at times with simple proposals, nuance prevails as we heard from Deputy Doublet yesterday. I think we should be taking the time now to be thinking about pragmatism, thinking about the challenges and supporting our Minister for Health and Social Services, which is what I will be doing on the amendment to the amendment.

### **1.3.13 Deputy I.J. Gorst of St. Mary, St. Ouen and St. Peter:**

I understand the difficulty that some Members are having with the spend of the Health Insurance Fund. It was referred to by the mover of the initial amendment, the datum, the first spend out of the Health Insurance Fund for primary care which was not delivered through G.P. practice or through pharmacists. I was so sceptical at that time that I put in place a reporting mechanism from the Health Department - I am not sure whether they were dragged kicking and screaming - and that was overseen firstly by the Treasury Department. It was then passed to the Social Security Department and I used the internal auditors to review and thread back the money that had been requested before any payment was made to the Health Department in order to deliver that service, because I do accept and I fundamentally believe that the Health Insurance Fund belongs to contributors. It is theirs, there is a governing law. I like to think that the role of the Minister for Social Security is really to act as trustee of that fund to make sure that it is allocated appropriately with the oversight of this Assembly. I know that this Minister for Social Security will take her fiduciary responsibilities in regard to that law very, very seriously indeed. But we also must be absolutely clear with one another today that

the costs of primary care are increasing and also the costs of healthcare generally are increasing. The Minister for Social Security just reminded us about the global shortage with G.P.s. I am personally a great supporter of the current system that we have in Jersey with general practice with the co-payment system. I have elderly relatives right now who I think are getting a first-class service from their G.P.s, and I have got nothing but praise for them, but this fund is and does rightly belong to contributors and is to be used for the provision of primary care in our community. I choose my words carefully: primary care in our community. The incoming Minister for Health and Social Services has taken the steps that she has, she has reviewed what is called the Jersey Care Model. I, like many Members here, are concerned, and have been concerned that a care in the community model taken from somewhere else is not necessarily the right approach for Jersey but that is a work in progress. The review that the Minister for Health and Social Services undertook quite clearly showed where the spirit of the Health Insurance Fund is met by the provision of primary care services and she has explained the benefit of that. Coming back to the comments of Deputy Barbara Ward and Deputy Howell, they said much with which I agree. They were questioning the processes that Health have got in place around the spending of funds. I know that the Minister for Health and Social Services will not mind me saying that I share their concerns. While the Minister for Health and Social Services, with the support of the Chief Minister, is rightly delivering a turnaround plan and all that that means, for my part I believe that there needs to be a financial turnaround plan for the health services as well. We have discussed this at the Council of Ministers and that means massively strengthening the financial controls and spends and procurement within the health service, and I will be supporting her in doing that. Now, I also acknowledge that I think that the last time that the co-payment to G.P.s was increased was potentially when I was the Minister for Social Security, and that now is a long time ago. But that was part of a package of change: we had an increase in co-payment, we had the necessary regulation of G.P.s to enable them to continue to practice and be licensed to practice. I am not averse in principle of an increase to that co-payment now because I accept some of the arguments that G.P.s are making. But if we are going to - and I do support it, as I have said, and I have said this around the Council of Ministers' table - increase those co-payments we need to think about the value that contributors are getting from that co-payment. There are stresses within G.P. practices and there is a lot of work that the Minister for Social Security and the Minister for Health and Social Services want to do, would want to do, and do want to do alongside any increase in co-payments. The Minister for Health and Social Services has found herself in the position that she has, being the new Minister, and in light of conversations with the Scrutiny Panel, and we have heard those arguments very passionately played out today in this debate. She, together with the Minister for Social Security, sought to be pragmatic and really divide up those things where, yes, they were lawful in line with the amendment made during the term of the last Government, but were they coming back to that in the spirit of being primary care provided in the community, and that is why the Minister for Health and Social Services came up with the amendment. I support the amendment because I think it is a very pragmatic approach while the further work that Members want to be done is done. Again, I say to Members, I propose taking out the money for 2024, and coming back and finding in the Government Plan during the course of next year a way that Members could have much more confidence going forward, but I understood the arguments for why the Minister for Health and Social Services did not want to do that and wanted to make this amendment. So what this amendment does of course is recognise that in the spirit division of primary care, but it does then put the best part of £8 million, it reduces the General Reserve from doing that. The General Reserve is part of the Government Plan to provide in-year flexibility for unforeseen circumstances. Of all the times that we need the maximum amount of flexibility around unforeseen circumstances in the General Reserve, surely 2023 is one of those years. But again, in the spirit of being pragmatic, Ministers have accepted that what it will mean for the in-year stresses within their budget and those unforeseen circumstances, yes, and the pay negotiations, they were prepared to act pragmatically and say to Members: "We hear the spirit of the argument, we are going to need to operate under more constrained budgets because there will be less flexibility in 2023" but that is something that they are absolutely prepared to do. It is for those reasons that I support this amendment but we should be

under no doubt that, while we need a sustainable funding mechanism for primary care, we also need a sustainable funding mechanism for healthcare right across the board. We hear this morning in the United Kingdom that there is more spend on the N.H.S. than there was pre-COVID, and yet waiting lists are longer and the number of operations being undertaken are down. So the pressure on health budgets in Jersey, but also elsewhere, are only increasing and we must be mindful of that when we are having this debate. I also remind Members that back in, I think it was 2017, there was a proposal to increase funding to healthcare but that was rejected by this Assembly on a split vote. So it is not easy to come forward with sustainable mechanisms, be that primary or more general health funding. I think this is a pragmatic approach, it does minimise flexibility but not completely, it does live within the spirit of primary care delivered in the community, and therefore is appropriate.

#### **1.3.14 Deputy J. Renouf of St. Brelade:**

I think I come at this without too much baggage and I have tried to think my way through the underlying issues. I recognise that the H.I.F. is a hugely emotional subject but I have tried to understand what I think is the fundamental issue at stake. From where I am looking at it, the H.I.F. is part of the total budget of what is spent on health. Transfers from the H.I.F. have been sanctioned by the Assembly, so they are legal, the question is, are they right? We all agree we have a total funding provision for health of which the H.I.F. is part. The effect of the amendment from the Scrutiny Panel is to increase total health funding. This is because we will continue with existing H.I.F. funding, the H.I.F. will grow, and we will add to health spending from the General Reserve to fund the important work that the Minister for Health and Social Services has outlined. I am absolutely clear that the work that the Minister for Health and Social Services has outlined needs to be done. We need to redesign our health services, including our primary care services, and work is underway to do this. If the Scrutiny amendment is accepted, the General Reserve will be used to fund this work and this will have the effect of adding to total funding of the health budget. This might be fine but the issue is where does the money come from? If we take the emotion out of this, the real issue here is, do we raid the General Reserve to increase health spending? So my view is, that is problematic and I think that the amendment that we have suggested is a more pragmatic way forward. As several people have pointed out, the General Reserve is going to be needed to respond to events. As the Chief Minister and the Minister for Treasury and Resources have said, there is one particular set of circumstances about which we need to be particularly mindful and that is the question of future pay rises, but there are of course all sorts of other unexpected events which we may need to fall back on the General Reserve for. So I am not ashamed, as Deputy Bailhache says I should be, to support this Government amendment. What we have suggested is a sensible allocation from the General Reserve so that we can keep some flexibility. It is a compromise but a responsible one. It recognises concerns about H.I.F. transfers and limits spending to only those things that fit comfortably within the primary care definition but it also insists that we should have just as much regard for the integrity of the General Reserve as we do the H.I.F. Members need to know that if they back the Scrutiny amendment and reject our amendment that there will be less money for contingencies such as pay rises. That is a choice Members are free to make but be clear that that is the choice in front of us. For myself, I believe the Council of Ministers has struck a good balance. Please support our amendment.

[11:45]

#### **1.3.15 Deputy G.P. Southern:**

This has been quite a wide-ranging debate but I just want to return to some basics because people have been all over the place with some of their statements. The first statement I wish to repeat to Members is Deputy Martin's statement some time ago: "We will not take any money from the H.I.F. until we have had a review." The Minister for Social Security has gone further in calling for actuaries to review current practices: "An actuarial review of the H.I.F. is prioritised for 2022", now 2023 or beyond, "including specific analysis of the use of the H.I.F. for the purposes of the J.C.M. and its related digital strategies, consideration of the impact of all the withdrawals on the fund since 2020. The future of the H.I.F., should withdrawals take place as envisaged in P.130/2020, and overall as

part of the wider review of sustainable healthcare” sustainable funding for healthcare, that is the essential bit, “there will be a specific consideration undertaking to repaying the H.I.F. from the Consolidated Fund if no sustainable healthcare funding is operational by 2025.” So you have got a backstop waiting there if things go wrong. For those who have suggested that we tiptoe around the reserves, may I remind them it is called the “reserve fund” it is meant to be there as a reserve. Yes, it will require some adjustments as we go along as to how we balance that fund, but nonetheless we do not risk anything by saying: “We can fund this from the General Reserve.” We do not risk anything. In terms of what constitutes primary care, can I also go back to the Primary Care Board and repeat again what I said before. The Primary Care Board said: “We understand that a sum in excess of £11 million has already been allocated to health to replace secondary care I.T.” So that is where the money is going; secondary care I.T. Not primary care, not G.P. fees, not prescriptions, not primary care, but secondary care: “While this capital investment is overdue as a result of decommissioning of previous software with limited capability, it does not represent investment in primary care I.T.” They could not repeat it more forcefully, where the money is going is not to primary care, it is going to secondary care I.T. That is where it is disappearing. That is the reality and to pretend otherwise I think is to fool ourselves. The overall analysis of what we are talking about here is key to this - and it comes back to those first 3 words: promises, promises, promises - promises of a thorough-going independent review as to how we are going to fund primary care services, health services, from now on. I am not denying, and nobody is denying, that is a major piece of work. It will take some time. Some time in the next year, come 2023 we should see some results from that at which point we can say: “The way forward is X, Y or Z”; that is what is laid out on the information in front of us. That is the pause that my panel are saying at this stage, without that plan we should not be spending more of the H.I.F. because it will get depleted and we will end up in worse trouble than we might otherwise be. Can I just briefly mention the Constable of St. Lawrence? It is always a joy to hear her, but I am always on tenterhooks as to which way she is going to go on a vote. She particularly, I believe, leads some votes but it is nice to see this time around, as far as I was concerned, she was on the side of the angels supporting our amendment and not the halfway stage, the halfway house that the Ministers have come up with. It was very interesting to see these proposals from the Council of Ministers are described as the “middle way”. They are not the middle way because they are not about primary care. It was interesting to hear Deputy Gorst talk about the spirit of the law rather than the practicality of the law, the hard black and white of the law. It is never heard before. I have never heard Deputy Gorst go for the spirit of the law rather than the absolute fact of the law, so that was very enlightening as well. In particular, I must focus on Deputy Ozouf who spent quite a while going through some facts that were not relevant. Yes, £18 million is spent on prescriptions and pharmaceuticals. Yes, £8 million, much less than that, is spent on G.P.s., question mark. Are our G.P.s suffering? Yes, they are. Can we get enough G.P.s? Are we going to see some more G.P.s if surgeries close in the future? Yes, we are. They are struggling, so something needs to be done. If nothing else, if you do not concentrate on anything else, that says things need to be done. We need to get on with doing the right thing and finding a way forward, otherwise we will go down. Yes, lots of people are staying healthily alive for a lot longer. Yes, that is part of the issue, that is part of the problems we have to solve. We will not necessarily solve it with loading up the H.I.F. It may require another structure in order to do it properly. Let us get on with finding another structure and let us find the information, let us find the evidence, give us a chance, that is what we are saying. It was interesting also to hear Deputy Ozouf talk about some questionable decisions which he managed several sentences later to come back to some proper decisions. It has been done properly although it started questionable and basically said: “I am scrutiny on the Council of Ministers and the process is safe in my hands.” He is very good at that is Deputy Ozouf. Then we have had this argument that we cannot touch anything because things might go wrong, so we have got to put in elements for the cost of living this year, next year and the year after that. We do not know. We have to do something about the cost of living, we know that, but that is an argument to be had, not today, but in future. There is a balance to be made I think, there is a

middle way, and the middle way I believe is represented by our proposition, our amendment, rather than the Ministers'. The Ministers have not grasped what they need to do at which point I will stop.

### **1.3.16 The Connétable of St. John:**

I believe the amendment is well intended and, while I accept that there have been changes to the 1967 law, I do believe that this Council of Ministers is not comfortable with those recent changes to the law, hence the removal of any digital spend. One of my predecessors from St. John often spoke in defence of the Health Insurance Fund over the years and I would like to add my voice of concern on how the fund has been used, particularly in recent history. I use the exact words that Deputy Bailhache used when the Council of Ministers discussed this subject, that it appeared like robbing Peter to pay Paul, although the Deputy is far more eloquent than I. We have heard from members of the panel of how much work there is still to do, as well as plenty of opportunities to make savings within H.C.S. This work has to be done but it will take time. The challenge that we have is to keep moving forward while we look at ways to improve things. Health is not something that we can put on hold while we look at how we can do things better. As Deputy Gorst stated, there is a plan to turn around H.C.S., far more important in my view than any building, and his intention to look at the whole financing of health is also, in my view, essential and long overdue. As Deputy Southern stated, this is a big piece of work. We often talk about collaboration and compromise, we have an opportunity here to demonstrate both. On this basis I will support the amendment and, like Deputy Ozouf, I will continue to challenge the progress and I expect to see change ahead of 2024.

### **1.3.17 Deputy M.R. Scott of St. Brelade:**

Well, how many times have we heard the argument Government should not be put on hold, Government must keep on chugging in the way that it always does? I have experience even within the G.P. practice that I visit, the enormous amount of stress, the way they just keep trying to continue despite the money that gets deprived from them. One of my doctors has left owing to the actual pressures because of the stress. Has anybody been thinking about that particular recruitment crisis that is going on at primary care level? Perhaps not because perhaps the Health Department is always kind of focusing on the hospital, on the secondary care. Perhaps that is really where their focus is. But when I hear Deputy Renouf speak, I love it, he has got the most amazing voice. He ought to talk in nature documentaries and that sort of thing. I love hearing his tones but one thing he said to me, and I think he perhaps was trying to deconstruct the argument, but it was like: "Oh, you are going to be raiding the Consolidated Fund." Hang on. Hang on. For the money to get into the Consolidated Fund it came from where? Yes, the Health Insurance Fund, the one that is meant to be serving primary care. I really think it is time to draw a line in the sand. We have just had enough of this train that is chugging along. Health management does need to start sorting itself out and if we create some sort of crisis there where they really have to grasp the nettle, good. I will not be supporting this amendment.

### **The Bailiff:**

Deputy, if you could forbear from striking the terminal with your book because that does not work well over the system for recording purposes but ...

### **Deputy M. Tadier:**

Could I ask for clarification? Did the Member mean she will not be supporting the Scrutiny Panel's amendment?

### **The Bailiff:**

No, the Deputy I thought said she would not be supporting this amendment to the amendment. That is what I thought you said, Deputy, is that correct? Yes. Very well, does any other Member wish to speak on the amendment to the amendment?

### **1.3.18 Deputy R.S. Kovacs of St. Saviour:**

I will not be long, I just want to make some clarification, and that is that health staff, it is public services. Pay rises and salaries for public services, as much as they are needed and very welcome, should be from taxes, usually not from H.I.F. just because they work in health. This will create the wrong precedent and wrong use of the fund. The fund should be used to help the people have more, better and easier access to primary care. The next 2 amendments are going to be having discussions on the same note, and I am very curious how this Assembly, not just the Council of Ministers, will discuss on that note.

**1.3.19 Deputy R. Binet of Grouville and St. Martin:**

As I agree with the views expressed by the members of the Scrutiny Panel, I regrettably will be voting against the Government and with Scrutiny.

**1.3.20 Deputy I. Gardiner of St. Helier North:**

I will be short. We have inherited this position and I personally am very uncomfortable with it. I was one of the people who raised what we are doing at the Council of Ministers because, as Deputy Ozouf said, it is not self-service buffet. I completely agree with it.

[12:00]

I did have a conversation with Deputy Barbara Ward, I did have a conversation with Deputy Howell and I am completely with them. As Deputy Southern told us, let us go back to basics. I would like to ask the Assembly to hear 3 numbers. Basically we have £12.45 million that we are talking about, Scrutiny are proposing to take all of them from the General Reserve and the additional proposition was from H.I.F. We looked back and said: "No, it is not right, we cannot continue to raid H.I.F. what we need to do is to establish - and we go line by line - what is connected to primary care and from £12.45 million we have £4.2 million connected to primary care. This is the reason that it will be taken from H.I.F. That means £7.4 out of £12 million-plus will be taken from the General Reserve. That separation should continue and should be clear. It is important to say we are not taking any I.T. development from the H.I.F. The I.T. development would go from the General Reserve as it should do. It is very important, and it is a choice, and this is the reason that we need to take money from the pockets of money, and primary care, including community and G.P.s is coming from the H.I.F. This is the reason for the separation and of the amendment. I will be supporting the Minister for Health and Social Services because she did a brilliant job in explaining to the Council of Ministers all small projects and this is how the decision was made.

**1.3.21 Deputy K.F. Morel of St. John, St. Lawrence and Trinity:**

I am very pleased to follow Deputy Gardiner because I wanted to clarify exactly that point. Deputy Southern was claiming that secondary care I.T. will be funded through the H.I.F. This amendment to the amendment ensures that that does not happen. This amendment to the amendment to the amendment ensures very carefully that only primary care services are funded from the H.I.F. in this case. That is entirely proper according to the rules of the H.I.F. Both the letter and the spirit of the law. There is a reality here that the Minister for Health and Social Services has inherited the position. There is an issue with regard to overall health funding that this Island needs to grapple with and when we see common-sense compromise such as this being brought forward, I believe it is the right way forward because we cannot at the same time restrict ourselves and the contingencies that we need to make sure the Island has going forward to enable spending where it is unexpected. It cannot be compromised in this way. Bringing forward this amendment to the amendment, which ensures only primary care services are funded from the H.I.F., that they decrease and that it is clear that the Minister for Health and Social Services understands that the States Assembly no longer wants the H.I.F. to be used for anything except the primary care services, is absolutely the right way forward in my mind. We need to support the Minister for Health and Social Services who has inherited an incredibly difficult portfolio. Previous Governments had, yes, undertaken - with the States Assembly's approval - to use the H.I.F. for other purposes which I agree, as Deputy Gardiner agrees, as other Council of Ministers Members agree, were not appropriate and we are trying to turn that

around and we are trying to change that. But it cannot all be done in one step. What we are saying here is we need to take 2 steps to make that change and to do so in a responsible manner that ensures we have money set aside in the General Reserve to enable pay rises, to enable contingencies where they arise and they can be from anywhere. I do ask the States Assembly, please do support this amendment to the amendment. The Minister for Health and Social Services is doing an incredibly difficult job and she is doing it incredibly well. She is taking a very practical and pragmatic approach. This is the first step to making sure the H.I.F is not used for secondary care purposes and other purposes other than primary care.

### **1.3.22 Deputy S.Y. Mézec of St. Helier South:**

I rise only to make a very brief contribution to this debate because I seem to have heard at least 2 Ministers dangle the carrots in front of us about pay rises for health staff. Of course that sounds very enticing and I am simply standing to challenge Ministers to therefore confirm if they are raising that in this debate. Is that because they currently have plans to make some form of generous pay offer to our health staff? If that is not the case then it is not a carrot to dangle in front of us in this debate and is inappropriate to do so, so I would simply like them to confirm that, and if they are not willing to confirm that then I hope Members will consider that to be an argument that falls away and vote against this amendment in favour of the original amendment from the Scrutiny Panel.

### **The Greffier of the States (in the Chair):**

Does any other Member wish to speak? If no other Member wishes to speak then I close the debate and I call upon Deputy Wilson to reply.

### **1.3.23 Deputy K. Wilson:**

Can I just say thank you very much for what I feel has been a very rich debate? Thank you for all the considerations. There are a number of words that I have written down in terms of the things that people talked about. At the top of the list is legacy. We are carrying a legacy of decisions that have been taken previously for, which none of us really understand now what that decision-making process was about. It arrived at a point that was to fund the transformation and the modernisation of healthcare. It was a decision taken to bring healthcare in line with a modern, less institutionalised offer to patients and carers. We all know that the scale of the challenge was enormous and the endeavour points in the right direction, 24/7 services for patients, treatments provided in the comfort of one's own home, a single point of access for information. Better information exchange between clinicians and practitioners so that patients do not have to repeat their history over and over and over again depending on which clinician or which practitioner they go to. Helping patients with long-term conditions to manage their own condition at home with new technologies instead of ending up in a hospital be unnecessarily. Bringing improvements to public health. These are just a few of the initiatives that have been delivered with the support of the investment from the H.I.F. Funding a large-scale transformation programme needed a clearly defined budget and a clear delivery plan. The previous Assembly recognised the need to change the healthcare system or to face the prospect of ever-increasing healthcare costs. If you have a look in the paper that was written in terms of the original business case, it was touching £7 million per annum. The previous Assembly recognised the need to do something and, as a result, they agreed that the Health Insurance Fund would be the source of funding to deliver this change. I want to applaud members of the Scrutiny Panel, as Deputy Tadier says, for drilling down and doing the scrutiny work well. Thank you, colleagues, for that. The claims that the H.I.F. has been used illegally or not in keeping with the spirit of the law is simply quite wrong. When we talk about the way in which the system of insurance works ... actually in the legislation itself it says that the H.I.F. is a system of insurance in relation to medical, dental, ophthalmic and other health services - and other health services - including pharmaceuticals and, in other words, reflects primary and community care. It goes on further to say that the Health Insurance Fund is there to establish systems of governance and minimum standards for persons providing a service. In other words policies, standards, information management, sharing records, record keeping and good records management. It also talks about the fund being able to deliver services in line with

standards of performance, to contract for services. In other words, we know this to be commissioning of services. All of the things that you have seen in the Jersey Care Model, and I make no apology for not being there at the start of it, but all of the things that are in the Jersey Care Model relate to some of those dimensions as written in the law. They are all focused on meeting these requirements. This amendment is fundamentally an attempt to find a balanced solution as to how we fund the remaining areas of work that are currently under the guise of the Jersey Care Model. It serves not only to manage the clinical risk, and in all of the debate I heard very little talk about patients and patients' experience. It serves to manage not only the clinical risks of what effectively is switching off current services if they are not funded but also attempts to reduce the burden on the General Reserve on the public finances, which are already stretched. That is a duty and responsibility that is seriously considered in this amendment. As a Council of Ministers, we recognise that would do something to ameliorate the concerns that have been raised and expressed by Members about how the H.I.F. is used. Through our amendment we seek to compromise so that we can continue the work that is already underway to transform our care system and to avoid any detriment to patients. Funding healthcare is a serious business, it really is a complex, messy business and the mechanism for funding healthcare has to be consistent and not open to fluctuation that is associated with the change in political leadership. This fluctuation leads to uncertainty and ultimately poor clinical outcomes. The healthcare industry is at its core a complex, evolving and dynamic system. It is a human system that needs to operate 24/7, 7 days a week, 52 weeks a year and so to manage these levels of variation it needs a reliable funding model, which is why I will be bringing forward proposals during 2023 for a more sustainable model of health funding along with a new primary care strategy. I know Deputy Southern may well be cynical but we already have the workstream under way. It is not the case that the H.I.F. is being used illegally as has been previously asserted, rather it has provided a funding stream to progress the development of a modern health system which has primary care at its very heart. We must also not limit the Government's ability to meet unforeseen expenditure and so we need to protect the General Reserve to manage inflationary pressures and also support for contingencies. We propose that activities funded by the H.I.F. are those directly associated with primary and community care services and that the general reserves are activities related to what we call system enablers. For example, the technology.

[12:15]

This amendment seeks to ensure consistency and continuity, to continue to legally utilise the H.I.F. for the purposes it was intended, with additional safeguards that require the permission of the States Assembly. I would just like to finish on one point, which is to say the issue of oversight I have heard loud and clear today. What I can assure the Assembly is that we will strengthen the financial oversight of this work programme and anything else associated with health developments and health redesign going forward. Any proposal that is brought forward will be subject to a case-by-case review and it will go through the appropriate level of scrutiny. That is the commitment I give to you today. I ask Members to accept this amendment and I call for the appel.

**The Greffier of the States (in the Chair):**

The appel has been called for. Members are invited to return to their seats and I ask the Greffier to open the voting. If all Members have had an opportunity to cast their votes, I ask the Greffier to close the voting. I can announce that the amendment to the amendment has been lost:

<b>POUR: 16</b>		<b>CONTRE: 29</b>		<b>ABSTAIN: 1</b>
Connétable of St. Helier		Connétable of St. Lawrence		Connétable of St. Mary
Connétable of St. John		Connétable of St. Brelade		
Deputy L.M.C. Doublet		Connétable of Trinity		
Deputy K.F. Morel		Connétable of St. Peter		

Deputy S.M. Ahier		Connétable of St. Martin		
Deputy I. Gardiner		Connétable of Grouville		
Deputy I.J. Gorst		Connétable of St. Ouen		
Deputy K.L. Moore		Connétable of St. Saviour		
Deputy P.F.C. Ozouf		Deputy G..P. Southern		
Deputy D.J. Warr		Deputy M. Tadier		
Deputy H.M. Miles		Deputy S.G. Luce		
Deputy J. Renouf		Deputy R.J. Ward		
Deputy H.L. Jeune		Deputy C.S. Alves		
Deputy M.E. Millar		Deputy L.J Farnham		
Deputy A.F. Curtis		Deputy S.Y. Mézec		
Deputy K.M. Wilson		Deputy P.M. Bailhache		
		Deputy T.A. Coles		
		Deputy B.B.S.V.M. Porée		
		Deputy M.R. Scott		
		Deputy C.D. Curtis		
		Deputy L.V. Feltham		
		Deputy R.E. Binet		
		Deputy A. Howell		
		Deputy T.J.A. Binet		
		Deputy M.R. Ferey		
		Deputy R.S. Kovacs		
		Deputy B. Ward		
		Deputy L.K.F Stephenson		
		Deputy M.B. Andrews		

### **The Deputy Greffier of the States:**

Those Members voting pour: the Connétable of St. Helier and St. John; Deputies Doublet, Ahier, Gardiner, Gorst, Moore, Ozouf, Warr, Renouf, Jeune, Millar, Alex Curtis, Wilson, Morel and Miles. The Member who abstained: the Connétable of St. Mary.

### **1.4 Proposed Government Plan 2023-2026 (P.97/2022): fourth amendment (P.97/2022 Amd.(4)) - Health Insurance Fund Transfers - resumption**

#### **The Greffier of the States (in the Chair):**

We now return to the fourth amendment. Does any other Member wish to speak?

#### **1.4.1 Deputy P.F.C. Ozouf:**

This now puts us in an even worse situation, I think. The Council of Ministers' amendment, which of course Members have spoken strongly about was attempting to limit, as we have heard, the allocation from the H.I.F. This now puts the original unamended amount, and is a greater amount of money from the H.I.F. I do not have the numbers in front of me but they are even greater. If the compromise and the undertakings that were given by the Assembly were insufficient it now falls that the full amount of the transfer will be in the region of, if I am not mistaken, £11.1 million from the H.I.F. There was no shroud waving, this was a sensible amendment with no other linked issues in relation to staff payments, et cetera. This was just good and prudent housekeeping in respect of appropriate use of the H.I.F. for primary healthcare services now lost. What we now face is a

situation where there will be, if this amendment is passed, no withdrawals from the H.I.F. As I said in my earlier remarks, this would now mean that all monies for the necessary primary healthcare services, which was originally put forward by the Council of Ministers, then scrutinised, then goes back to the full amount, and maybe the Minister for Treasury and Resources will wish to address the Assembly on the implications of that. We are now betwixt and between a situation which is now very serious because monies will remain in the Health Insurance Fund unable to deal with the transformation ... this has nothing to do with the care model, I think, because that is almost something that is now being reviewed by the Minister for Health and Social Services. We now have a very serious situation in respect of the inability to use any money from H.I.F. for primary health improvements. I am speaking partly because the debate was going to be closed, I do not want to speak for very long because I know the Minister for Treasury and Resources and the Chief Minister will address us on the implications, which I simply do not know they are going to be dealt with from a Treasury point of view that this amount of money is now no longer going to be available and this now has consequences to the ability of the budget to be able to be balanced in its final conclusions. I look to the Minister for Treasury and Resource to explain the implications of this. This is an incredibly difficult decision because I think that the amendment says ... if the amendment is lost then I think that the Council of Ministers can ... then it is a maximum amount of money that could be put to the H.I.F.; it does not necessarily need to be made. The Minister for Treasury and Resources can advise about whether or not anything ... if it is a reduced amount of money, even lower than that which the Council of Ministers has lost, clearly taking States Members' understanding, then maybe the only way that the Council of Ministers can do this is to ask Members to reject the amendment and therefore limit even further, if that is possible, the allocations from the H.I.F. from the maximum amount that is made. But I look to the Minister for Treasury and Resources, after having taken the implications of the last decision and to try and work out what to do, there may well need to be a pause because the implications to the balancing of the budget, as a previous Minister for Treasury and Resources, will be very serious. This is a very large amount of money and I do not know how the Minister for Treasury and Resources proposes to deal with it. On those remarks I will take guidance from the Minister for Treasury and Resources and the Chief Minister on how we should be voting, because simply putting this amendment through, understanding completely Members' concern about the use of the H.I.F. and rejecting the argument that was made in the original proposal that this was a completely self-service buffet arrangement, which I would have agreed with in the last Assembly but I tried to limit them if they can be limited even more. But accepting this amendment in its entirety, I do not know whether the Minister for Treasury and Resources can, as I say, give some guidance about limits that could be done in order to limit yet further from the lost amendment and bringing that down even further. Zero, which is what the implication says, has got serious implications for the delivery and transformation of primary healthcare services. Primary healthcare services in line with the 1967 law and in the spirit of the 2012 amendment which was still disregarding effectively the ability for the States to make wider than primary healthcare services. But I will leave my remarks at that and maybe the Minister for Treasury and Resources can address us, or the Chief Minister, on the full implications of this. Because, as I stand at the moment, I have no alternative than to ask that this amendment be rejected but on the understanding that the withdrawal would be even less than that which the Council of Ministers has lost the amendment for doing it. Maybe it just went too far but the Minister for Treasury and Resources may address us, or the Chief Minister.

#### **1.4.2 Deputy I.J. Gorst:**

Yes, I rise to follow Deputy Ozouf because he does indeed articulate the consequences of the amendment that the Scrutiny Panel have put forward and, of course, it is the democratic system at work. We are all respectful of that. What that democratic system at work does, of course, lead to is consequences. If the Assembly now supports the Scrutiny Panel that means that the General Reserve of £29 million will be reduced by £12 million. Deputy Mézec asked Ministers to stand up and talk about the pay award negotiation. I am not going to do that but a simple calculation, looking at all of the allocations across the Government Plan, can see that any flexibility or contingency is now, by

accepting the Scrutiny Panel's amendment, reduced by that £12 million because the Assembly will be asking Ministers to take that money out of the General Reserve, so it is not the Consolidated Fund, it is not pay rises coming from the Health Insurance Fund. I know these things are quite complicated. This is the General Reserve. The General Reserve is used for - and I remind Members, we have 2 A.M.E (Annually Managed Expenditure) and D.E.L.s, (Departmental Expenditure Limits) and they allow the Minister for Social Security in a large part to deal with fluctuations around the benefits budget in year. We cannot say as we continue in a cost-of-living crisis and economic difficulties what the Minister is going to need to and have to spend as a matter of law in regard to benefits. There are other legal obligations upon departments. We have to put money aside for those, dependent on the economic circumstances. Now there is some other flexibility in the General Reserve. We put aside £5 million to support the Minister for Health and Social Services with waiting lists. I cannot be the only one in St. Mary, St. Owen and St. Peter where, when I knocked on doors, members of the public were telling me about the length of time they were having to wait for consultations, for scans and for interventions. I was seeking to give an extra £5 million to deal with that. We know post-COVID that those waiting lists have reached an unacceptable level but the reality of supporting the Scrutiny Panel now is that that allocation will have to be removed. We then have the COVID-19 Reserve, which we had already pared down from which the department had asked for. None of us can predict the future in that regard. The previous Government made a decision to improve for States employees parental leave payments. I think the Assembly supported that. That has put pressure on departmental budgets that was not there, so in General Reserves there is £2.5 million for that. There are the actions arising out of the 100-day action plan, just shy of £3 million there. Excess inflation, we know that we cannot be certain about what inflation will do throughout the term of 2023, although we know right now that inflation is running at just over 10 per cent, that this budget was put together when inflation was running at just under 8 per cent so Members can see that we are going to, if we are not very careful, get into great difficulty during 2023 having now decided that the pragmatic approach suggested by Ministers is not one that the Assembly wishes to support. For those reasons, even though I stand by the comments that I made in regard to the amendment to the amendment, and I stand by the actions that I support in that amendment to the amendment as well, I cannot, for all the reasons I have just explained now unfortunately support the Scrutiny Panel.

[12:30]

Yet I know entirely what they were and are trying to do. It is, therefore, with a heavy heart that I ask Members to reject the Scrutiny Panel's amendment, even though it arises from some very good work and the points that they make are points to have much to recommend them. But for those reasons it will make the delivery of the plan in 2023 so much more difficult and Members should not be surprised if during the course of 2023 things that have been said during the course of these amendments today are not repeated. I am not sure whether that will be contrary to Standing Orders but there will ...

**The Greffier of the States (in the Chair):**

I think that is the purpose of Hansard, Deputy.

**Deputy I.J. Gorst:**

Yes, but there will be consequences. What, of course, this also does is means that it makes it even more difficult for Ministers to come forward with further cost-of-living interventions into the future. We remain committed to our political priorities and that remains a political priority, it just makes everything more difficult if we now go ahead and support the amendment of the Scrutiny Panel. No doubt others, as they have made in their statements during the course of the amendment to the amendment debate, will make the opposing view and will tell Government to skuttle off down the road to Broad Street and sort it out. That is the nature of a legislative assembly but we should be absolutely clear that there will be consequences as there is with every political decision.

**1.4.3 Deputy B. Ward:**

I refer to the presentation I made earlier and I did talk about the interim managers that are paid up to £750 a day and we still have not had any information on that. In a way to help fund what the H.C.S. wants to do they need to drill down and look at the level of management that is within Health and Social Services, especially the interim managers that are brought in, housed at the Grand Hotel or one of the other prestigious hotels in St. Helier. They are there for a good 6 to 12 months. If you look at the cost of that, that would maybe go some way in helping some of the new services that we want to bring in, which I would support. I was a community nurse, worked in Health, always wanted to move forward with technology and better care for patients at the end of the day. But you cannot be going down bringing in very highly expensive staff into a service, in some ways at the detriment to our front line staff and our patients' future care. I would ask that, in working with the Treasury, Health sit down and have a very good look at the cost of these staff. Do we still need the 30, 40 people staff for the old Jersey Care Model? Let us have a really good look and it may not be the pressure on our reserve funds as we think it could be.

#### **1.4.4 Deputy P.M. Bailhache:**

I am not going to prolong this debate because it seems to me that the Assembly has made its position clear. The Assembly has voted not to take money out of the Health Insurance Fund. It has voted not to rob Peter to pay Paul. I do not think that Ministers should whinge about the democratic process. Other arrangements will have to be made. Deputy Gorst was quite right, as the late Duke of Edinburgh might have said: "Get on with it."

#### **1.4.5 Deputy L.V. Feltham:**

I will not take long. I think the message from Members during this debate has been loud and clear around the use of the H.I.F. The Council of Ministers has made much of the fact that it has a balanced budget within the Government Plan and I think what we are questioning here is quite how the Council of Ministers has chosen to balance that budget. Now, within our Scrutiny comments I think one of the things that again comes across loud and clear is that Members that are not part of the Council of Minister do not have sufficient information about how the very vast heads of expenditure by departments are going to be spent. I would like to remind Ministers that Ministers are in full control of those heads of expenditure and they can move money around within those heads of expenditure. They are quite at liberty to rebalance their budgets when I think this amendment gets passed to allay all of the issues that have been brought forward by Deputy Ozouf and the Minister for Treasury and Resources. I will be supporting this because I do agree with the Scrutiny Panel that H.I.F. should be used appropriately and as the Assembly intended, even if the Minister for Social Security's officers cannot find the paperwork to support that. I think maybe the officers should listen to the messages coming out of this Assembly today and if the paperwork does not exist maybe it should be produced.

#### **1.4.6 The Connétable of St. Lawrence:**

I heard in her summing up the Minister for Health and Social Services refer to the term "illegal use of H.I.F." and I do not recall that term having been used by anyone when they spoke, although I may have missed it. The terms used which rang a bell with me were that the H.I.F. had been raided and plundered, notwithstanding that those decisions had been made by previous Assemblies, but not everyone agreed because many of us voted against it. I had written down before Deputy Gorst said it, when he spoke a moment ago, that the use of funds from the H.I.F. is clearly a political decision. Deputy Gorst has just told us that. The political decision that I think has been made today is that those Members in the Chamber today or virtually do not want the H.I.F. to be raided again and to be plundered. We have heard from Deputies Howell and Barbara Ward who have drilled down through their Scrutiny role to the way that Health spends its money. Deputy Howell gave us a list of concerns that questions remain over how they spend their money. Are they spending it effectively? Are they spending it as well as they could and, indeed, should be? In my view, questions still remain about how they manage their funds. Agreed it is a vast estate, it covers such a vast area but someone, and it is the Minister for Health and Social Services, has responsibility ultimately for the expenditure by Health. A new Minister, yes, as I said, when I spoke previously but she has to get to grips with how

her department spends its money. My view is that I agree with what Deputy Gorst said earlier, not only is this a political decision but I think the message today should be to C.O.M. (Council of Ministers): “Go back to Broad Street and sort it out.” I will be supporting the amendment.

#### **1.4.7 Deputy M.R. Scott:**

What a great time for leadership among the Council of Ministers and we are looking forward to seeing them beginning to change a culture that voters want to have changed. This culture of just carrying on as we did before and, sure, we will get around to sorting out the management. Let us hope they do not encourage the culture of: “Let us save money by getting rid of the workers”, not addressing what is happening in terms of management within the Government. That is what we want to see. You have managed to produce a 100-day plan, probably in a couple of weeks, I am not sure how long it took. Sorry, the Chief Minister has managed to produce a 100-day plan and managed to do that in a very short time, with a great team. There is going to be hopefully another plan produced with our Minister for Treasury and Resources that does look at the way in which Government can deliver and turn around to the previous managers, to director generals, to say: “This is what the Assembly wants.” I would like to just remind you - and I think you were around at the time, Ma’am - that the Chief Minister in her previous role as chairman of the Corporate Services Scrutiny Panel did hear from the Comptroller and Auditor General part of the reason why there has been an element of dysfunction in Government, and the reason given was Government just not quite knowing what good is. This is a great opportunity for our Council of Ministers to now show this community what they really can do.

#### **1.4.8 Deputy M. Tadier:**

It is good to be on the same side of the argument as my St. Brelade colleague, Deputy Scott. Long may that continue. I hope we will find much more common ground in the Assembly. What I have seen by this is we had a remarkable situation where as soon as the vote did not go the Government’s way we have the Minister for External Relations, Deputy Ozouf, standing up basically saying: “We do not know what to do now” floundering, as if the Government had not ever considered that they might lose an amendment in the Assembly and so not have a fallback position, which I think, as Deputy Bailhache says, this is democracy and we do not need to rehash that debate. It is quite clear why Members did not support the raiding of the H.I.F., as is being said. It is remarkable because when we as a party certainly consider amendments, whether there are our own or whether they are other Members we consider what happens, what we do if we are successful and we consider what the fallback position is if we do not succeed. Can we stomach what we are left with in terms of the amendment? This does not seem to have happened on behalf of the Government. So we seem to have, again, Ministers in disarray with no plan B. All this talk about illegality in the use of the fund, it boils down to policy at the end of the day. It is about what the policy has been and the H.I.F. has been set up for a particular purpose and this Assembly has quite clearly said to Ministers, we do not want you to use the H.I.F. to fund these projects. That does not mean that Ministers all of a sudden are impotent. The Government effectively is saying: “We have various workstreams in the health sector that we need to pay for” and the Assembly has simply said: “We do not want you to use the H.I.F. to pay for those workstreams.” That is all it is. It is not the end of the world. As Deputy Feltham said, Ministers still have lots of power. We do not get to decide how the individual lines of expenditure are paid for. I know that there will be scrutiny, both capital and small ‘s’, that will be looking at that in the same way that I will look at areas of expenditure when it comes to culture and arts, for example, among other areas, knowing full well that I do not have the ability to direct where they are going but we can look at the heads of expenditure. Those are simply the observations that I make. We are not in a no man’s, no woman’s land, simply the message has gone out strongly and the policy must be respected, not just now but for the duration of this Assembly and it will be for future generations of Assemblies to decide whether they want to change the policy of what the H.I.F. is for. That remains a challenge both for this Assembly to find adequate ways to pay for both primary healthcare and other aspects of the health portfolio.

[12:45]

#### **1.4.9 Deputy K.L. Moore:**

The previous vote was not just a bloody nose, it was a full-blown massive nosebleed. There have been several speeches suggesting that perhaps we should just go back to Broad Street and work something out, which, of course, we will have to do if this amendment is supported. I would just like to remind Members of the words of Deputy Gorst who, as you said, was not shrouding but simply delivering to Members the consequences of this decision. Let me just go back slightly, we are only debating during this week those elements of the Government Plan where we had not been able to reach a consensus. The purpose of the amendment to the amendment was to try and offer a better way, another path, a way of forming some agreement, which is what we did in relation to amendment 4, and it described very clearly to Members that those elements that were put forward in our amendment to amendment 4 were elements that related specifically and clearly to primary care. Therefore they sat within the rules of the Health Insurance Fund law. We have already acknowledged that we understand the frustrations and the distinct concerns of Members because we ourselves hold them to. I understand Deputy Barbara Ward's points about management and that is something that we are already grasping. If I can repeat what we have already said before, there is a turnaround plan in place. We are doing our very best in terms of the acute care provision, dealing with those management issues that we are aware of. We acknowledge that and we are finding a way forward. But in relation to this issue, I urge Members to reject this amendment from the Scrutiny Panel. As the Minister for Treasury and Resources said, the Scrutiny Panel has done its work, it has done its work well. But it is now removing £12.5 million from the General Reserve, which ties our hands as an Assembly and ties our hands as a Government in terms of the flexibility we have to deliver for the public. To deliver on a mandate and the promises that we have all made to meet the cost of living, to help people who find themselves stretched financially against inflation, to help people who are experiencing waiting lists, who have to wait in pain for operations and also to support parents so that we can improve the experiences of early years and deliver parental leave, which comes at a cost. Members who are tempted to support this amendment now must also be prepared to stand up and deal with the consequences because they are not easy to resolve. The Members who support the amendment will have to live with it and that is all I can say.

#### **1.4.10 Deputy R.S. Kovacs:**

Just a very brief suggestion because the Chief Minister, and Deputy Gorst as well, mentioned there is going to be a gap of £12.5 million in the General Reserve. Maybe as a suggestion would be to consider when Back-Benchers and other Members are also bringing propositions to ringfence the potential of that proposition and not ... like in the same way brought from the Scrutiny Panel or from the Council of Ministers. They lost a chance of bringing up to £50 million yesterday and so many other propositions which could have solved this problem. It is just a suggestion.

#### **The Greffier of the States (in the Chair):**

Does any other Member wish to speak? Deputy Southern, you will have an opportunity to speak at the end. I will call you in a minute. If no other Member indicates that they wish to speak then I close the debate and I call upon Deputy Southern to reply.

#### **1.4.11 Deputy G.P. Southern:**

All of 15 seconds difference. Okay, this is the democratic process. This Assembly has made its mind up. This Assembly is being encouraged to somehow do something other than what it has decided. It will be a hard decision to make but how many times have we heard Ministers say: "This is a hard decision to make?" because it is hard. It is going to be difficult but the budget is balanced. It is balanced at a different point to what the Ministers expected it to do. Nonetheless, I urge Members to stick with their opinion and to vote for this amendment. I call for the appeal.

#### **The Greffier of the States (in the Chair):**

The appel has been called for. Members are invited to return to their seats and I ask the Greffier to open the voting. If all Members have had an opportunity to cast their votes, I will ask the Greffier to close the voting and I can announce that the proposition has been carried.

<b>POUR: 31</b>		<b>CONTRE: 13</b>		<b>ABSTAIN: 0</b>
Connétable of St. Helier		Deputy L.M.C. Doublet		
Connétable of St. Lawrence		Deputy K.F. Morel		
Connétable of St. Brelade		Deputy S.M. Ahier		
Connétable of Trinity		Deputy I. Gardiner		
Connétable of St. Peter		Deputy I.J. Gorst		
Connétable of St. Martin		Deputy K.L. Moore		
Connétable of St. John		Deputy D.J. Warr		
Connétable of Grouville		Deputy H.M. Miles		
Connétable of St. Ouen		Deputy J. Renouf		
Connétable of St. Mary		Deputy H.L. Jeune		
Connétable of St. Saviour		Deputy M.E. Millar		
Deputy G..P. Southern		Deputy A.F. Curtis		
Deputy M. Tadier		Deputy K.M. Wilson		
Deputy R.J. Ward				
Deputy C.S. Alves				
Deputy L.J Farnham				
Deputy S.Y. Mézec				
Deputy P.M. Bailhache				
Deputy T.A. Coles				
Deputy B.B.S.V.M. Porée				
Deputy M.R. Scott				
Deputy C.D. Curtis				
Deputy L.V. Feltham				
Deputy R.E. Binet				
Deputy A. Howell				
Deputy T.J.A. Binet				
Deputy M.R. Ferey				
Deputy R.S. Kovacs				
Deputy B. Ward				
Deputy L.K.F Stephenson				
Deputy M.B. Andrews				

**The Greffier of the States (in the Chair):**

With an eye on the clock, mindful that the Assembly agreed that they would take a shorter lunch hour, I am not sure whether we want to, with 7 minutes, start on another debate.

**LUNCHEON ADJOURNMENT PROPOSED**

**The Greffier of the States (in the Chair):**

The adjournment has been proposed, can Members show if they are in favour? The Assembly adjourns until 2.00 p.m.

[12:52]

## **LUNCHEON ADJOURNMENT**

[14:00]

### **Deputy E. Millar:**

May I make a suggestion? As you pointed out yourself the last time you presided, at our last sitting, Christmas is coming very soon. I would like to suggest that the next time and all future occasions that anyone refers to you as Sir, they also make a donation to the charitable pot.

### **The Greffier of the States (in the Chair):**

Is that proposition seconded? Thank you, Deputy. Of course it is up to Members because it is not in Standing Orders but if they are feeling generous then I am sure every donation to that important fund will be welcomed by the Deputy Greffier. We move on.

### **1.5 Proposed Government Plan 2023-2026 (P.97/2022): sixteenth amendment (P.97/2022 Amd.(16)) - Multi-morbidity G.P. consultations**

### **The Greffier of the States (in the Chair):**

The next amendment listed in the running order for the Government Plan debate is amendment 16, multi-morbidity G.P. consultations lodged by Deputy Southern. The main respondents are the Minister for Health and Social Services and the Minister for Social Security. I ask the Greffier to read the amendment.

### **The Deputy Greffier of the States:**

Page 2, paragraph (c), after the words “Appendix 2 – Summary Table 3 to the Report” insert the words – “, except that a new line should be inserted in Summary Table 3 to include a transfer of £6.5 million from the Health Insurance Fund to the Consolidated Fund to allocate funds for the provision of a scheme to allow Islanders with multi-morbidity to receive G.P. consultations or other primary health interventions at a reduced rate of patient co-payment”. Page 2, Paragraph (e), after the words “Appendix 2 – Summary Tables 5(i) and (ii) of the Report” insert the words – “, except that, in Summary Table 5(i) the Head of Expenditure for Health and Community Services should be increased by £6.5 million to allocate funds for the provision of a scheme to allow Islanders with multi-morbidity to receive G.P. consultations or other primary health interventions at a reduced rate of patient co-payment”.

### **1.5.1 Deputy G.P. Southern:**

Thank you, Ma'am, he said very carefully. **[Laughter]** That happens to be true, it is very easy to break. Following the adoption by the States of P.25/2019 as amended, the States has overseen the establishment of H.A.S. (Health Access Scheme) which has enabled affordable access to primary healthcare by some 11,000 of those on the lowest incomes and eligible for income support since January 2001. The success of the scheme in reducing patient co-payments from £50 or more to £12 removes one of the barriers, the vital barriers, to patients seeking early diagnosis and treatment and possibly adopting healthier lifestyles earlier. Members will recall that P.25 identified 3 groups who would benefit from reduced co-payments, namely those who are economically, clinically or socially vulnerable. This amendment seeks to extend the range of the current health access scheme in order to give affordable access to primary care to certain patients who are in clinical need, in a similar manner to the way that economic need can be easily focused on and without the need for extensive means testing using the income support criteria. We need to focus sharply on who has the greatest clinical need for support. Fortunately this focus is already built into our primary care delivery system through the G.P.C.S. (general practitioner central server) a record of morbidity. We know who has

multiple morbidity, we can identify that through G.P.s' records and that makes sorting out who might best benefit from reduced co-payments and makes it easier. Why? Studies have shown that people with multiple chronic conditions, those with a multi-morbidity typically suffer a lower quality of life, have more frequent and lengthy hospital admissions and may be more likely to die prematurely than those who do not have multi-morbidity. The latest multi-morbidity report of 2021 assesses the burden of multi-morbidity experienced by Jersey's population. It summarises the prevalence of certain long-term conditions among Jersey residents as recorded by G.P.s. The analysis shows the prevalence of patients with more than one of these conditions and which diseases are most commonly occurring. There are 12 long-term conditions which form the basis of multi-morbidity analysis presented. These 12 morbidities are atrial fibrillation - stop me if I get these wrong - diabetes, asthma, coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease, stroke and transient ischemic attack, heart failure, hypertension, mental health problems, obesity and dementia. Going down that list reveals some 31,000 individuals who had at least one of the 12 long-term conditions at the end of 2021, 18,000-plus individuals had a single long-term condition, 12,900 had 2 or more long-term conditions, which means that some 12 per cent of Jersey's overall population were living with multiple morbidities. These are people, who if they get treatment, assistance and support in the community will not be visiting the Island's hospital beds, we hope. This fits into the new philosophy that says: "Keep people out of hospital if you possibly can and make sure you get treatment to them in the community." If you go down the list you can see that 7,000 plus individuals have 2 conditions equivalent to 7 per cent of the population, 3,500 individuals have 3 conditions or approximately 3 per cent of the population, and 1,865, nearly 2,000, individuals had 4 or more conditions equivalent to 2 per cent of the population. You will notice that the older you get the more prone you are to having one of these morbidities. That is the reality. What that enables us, since we have the record of morbidity, we do not need to rely on age as one of the vectors to approximate who is in greatest need because we know that because the G.P.s check them out. An individual with multi-morbidity disease is likely to require regular, if not frequent, visits to their G.P. to address their complex health needs. Furthermore, a G.P. will have a key role in managing the health of individuals with multi-morbidities. The ongoing financial burden of numerous G.P. visits can only serve to cause additional anxiety in an already stressful situation. The fact is at today there are already many individuals who put off seeing their G.P. or simply refuse to seek treatment because of the cost. This undoubtedly results in higher treatment costs in the longer term as symptoms go untreated, diagnosis is delayed and the likelihood of hospital treatments increases. It is to be noted the report on multi-morbidity states studies show that people with multiple chronic conditions, those with multiple morbidity, particularly suffer a lower quality of life, have more frequent and lengthy hospital admissions and may be more likely to die prematurely than those who do not have multi-morbidity. This amendment not only alleviates the financial burden upon individuals suffering with multi-morbidity by allowing access to G.P.s at a reduced rate but it will also minimise the burden on our healthcare system in the long term by increasing the early intervention for G.P.s, the primary carers, thereby decreasing the amount of hospital based secondary and tertiary care required. This proposition suggests that attention should be focused on those with 2 or more morbidities, which in effect is usually those who are over 65. To finish, it is very difficult to put a figure on the cost to the States of capitation and quality payments. How many suffering from multi-morbidity is particularly difficult because of the way that the Health and Social Security Department maintains its records, you have direct consultations and cases which seem to be different, but nonetheless what I am proposing with that pick-up rate would be that on an average 9 visits a year gives a cost in the order of £6.5 million. Thank you, Sir. Thank you, Ma'am. And I was doing so well.

**The Greffier of the States (in the Chair):**

Is the amendment seconded? **[Seconded]** Does any Member want to speak on the sixteenth amendment?

**1.5.2 Deputy E. Millar:**

While I completely understand Deputy Southern's reasons in bringing forward this amendment, I understand the thinking behind it, I unfortunately do feel I have to oppose it and the Council of Ministers have opposed it, as you will see from comments provided. There is no doubt that action needs to be taken to create a sustainable healthcare system in Jersey and we have discussed this at length already this morning. Primary care is a vital part of our overall healthcare system and we must make sure that everyone can access the primary care they need when they need it. Although, as I have said this morning, primary care covers a very wide range of disciplines and scope and we must think beyond purely visits to the G.P. We also know that the cost of healthcare will rise in coming years and we need to plan to meet those increasing costs. Again, I talked this morning about the demographics that showed increased numbers of over-85s and over-95s. Our system, which has been in place since 1967 for primary care is in need of review, it needs review very badly, I think, and that review is already happening and is underway in the hands of the Minister for Health and Social Services who is undertaking a major review of healthcare funding, and that review includes the use of patient fees in our healthcare system and in primary care in particular. This time next year we will know the outcome of that review and will be able to make informed decisions. I feel it is much too soon to make decisions about extending access to primary care this year until we have seen that review. I have also committed in my Ministerial plan to a full review of all our benefits, to look at what our benefits are, how they are working, what are our known issues and concerns with them, if any, what the gaps are and if anything, indeed, has become obsolete. I know that a few people have ideas about what the gaps are and those have been referred to me. We have a lot of work to do in the next year and I can absolutely assure Members that that work is taking place and will take place as a priority over the next year. Before we take any more money from the H.I.F. I would just remind Members that the review of the H.I.F. is about to start. The actuarial review has been instructed, I will see the results of the outcome of that report in quarter 1 of next year, I will be able to share it with Scrutiny and publish it more widely in quarter 2 of next year. It is absolutely essential, as we have talked about again this morning, that we need to think about sustainability of all our sources of funding for healthcare, including the H.I.F. in particular. Deputy Andrews told us this morning, and I am not entirely sure I agree with him, that the H.I.F. would be exhausted by 2026. I do not think that is actually true but this is not the time to take £6 million to £7 million a year out of the H.I.F. without knowing what the impact will be on the H.I.F. and its actuarial valuation.

[14:15]

It is a discussion we could have next year perhaps once we have seen the review. I would also say that while extra G.P. visits for people with multi-morbidities, and I accept there may be those people who do need to see the G.P. more often, we need to discuss that with the healthcare profession, we need to discuss it with the G.P.s, any increase to anything that increases access to G.P.s needs to have them on board and they need to be in agreement with how that process works, who has access to it and on what basis. It may be that people with multi-morbidities have well-controlled conditions who do not need to see the G.P. regularly. It may be they are already being served by staff at the hospital. It may be that their conditions can be monitored routinely by visits to nurses and pharmacists. As I said this morning, we have put further investment into primary care to allow funding for nurses and charging by nurses. We are also working with the pharmacists to make sure their services are wider. Any increase to the health access scheme will also need to be negotiated with G.P.s. We cannot ignore G.P.s in any of these amendments. They need to be discussed with them and any system or scheme for increased access would have to be negotiated with them as an extension to the current health access scheme contract. The health access scheme already supports those on low incomes, allows them to go and see a G.P. for £12 a visit and to see a nurse for £9. This amendment would benefit those on the higher incomes and I really believe that at this stage this is simply not the time to be taking £6 million to £7 million a year from the H.I.F. until we are very sure of the sustainability and future health of that fund. We will know that in quarter 2 of next year and we can then start, in conjunction with the Minister for Health and Social Services' review, to make more decisions about

what we do with primary care over the course of next year and 2024. I would urge Members to reject this amendment.

### **1.5.3 Deputy R.J. Ward of St. Helier Central:**

Perhaps it is time for a non-gender specific term. I would suggest comrade but would probably get in trouble. **[Laughter]** Let us move on. This a good for this change and it is the exact use of the H.I.F. that it is intended for. It is a good time for this change because we have a new Government, we have a new term, so the earlier these changes are introduced the longer the time of the benefit of these changes will be, the longer the time there is to impact, to monitor to see how effective they are. When we come to the end of this term legacy can be left of the quality of care people are receiving. We have heard a few times, particularly from one or 2 Members, this idea of action not words. This is an opportunity to take action, not just simply delay again for some supposed words that will come along in a review and a report. This is a specific action. There are some nuances to this, some particular things that we need to think about in terms of the use of that money and what that use will mean long term, because there are some benefits and some of them not easily quantifiable. The one that is not financially quantifiable but must be quantifiable for us as an Assembly and as a society is the quality of life that this could improve. People with long-term morbidities and multiple morbidities need support and that relationship with a G.P., as much as anything simply of reassurance, is very, very important. The other key point there, and I put it at the end of my list of things to say but I think it should go at the beginning, is this notion of having control over your own healthcare, control over your own processes that help you with your own health. That is so important because that control is good for your mental health and good for you as a patient. You make more intelligent decisions, you make better life choices and you are more likely to take the action that you are advised to take. That is such an important point of having a relationship with a G.P. None of us know when we may face things that we do not really want to face and it may be the G.P. who picks those up when you least expect them. It can happen and when it does you need to have that access. It is that point as well that is not quantifiable but that spotting of other issues that may come. Diabetes is a classic example. There are other issues that come from diabetes not being treated well and if that is spotted by a G.P. it can stop those even greater morbidities and that greater need long term. That is so important. Primary healthcare is about early intervention, it is about education and it is about taking action. If we can take this action we have effect, and I think that is really important. The other long-term benefit of this is the saving if we keep people out of hospital. Hospitals are great, the people in them are fantastic, the job they do is fantastic. It just is. When you are most vulnerable, people are there to help you out. It is remarkable. I am biased, my wife was a nurse and a midwife and of course I am biased, but I also saw the commitments that friends and families have made to that job. Of course it is. However, in the nicest possible way, it is the last place you want to be. You do not want to be there and anything that can be done to keep out of hospital is useful. The cost is also amplified whenever we are admitted to hospital because the care is constant, it is expensive, and so it should be because you want the best care. By keeping people out of hospital, there is a long-term saving in other areas of the health budget. Those are not easily quantifiable but they can be over time and there we get back to that point: the earlier we take action the longer the time we have to see the effects and the longer we have to see what that effect is and how much is saved and become a much more nuanced, joined-up approach to our healthcare and the provision of healthcare, particularly for those with multiple morbidities. There is another long-term effect of illness and this is why the notion of the wealthiest, the people with money who may benefit from this ... I am sorry but we need to remember one thing and that is at any time if you are hit by a number of morbidities very rapidly you can become economically in a very different position and that has an effect on society in a number of ways. It has an effect in terms of becoming less productive in our society. I am talking clinically here, not clinically in terms of a hospital but in terms of with a lack of emotion. Individuals can economically become less productive. That can happen very rapidly if you are very ill and have a number of morbidities. However, by having access to the doctor and not worrying about that, and being able to continue your work or continue your life and have better access to the

income you have, you put less of that burden on society. I do not like that phrase but I am thinking on my feet here. I am sure if I wrote this down as a speech I would not have used that phrase. But less of an economic challenge to society - that is a better phrase - in the long term. So there are significant benefits and I urge Members of the Assembly and Council of Ministers to think about those nuances, think about what we are doing there, think about the positive effects we can have for £6.5 million. I have to say, I do think that Deputy Southern has massively overestimated, because what he said is 9 visits for every single person involved. The comment made by Deputy Millar, and she is absolutely right, is some people are already on systems and things that they use, so they will not need to use that. So I think it will be a lot less than that, but if the money is there and we do not use it, that is not the end of the world. It is the same with a number of other things that we do. Just briefly, I will finish now because I do not want to get up to the 10 minutes. I really urge Members to please think about the benefits of this, what we are here for. This is not about saying to people: "We want you to go to the doctor." I do not want anyone to have to go to the doctor but we need to encourage people to go when they are ill. If you have a number of morbidities, the prices rack up very rapidly. They can be very expensive each month if you are paying £50 a time. This will have a significant impact in terms of cost of living, it will have a significant impact in terms of access to healthcare and it will have a significant positive impact on the long-term health and well-being of members of our society. I urge you to please think very carefully and give this genuine consideration as you vote.

#### **1.5.4 Deputy K. Wilson:**

I would like to welcome the proposition or the amendment that has been submitted by Deputy Southern particularly because the attention to multi-morbidity is highlighted. We know that there are over 30,000 Islanders who are living with one or more long-term conditions and we know that our population is going to increase over time. I think some of the estimates are that by 2035 people over the age of 65 will have increased by 40 per cent. It is right that more and better services will be needed but we also need to make sure that the costs are targeted and affordable. That is why myself and the Minister for Social Security are reviewing all the user charges and costs to workers in 2023 as part of the sustainable health funding, which is what she has already alluded to. What we want to do is we want to specifically look at the populations that use the health services. I think Deputy Ward talked about this idea of early intervention. We want to understand how can we develop those interventions that will help to lead full and independent lives. Sometimes that does mean having access to a G.P. but it is also much broader than that. There are wider determinants of health that we need to take into consideration, not just a visit to a G.P. There are other groups in our population that would also have a good claim for subsidised access, and clearly we will be talking about Deputy Alves' amendment shortly. My guiding principle is that we are committed to reducing inequality and we do want a system of family care that includes general practice that people can access but that system needs to be paid for. Any proposal to provide further subsidy must explain why it is needed to ensure that the funding and financing need to come from the H.I.F. and not part of a sustainable health funding model overall. I am asking Assembly colleagues to reject the amendment but, in doing so, to be assured that over 2023 these matters are going to be looked at in a lot of depth in relation to our approach to the sustainable health funding model. It will be the basis of a consultation with Islanders directly about the funding for healthcare and where those subsidies can be best targeted. I urge the Assembly Members to reject this proposition.

#### **1.5.5 The Connétable of St. Lawrence:**

I was not going to speak but I feel again it is another groundhog-day experience for me and maybe for others, because we heard the Minister for Social Security stand up and say she completely understands why Deputy Southern has brought this amendment to the Government Plan but she cannot support it. I do not know how many times I have sat in this Assembly and heard Ministers tell us that they completely understand why propositions or amendments are being brought to improve things for the public, which is what this will be doing, albeit for a targeted group. They

completely understand but they cannot support it. I ask why can this not be supported? She went on to say it is simply not the time to take money from the Health Insurance Fund. It is simply not the time. My view is that it is the time. Call it the Government Plan but did we not years ago call this the budget? Should we not be looking at budgeting for essential visits to G.P.s? The Minister for Health and Social Services, if I heard her correctly, stood up and said she welcomes it but we know it is right that more and better services are needed and she went on to refer, as did Deputy Millar, to the review that is taking place. What they want to do is wait until the outcome of that review.

[14:30]

My view is that we do not need to wait until the outcome of that review. We know, because the Minister for Health and Social Services herself has just agreed that Deputy Southern is not wrong when he tells us that there are many people who suffer from a number of the multi-morbidity illnesses, and I would like to just touch on someone that I know. I know someone who suffers from heart failure, chronic obstructive pulmonary disease and asthma. He was admitted to our hospital on New Year's Eve last year. What are we now? December. A couple of weeks ago he was in a bed at Sandybrook. So from New Year's Eve of last year, I think since then he has had 2 weeks at home when he was not well enough to be home and he was discharged. He was not well enough to be at home suffering from ulcers and, goodness me, so many different illnesses or ailments. He has had terrible leg ulcers. One of the reasons is that he could not afford to go to his G.P. to get sorted out, to get the treatment that he needed. He also had to pay for all his dressings and everything from Family Nursing, but that is another matter. He had to forgo some of those dressings. He had to have fewer visits from Family Nursing because he could not afford it. Now, had this scheme been in place he would not have turned round to me and said: "I am not going to the G.P. because I cannot afford it." That is the reality of what we are facing over here. We have many members of the public who cannot afford to go to the G.P. I know we are coming on to Deputy Alves' amendment in a moment regarding children. Hands up, I am one of 5. My parents could not afford to take us to the G.P. every time we had a cough. I always say to people unless we had a limb that could be seen to be hanging from us, we were not taken to the G.P. because there were 5 kids and my parents at that time could not afford to do it. I think at times it was almost a case of food on the table. That was what took priority. So, not wishing to speak for too long - I have only taken 4 minutes so it is not too bad - what else did I write down? This is another political decision. It is quite clear. What I want to know is maybe the Minister for Treasury and Resources can stand up and address this: is this an appropriate use of the Health Insurance Fund? We have heard Deputy Ward tell us that it is. I would imagine that it is. Is it - Deputy Gorst, I ask him please to address that question - or is it a raid or are we trying to plunder the fund or is Deputy Southern trying to plunder the fund to allow ... how many people has he quoted with multi-morbidity to access their G.P.? 12,000. It was less than 10 per cent of the population. Is he trying to raid this, is he trying to plunder it to allow those people with multi-morbidity to have access to their G.P.? Of course we heard I think from Deputy Millar and from Deputy Wilson the age-old story that this, if approved, will not only impact on lower earners but it would apply to everyone. So whatever anyone's financial situation, they would be entitled to this. I do not view that as a problem. There is always the opportunity for us to approve this and for that to be looked at even if it needs a proposition to be brought back to the Assembly to say we should be providing for people up to a certain income. I do not know. It is not for me to make that decision. It is for who is responding to this, Health or Social Security. The Minister for Social Security I think. My view is that I will be supporting this because I know of at least one person who has had to spend an inordinate amount of time this year in hospital, which should not have been the case had he been able to afford to go to his G.P. and get treated beforehand so that his medical conditions did not deteriorate to the point where he needed to be hospitalised for just about 9 months of this year. I will be supporting Deputy Southern because I believe it is an appropriate use of the Health Insurance Fund and I would urge others with a social conscience to support him as well.

#### **1.5.6 Deputy S.Y. Mézec:**

I am really pleased to follow the Constable of St. Lawrence because I think that the central point she made in her speech surely nobody can put up any contention against, which is that the effect of making access to G.P.s more affordable for people with multi-morbidity will be a positive benefit. Surely nobody can disagree with that and think that by doing that there will somehow be negative consequences for those people and for those who care for them. Of course it is the case that a G.P. appointment is not the only way that people may need to seek medical attention. There will be other ways as well and where those are more appropriate I am sure those people will seek them and perhaps more thinking needs to be in the wider context of the health service to make other forms of medical attention more accessible as well, but for those for whom accessing their G.P. for an appointment when something comes up have to think very carefully about whether or not they can afford it, and that may be a frequent occurrence for them if they have multi-morbidities ... to make it cheaper for them will have a beneficial impact. That must surely be the direction of travel, irrespective of what a review says. But in hearing the argument that we cannot possibly do this now because there are wider reviews going on into this, I think that that argument could and in fact was used every step of the way when Deputy Southern fought tooth and nail for the establishment of the health access scheme in the first place. I dare anyone to say that the health access scheme has been a bad thing. It quite clearly has not. To have been able to provide easier access to G.P.s for those who are currently covered by that scheme, children under a certain age, people in households on income support and Pension Plus has been a brilliant thing for those people. I regularly encounter constituents who are not faced with as many tough choices when it comes to their health because of the existence of that scheme and that so clearly will be the case for the people that Deputy Southern is seeking to have that extended to. We are not a body as a party that holds official consultations but we regularly do go out of our way to meet with people on the front lines of these services to understand what they think. I simply have not met any G.P. who will say the introduction of the health access scheme was a bad thing or that they would oppose it being extended. What we can do now by accepting this amendment is to give the Government a mandate to go ahead and approach the representative bodies of G.P.s and say: "This is what we are seeking to achieve, so let us have that negotiation and go ahead and deliver it and we have a pot of funding to enable us to do that." Deputy Ward so clearly spoke about the wider positive benefits that there are, not just the direct financial benefits for those who will not have to spend as much to see their G.P. as they otherwise would, but the impact you have on encountering health problems earlier where they are easier to treat and easier to identify what other health attention you may need, to avoid spending long times in hospital, as the Constable of St. Lawrence pointed out one example she is aware of. Just imagine how much that would have cost taxpayers and how much it could have cost if something could have been done earlier if they had not been put off that way, but there are savings to be made in our health service as a result of this. The central reason why I will vote for this amendment is that I simply believe in what was said by the founder of the U.K. N.H.S. in 1945 when he said that: "Illness is neither an indulgence for which people have to pay nor an offence for which they should be penalised but a misfortune, the cost of which should be shared by the community." That is the direction of travel that I would like to see our health service go in a wealthy society like ours where we are able to help those most vulnerable, not just those who are financially vulnerable but vulnerable because of their health conditions over which they have no control and which may simply be a misfortune for them. This quite clearly is an appropriate use of the Health Insurance Fund. It is, I hope, the inevitable direction of travel irrespective of what a review may or may not say on it. If you think that it is inevitable or that this is part of the bigger picture that we have not quite uncovered yet for what will happen delivering primary care, then what harm does it do to take that step now? It did not cause any harm by taking that step for Pension Plus, the households on income support and for some children through the establishment of the health access scheme and it will not cause any harm to do that now by extending it to those with multi-morbidity. What it will do is it will help provide peace of mind, for one thing, for those who struggle to make those budgeting decisions in their own best interests for their health. It will lead to people seeking health attention that they otherwise might have been put off from seeking for a bit longer and we will get positive health outcomes for those people because of the

things that may be discovered, the advice that might be given or the referrals that may be made at an earlier stage and that will ultimately save us money in the long run as well. I hope Members who agree with the principle of what Deputy Southern is proposing will be prepared to vote for it now because that is what we are entitled to do. We are entitled to take decisions like this and if we have a process under way involving a review or whatever, that is fine to continue concurrently to do that. We can decide, though, as a point of principle we wish to see this enacted sooner rather than later and whatever that review goes on to say, fine, we will come to that when it is published, but in the meantime let us take at least one small step following on from the other steps that have been taken in establishing the health access scheme in the first place. I hope Members will support this amendment.

#### **1.5.7 Deputy P.M. Bailhache:**

I think the debate this morning was a good one and raised a number of important issues, one of which was how the health insurance law should operate, what should come out of the Health Insurance Fund and to what extent non-targeted benefits should be included. It is true that the law was passed more than 50 years ago but the broad purpose seems to me to be unchanged. It sets up an insurance scheme for contributors and it is the duty of the Minister for Social Security to operate the scheme and to protect the interests of contributors. Benefits under the scheme can change and indeed have changed over the years and maybe some specific benefit for Islanders with multi-morbidity should be included, but it does not seem to me that that justifies the transfer of a large chunk of capital from the Health Insurance Fund to the Health Department so that some other scheme can be administered, whether in relation to primary care or not, outside the health insurance scheme. It may be a good idea to allow Islanders with multi-morbidity to receive G.P. consultations at a reduced rate. I do not know, but I do know that if it is it should be properly costed and be seen to be affordable. Can the Health Insurance Fund bear the cost of this additional benefit into the future? We just do not know and, in response to the Connétable of St. Lawrence, that is why this amendment should be rejected. It would in my view be irresponsible and inappropriate to adopt this amendment in the absence of that knowledge. It would be irresponsible because we should not deplete the Health Insurance Fund when we do not know whether it can be afforded.

[14:45]

Otherwise we risk damaging the primary purpose of the law, which is to enable all Islanders to have access to a general practitioner and pharmaceutical support at a reasonable price. It would be inappropriate because it would, I believe, deprive the Minister for Social Security of the ability to monitor the way in which the Health Insurance Fund monies are being spent. If money is simply paid over to the Health Department, it seems to me she loses control and cannot perform the duty laid upon her by the law. That seems to me to be wrong. In short, there is a right way and a wrong way to achieve Deputy Southern's purpose. The right way is to seek an amendment to the way in which medical benefit is dispensed so that, through the Health Insurance Fund, benefit is extended in an appropriate way to those suffering from multi-morbidity. That would enable the Minister for Social Security to remain in control, which is her statutory duty. The wrong way, I am afraid, is the one chosen by Deputy Southern and indeed by Deputy Alves in the next amendment. That way, the Minister for Social Security loses control and the Health Department can construct its own scheme, which may cost £6.5 million a year or maybe later £10 million or £12 million, quite outside the control of the Minister for Social Security. I would ask Members to vote against this amendment.

#### **1.5.8 Deputy T. Binet:**

I had not intended to speak on this at all but not for the first time I find myself agreeing wholeheartedly with Deputy Bailhache. We had the result this morning that means that the Council of Ministers has to go away and find an awful lot of money unexpectedly and I do not think we need to add to that. This also is not targeted, in my view, at the people that need it most. On that basis, I am afraid it is not something that I would support and I urge the Assembly to think very carefully and heed the words of Deputy Bailhache.

### **1.5.9 Deputy C.S. Alves of St. Helier Central:**

I am glad that my colleague, Deputy Southern, has brought this forward because I think it is a lot more measured than if I had brought this forward. He has been very specific in what he has named here. He has named 12 morbidities. I want to talk about the other types of long-term illnesses that I would have included if I had brought this forward. A lot of people in this Assembly know that I suffer from an auto-immune disorder that presented when I was in my early 20s. Fortunately, I have a very sympathetic G.P., and it helps that I also worked for them, so I did not have to worry about consultation fees. I will not name them because I might bankrupt them. If I had ended up paying for all my consultation fees, it was almost every month I had to go in to have blood tests. In my mid-20s, if I had to do that, I can guarantee you now that I would probably not have been able to afford to buy the home I have now, because of something completely out of my power. It is not something I chose. It is not something I had any choice in, and it is something I will live with for the rest of my life. I also do not have a choice that it has to be monitored. I am controlled now, but in those first couple of years I was not, so I was in and out of the G.P. very frequently. I now must go every six months minimum, to have a consultation, have my blood tests monitored and have a prescription. I often must go every 3 months to get my prescription because I cannot get my medication for longer than that without being seen by a G.P. I am fortunate that my G.P. is very sympathetic and has made that affordable for me, but that is not the case for everybody, and I cannot imagine how much that would have cost in the long run. There was a point where I was referred to the specialist at the hospital, which is great, and obviously there was no direct cost associated to me. However, I was going to that consultant, and we know consultants are not cheap, literally to get a blood test and a prescription. I could have carried on, if I was not in the fortunate position I am in with my G.P., because that would not have been a direct cost to me. But how much more would that have cost the Government? I have heard today, yesterday and all other sittings, the words review, review, review. I am going along the same line as my colleague when he said, promises, promises, promises. It is frustrating that I am all for having reviews as long as it is about gathering data that is not already out there. Deputy Southern has been very precise in his reports. The facts and the data are already out there. Why are we wasting money on a review that will then come to the same conclusion? The data is out there. Do we not have people who are able to pick up on this data and analyse it instead of doing another review? It just does not make sense to me. Ultimately, Deputy Bailhache made a couple of comments about the lack of detail around the spending. I would like to remind Members in this Assembly that we have adopted amendments this week with less detail on spending that were put forward by the very Government, not Back-Benchers. But, yet, when it is not convenient to us, we want more detail. This is a very measured proposition and if it was me, I would have extended it a lot more. From personal experience I am a bit biased, but I know there are also many other people in our community who are seeing the G.P. more than they should be and it is making them question where to spend their money. Sometimes they are choosing whether that is food or to go to the G.P. I urge Members to please support this amendment. It is targeted, measured and costed.

### **1.5.10 Deputy R. J. Renouf:**

I was getting a little bit annoyed by the implication presented by many speakers that if you oppose this amendment, somehow you do not care about people with multiple morbidities and you do not want to help them. The issue here is not about action, not words. It is not about whether this kind of funding is a good idea. It is about whether it should be done on its own as a one-off, without regard to the bigger picture and understanding the full implications. Deputy Mézec asks what is the harm. The harm would be to reserve a sum of money from a finite pot without understanding the full implications and the costs elsewhere. This amendment is about multi-morbidities, they are a very significant issue, and as the Minister for Health and Social Services says, it is good that they are being raised. But there are many other potential calls on this funding, and in this debate, we are not comparing all the different priorities. It is easy to make the case for this amendment because there would be positive outcomes. But what about all the other equally or perhaps even more worthy causes? What about children's healthcare? What about people with disabilities? What about people

with drug and alcohol problems? What about all the other very worthy calls on health funding? Who could not be in favour of supporting extra money for multi-morbidities? Of course, we want to do that, but who should benefit? How much benefit should they receive and crucially, how should those needs be judged against other equally important calls on health funding? For me, it is a bit like when you go into the toy shop with your kids and you buy the first thing you see before you have seen everything else on offer. There are other potential health issues that need to be considered. If you vote against this amendment, you are not voting against funding for multi-morbidities. You are not voting against funding for G.P. access. You are voting against singling out one particular demand on our healthcare system and prioritising it above all others. I know it sounds boring and frustrating but we all know in our hearts that there is a bigger picture. That is why we need a proper, thoroughgoing review, a thorough review that looks at all the competing claims on health funding more generally. We need the bigger picture. We need to see these needs and have them all compared. That is why we should reject this amendment and trust our Minister for Health and Social Services to bring forward a comprehensive set of proposals when that review is complete.

#### **1.5.11 Deputy M.R. Ferey of St. Saviour:**

This amendment requires a permanent commitment to extra government spending, of which the full costs are unknown at a time when we have not yet agreed a sustainable funding mechanism for healthcare. The existing health access scheme already supports low-income patients with subsidised general practice services. This includes low-income individuals who are suffering from 2 or more long-term conditions, so these low-income groups will not see an additional benefit from this government spending. It would be premature to commit the significant and ongoing and additional expenditure in advance of the outcome of a sustainable healthcare funding review and the H.I.F. actuarial review. Other groups in our population also have good claim to access the subsidised services. For example, amendment 18 of the Government Plan refers to children. Reducing inequality is key. The Island requires a sustainable healthcare system, including general practice, that people can access, but that system also needs to be paid for. Any proposal to provide further subsidy must explain where the money is coming from, which is why we need to ensure that funding and financing are part of a major debate that will run through 2023. Over 2023, these matters will be looked at strategically. This will include consultations with Islanders about funding and healthcare, and where subsidies can be best targeted. I urge Members to reject this amendment.

#### **1.5.12 Deputy M. Tadier:**

It is interesting how the arguments change depending on whether the Government decides to support or reject. When they bring something, it is called targeted, but when a Back-Bencher or an opposition party bring a proposal forward to help a specific group of people, we get accused of singling out certain people, playing off parts of our community against the other. We get questions about what other worthy causes could this money be used to pay for. The Council of Ministers have not told us they have earmarked the £6.5 million. Remember this is £6.5 million from a specific fund, the Health Insurance Fund. The clue is in the name, is it not? The Health Insurance Fund was to be used for health insurance for people who need it, and these are people who have paid in, one way or the other, and who need it because they have multiple morbidity. Surely, the lowest common denominator in any society, irrespective of what your policies are from right to left, is that if we are to pay tax and presume we believe in some form of government, and I have no doubt there are people in the wider community and possibly in this Assembly who do not believe the state has any role, which would be ironic, given that we are all States Members. I hope that is not the case. The lowest common denominator should be that we look after the most in need in our community.

[15:00]

I do not want to necessarily get over-philosophical today but I come back to the moral philosopher in the political sphere of John Rawls, who talks about the justice principle. If you did not know what role you would end up with in society, in constructing your idea of a just society, what would that look like? He talks about putting on the veil of ignorance, so when you make the rules of a game, it

is better if you do not know what role you will have in that game. You do not know if you will be super-wealthy, super-fit, super-intelligent or if you will be at some point struck down with multiple morbidity or various health afflictions. I realised by talking to people over the years that, whatever our differences, health is the great leveller. Those are not my words, but wise words I have heard on the doorstep over the years, because I have been back to see the same people and some people, you realise, are no longer there. They have ended up in care homes or passing on, and health affects everybody. There is nobody who is too rich, too high or mighty to be struck down by a particular illness or multiple conditions. Let us get back to the reality of what we are debating here. We heard about pragmatism earlier. We heard about targeting benefits. Yesterday, when we were discussing a £330,000 giveaway to people who might not need it, the question from Government was not what could that money be used for. The point is we know exactly what this £6.5 million will be used for because Deputy Southern has told us. It is to treat those who have multiple morbidity, multiple conditions, those who need to see the G.P., those who are unlikely, therefore, to be able to afford it. I have been reading through other manifestos. I have read the manifesto of the Jersey Liberal Conservative Party that partnered with the Progress and there were 3 Members in the Assembly. I will not quote it verbatim but they talked about the fact that we have a Health Insurance Fund that is set up for this purpose and has not been altered since 2012, and they want everybody in society to be able to access a G.P. when they need it and they want it to be affordable. Yet, we have a group here that we have identified as struggling the most. The argument comes back that we should look after everybody. We know full well that if any Member in the Assembly came forward with a comprehensive system saying that we want to have free G.P. visits for everybody, that would be ruled out of order politically for different reasons, so you cannot win for trying to do the right thing here. What is the state of the H.I.F. now? We are told the projected estimates for the starting balance of the H.I.F. in January next year is £86.1 million. Deputy Southern is asking that only £6.5 million, and it sounds like big figures, that is a lot of money. But the reality is, that is 7.5 per cent of the overall fund being spent for a purpose the fund is there for anyway. That fund will be easily sustained. I suspect the interest alone on that fund would pay for that withdrawal. Let us not get down into the minutiae of those figures, but the reality is that would be money well spent for people, well-targeted, like the Government has sought to bring in other targeted measures to relieve people during an emergency period in the economy. But we also have another emergency in our community, a health emergency, and this money, quite correctly, will deliver tangible outcomes for all our constituents. I ask Members to put aside their ideological differences and support a good plan, even if they might not think it is a perfect plan.

### **1.5.13 Deputy I. J. Gorst:**

This morning, when the Greffier was sitting where you are sitting now, the Assembly very, very clearly said to Ministers, enough is enough. We only want you to transfer money out of H.I.F. in the purposes that were determined in the health insurance law, and even that we think has gone too far with its most recent amendment. We certainly do not want Ministers to transfer money from the H.I.F. to the Department for Health for them to decide how they will spend it on primary care. Ministers heard that message. We were slightly criticised for being a little bit grumpy in light of that very clear message but we understood entirely why Members told us that. They want primary care to be properly thought through, for Ministers to make sure, as the Minister for Social Security said then, that the Health Insurance Fund is used appropriately and has a sustainable level of funding in it. Not to come along and, no matter how good the proposal is, no matter how in this instance it might be directed to the purposes of primary care, as the Minister for Health and Social Services indicated her £4 million was this morning. But not to do it without a proper, sustainable funding methodology, without thinking about the difficulties our G.P.s currently face about recruitment and appointments, without thinking, and maybe this is me reading between the lines, about appropriate co-payments for G.P.s, and without thinking that those, who we have just heard about, who cannot afford to access primary healthcare. Having listened to that message this morning, in the words of Deputy Bailhache, we have listened, we are returning to Broad Street with our instructions clearly

from this Assembly. For my part, that is a message Ministers have received. I have received it. It will have implications for how we think about the Health budget going forward, but I would be very surprised if this afternoon, Members then decided they were not quite sure about that anymore. They do want to give the Minister for Health and Social Services a chunk of £6.5 million that may or may not impact the sustainability of the Health Insurance Fund, particularly when there is ongoing work. I make no comment about what the Deputy is proposing this money to go to, or the next amendment we have. I will leave it to others to do that, but it would run completely counter to the message Members said to Ministers this morning, which I think was a very clear message. I understood the reasons why it has some difficult implications for us. We must regain the trust of the Assembly and the public about all the money we are spending in the health service, the way we are structuring the health service and the way we are administering health to Islanders, because this Assembly indicated it was not satisfied with that and we take that away, and we will act upon it. I ask Members to think very carefully before they make a decision in what would, to me, appear to be completely the opposite direction.

**1.5.14 Deputy C.D. Curtis of St. Helier Central:**

This amendment by Deputy Southern makes serious economic sense. People with multi-morbidities are vulnerable to developing many more health conditions. By seeing the doctor at the right time, serious complications can be nipped in the bud. Such complications, untreated, are likely to end up costing society a lot more than the cost of reduced G.P. visits, and that is not even taking account of the personal and social implications. Any new scheme needs to be discussed with G.P.s, but the decisions must be made by this Assembly. Does this Assembly seriously want to make it hard for people with chronic sickness to get the treatment they need?

**1.5.15 Deputy M.R. Scott:**

What makes economic sense is proper planning.

**The Bailiff:**

Does any other Member wish to speak on this amendment? If no other Member wishes to speak, I close the debate and call upon Deputy Southern to respond.

**1.5.16 Deputy G.P. Southern:**

I shall attempt to be brief, as all have been doing today. An early contributor said, why are we not talking to the G.P.s now? The answer is, we are not. We have stopped consulting on primary care. We certainly do not talk to the Primary Board and we should do. We should put pressure on Ministers to act. It is back to that phrase: act, not think. Somebody early on said: what about those on higher incomes? I would respond: what about those who are just managing? Not on income support but a £50 bill coming from the G.P., something they find difficult to cope with, to honour on their own in the week, and they are struggling altogether. It is not an absolute measure, but the people I am talking about, those with multiple morbidities, must have more visits than normal, than average, and therefore have higher bills than average. To cope with that demand, I think we should be pressing our Ministers to getting talking to the G.P.s, the primary carers, and seeing if we cannot work together to cater, to keep this group of people out of hospital. As many people contributing today have put it, we want to reduce inequality and keep people out of hospital. There is a long-term saving in doing so. I was asked by the Constable of St. Lawrence if this is a political decision. I would respond, absolutely. Every decision you make in this Chamber is political. The political aim that should happen now around this proposition is that we should put political pressure on our Ministers to come up with a scheme that starts to look like it will work, because we have abandoned primary care for some time now. It is nice to notice that we are back to normal with Deputy Bailhache. I had a rush of blood to the head when I heard his contribution earlier, but it is back to normal now. We need access to G.P.s at a reasonable rate. That is what Deputy Bailhache said. I was taken aback by Deputy Alves' contribution with her auto-immune condition. I never thought about this group of people and I should have done, and included them. She went on to suggest what we have here is

review, review, review and do nothing. If we are to make this work, we need at this stage to put pressure on our Ministers to get round the table with G.P.s and other primary care deliverers and sort out a system as soon as possible. Not 6 months down the road when we have done all the fact-finding, but start with a process that enables us to get some assistance to this group of people.

[15:15]

**The Bailiff:**

Thank you very much. The appel is called for. I invite Members to return to their seats and I ask the Greffier to open the voting and Members to vote. The vote is on the sixteenth amendment. If Members have had the opportunity of casting their votes, I ask the Greffier to close the voting. The amendment has been defeated:

<b>POUR: 14</b>		<b>CONTRE: 32</b>		<b>ABSTAIN: 0</b>
Connétable of St. Lawrence		Connétable of St. Brelade		
Connétable of St. Martin		Connétable of Trinity		
Deputy G..P. Southern		Connétable of St. Peter		
Deputy M. Tadier		Connétable of St. John		
Deputy R.J. Ward		Connétable of Grouville		
Deputy C.S. Alves		Connétable of St. Ouen		
Deputy L.J Farnham		Connétable of St. Mary		
Deputy S.Y. Mézec		Deputy C.F. Labey		
Deputy T.A. Coles		Deputy S.G. Luce		
Deputy B.B.S.V.M. Porée		Deputy L.M.C. Doublet		
Deputy C.D. Curtis		Deputy K.F. Morel		
Deputy L.V. Feltham		Deputy M.R. Le Hegarat		
Deputy H.L. Jeune		Deputy S.M. Ahier		
Deputy R.S. Kovacs		Deputy I. Gardiner		
		Deputy I.J. Gorst		
		Deputy K.L. Moore		
		Deputy P.F.C. Ozouf		
		Deputy P.M. Bailhache		
		Deputy D.J. Warr		
		Deputy H.M. Miles		
		Deputy M.R. Scott		
		Deputy J. Renouf		
		Deputy R.E. Binet		
		Deputy M.E. Millar		
		Deputy A. Howell		
		Deputy T.J.A. Binet		
		Deputy M.R. Ferey		
		Deputy A.F. Curtis		
		Deputy B. Ward		
		Deputy K.M. Wilson		
		Deputy L.K.F Stephenson		

## **1.6 Proposed Government Plan 2023-2026 (P.97/2022): eighteenth amendment (P.97/2022 Amd.(18)) - Free G.P. visits for children and young people**

### **The Bailiff:**

The next amendment in the running order is the eighteenth amendment, Free G.P. visits for children and young people, lodged by Deputy Alves. The main responder will be the Minister for Health and Social Services and the Minister for Social Security. I ask the Greffier to read the amendment.

### **The Greffier of the States:**

Page 2, paragraph (c) – After the words “Appendix 2 – Summary Table 3 to the Report” insert the words – “, except that a new line should be inserted in Summary Table 3 to include a transfer of £800,000 from the Health Insurance Fund to the Consolidated Fund to allocate funds for the provision of a scheme to allow children and young people from 0 years to 17 years of age to receive free G.P. consultations;”. Paragraph (e) – After the words “Appendix 2 – Summary Tables 5(i) and (ii) of the Report” insert the words – “, except that, in Summary Table 5(i) the Head of Expenditure for Health and Community Services should be increased by £800,000 to allocate funds for the provision of a scheme to allow children and young people from 0 years to 17 years of age to receive free G.P. consultations;”.

### **1.6.1 Deputy C.S. Alves:**

Childhood is arguably the most vulnerable period of human life. Children are highly dependent on others to have their basic needs met and this makes them particularly vulnerable, especially when there is a cost to fulfilling those needs. Although I commend the Government in establishing and maintaining the health access scheme that supports children in low-income households with free surgery consultations, this scheme is not fool proof. What about those who are in low-income households but do not qualify due to residency restrictions, or those who do qualify but do not know that they are eligible for this support. We heard just 3 months ago from the Minister for Social Security in her answer to an oral question about eligibility for the Community Cost Bonus that Government do not target communication directly to those who would be eligible for benefits. So how many children from low-income households are potentially missing out? The fact of the matter is, whether you are born into a financially comfortable family or not, if you are a child you are vulnerable. So when I read the Government comments where they have said: “The creation of an additional scheme, as the amendment suggests, will not benefit low-income children who qualify for the health access scheme. Although the Council of Ministers recognises the impact the cost of living is having on a high number of households, the benefits of the amendment would be felt by children in higher income groups.” Does this mean that the Government thinks that those children in higher income groups do not deserve or need to feel the benefit of this amendment? That these children are no longer vulnerable? I think this shows that the Government have a real lack of understanding of what it means to be a child and the vulnerabilities that that brings. Children do not have their own autonomous access to income, regardless of their family’s economic background. All children deserve this and all children are vulnerable. Two years ago I brought forward a very similar amendment to the Government Plan and in that speech I quoted the then Children’s Commissioner who said: “I have witnessed first-hand the struggles many guardians have when deciding whether they can afford to take their child to the G.P. when they are unwell. Many will often wait it out hoping that their child will get better. Some will go to the doctor straight away but have borrowed money or had to budget and ration carefully. I have seen children end up with longer-term health problems and visits to specialists which could have been completely avoided. I have seen teenagers being reluctant to visit their G.P. with their parents or feel they cannot speak openly to the doctor

because their parents are present, and because they have to be in order to pay the bill. These barriers should not be in place for young people. A child should be able to see their G.P. when they need to without any financial concern.” Prior to being elected I worked as a part-time translator for medical surgeries, as well as a secondary school teacher. I too experienced first-hand numerous children and young people that needed to go to the G.P. but would not or were reluctant to; not because their families could not afford it but because they did not want their families to find out, either through embarrassment or worry or shame, especially if they were suffering with mental health or sexual health issues. Now, I know there are free sexual and mental health services but these services are often public places and so sometimes young people do not like going due to a lack of privacy and the risk of seeing fellow acquaintances there. When left with no other choice they would rather go without. The findings of the recent Jersey Opinions and Lifestyle Survey Report found that 41 per cent of adults said that the cost of an adult G.P. appointment stopped them from attending. These adults are not just from low-income families. These adults will include middle Jersey who are already having to make tough decisions about where and what to spend their money on. Costs are a huge barrier to accessing healthcare. When people must choose between paying for food and rent or paying for healthcare many forego healthcare. It is an unacceptable choice. The Government has in the past negotiated for some services provided by G.P.s to be free, such as cervical cancer tests. Does this not prove that prevention is better than cure? Why does this not apply to children? Finally, I wanted to keep my speech short so I am going to finish with a direct quote from a letter that was sent to the Government from the Children’s Commissioner a couple of years ago: “The U.N.C.R.C. (United Nations Convention on the Rights of the Child) is clear that all children and young people up to the age of 18 are entitled to special measures of care and protection, including their right to health. This right applies to every child, as does their right to be free from discrimination under Article 2 of the U.N.C.R.C. Any fees to access healthcare services present barriers to children and young people from accessing their rights. The Committee on the Rights of the Child has been clear in this, stating that barriers to children’s access to health services including financial, institutional and cultural barriers should be identified and eliminated. Every child and young person in Jersey should, therefore, be able to access healthcare for free, regardless of the child or their family’s economic situation or any other factor as children are the right holders and the state is the duty bearer.” So I ask Members, do we really need another review to tell us what we already know? Do we really want to add further delay to something that could potentially save a young person’s life now? I urge Members to support this amendment and I move the amendment.

**The Bailiff:**

Thank you very much, Deputy. Is the amendment seconded? **[Seconded]**

**1.6.2 Deputy E. Millar:**

The Constable of St. Lawrence I think has twice today used the words “groundhog day” and I am also beginning to feel like that over the course of this current debate, and also our last sitting where we talked about the common strategic priorities. I will come on to that. I am not going to insult Members by saying all the things I said before about the Health Insurance Fund; I am sure you can all remember them, because much of them also apply in the context of this proposition. I would like to take the opportunity just to make a few further comments arising from some of the observations that have been made after I spoke regarding the last amendment. I am not quite sure where Deputy Southern is obtaining his information but the Minister for Health and Social Services, the Assistant Minister for Health and Social Services and the Assistant Minister for Social Security, Deputy Ferey, and myself met the Primary Care Board last week. The Minister for Health and Social Services has met them more than once. I have met them again with my officers previously. We are talking to the Primary Care Board, we have committed to working with them in an open and collaborative partnership to make the amendments and the changes that we need to ensure good primary care. We are talking to them and we will continue to do so, and it is simply incorrect to say that that is not happening. I feel deeply for Deputy Alves’ own situation and I am sorry that she had the difficulty

she had when she was in her 20s and she was first diagnosed. But some of the comments absolutely demonstrate the issues that we have been talking about. When I last saw a doctor to have bloods I saw the doctor and then I was sent back the following day to see a nurse to take my bloods. Deputy Ward will tell you that a nurse is more than capable of taking bloods and that you do not necessarily have to see a G.P. As for the prospect of going to see a consultant to have bloods taken, that is frankly absurd and that is why we need to look at how our primary and healthcare system works to make sure that we are using the best use of our healthcare professionals and we are getting the best use of their time because, as we have already said this morning, doctors are under a huge amount of pressure. Deputy Scott mentioned that when she talked about G.P. stress. I would also just make one last comment about the H.I.F. itself. The H.I.F. is not actually an insurance fund. Yes, people live here and contribute to it but the H.I.F. will pay for medical care for anybody who has lived here for 6 months, whether or not they have contributed. So if you move here as a pensioner you will get healthcare whether or not you have made contributions, so somebody who could leave Jersey as a young person, go away, make their millions in the U.K. or abroad, and come back to Jersey and retire and they will be supported by the H.I.F. because that is the way it works. It supports everybody, regardless of contribution. So by some of these schemes we would be helping people who have not contributed to the Island. That is not to say we do not want to expand and make sure we have the best healthcare system that we can and we can afford. Just turning particularly to Deputy Alves' amendment. I, and the Council of Ministers, found it quite surprising because this Assembly very recently endorsed our Common Strategic Policy which included a commitment: "To work towards providing free or lower cost primary healthcare for all Jersey's children and to reducing other barriers to children accessing primary healthcare as part of the ongoing review of the Island's overall health and care system and its sustainable funding." That was following an amendment by the Children, Education and Home Affairs Scrutiny Panel and it was approved by them. In fact the panel itself agreed that charging was not necessarily an issue. This commitment was made only a few short weeks ago and it is disappointing that this amendment chooses to ignore that commitment and that proposition and refer to reports made in 2019 and 2020. It does not take account of the C.S.P. (Common Strategic Policy) commitment which we debated I recall at some length. This amendment is premature. It is also unfunded for the same reasons we have gone through, and the cost quoted in the amendment is likely to be a significant underestimate of the actual cost of free G.P. visits. It will support those on higher incomes. Yes, there are people who are struggling but there are many people in this Island who can afford to pay, but free G.P. visits we will find ourselves with taxpayers and contributors paying for very wealthy people to take their children to the G.P. whenever they want, and the notion that rich families are not taking vulnerable children to the doctor just does not hold any water. Any parent will take their child to the doctor; if they can afford it they will take them. To respond to Deputy Mézec; nobody is criticising the health access scheme. The health access scheme provides free G.P. visits for children in income support households. We did communicate that. We have communicated that to all income support households at the time the health access scheme was introduced, and I asked my officers to remind people of that in our most recent communications to remind them that that health access scheme exists and that people on low incomes can take their children to the G.P. free of charge. It is wrong to say it has not been communicated. Many G.P. practices themselves offer free medical visits for children under 5, so to say there is a dearth of care and provision for young children is not true. We do need to look at the whole picture. We are trying to do that and it will take some time to understand how we do sustainable funding for our healthcare system to make sure that we have the best system we possibly can for our children and for everybody on the Island. I urge Members to reject this amendment.

[15:30]

### **1.6.3 Deputy S.Y. Mézec:**

The one advantage of groundhog day is that as time goes on you get to predict what is about to happen, so it is surprising that the Minister is surprised at where we are. What I would have hoped she would have done is listened to what Deputy Alves said in her opening speech and amended her

comments accordingly. I have absolutely no problem whatsoever with paying tax into public spending funds that will go towards paying for services for which people who are substantially wealthier than me will benefit from. That is what we pay tax for so that we can provide universal services for everyone. We pay progressive rates of income tax based on what people are capable of paying; that is how you make it equitable. Providing that at the point of use on services and introducing bureaucracies to determine who gets a greater subsidy and who does not is often not an efficient way of doing things. The principle of universalism in public services is a good one. I would point out to the Minister we are already paying to subsidise the G.P. fees of wealthy people because they get the subsidy too that exists, so that is not a new concept. But what provoked me to put my light on, because I was actually angry about this, is when she said that those children from wealthier families, well, their families will still be able to afford to see the G.P. She was not listening to Deputy Alves. It is important that children have the right to access healthcare in their own right, not because of what family they are from, and the reason for that - and I am sure there are Members in here who remember what it was like to be a teenager - but when you are going through particular issues in some of those years the last people you want to talk to about it are your parents. So if you have to go begging to your parents for money so you can go to see a G.P. some young people will find that embarrassing and off-putting and so they will not do it. The point of this is to make it independent for them, and not only is that in my view morally the right thing to do but it is actually indirectly something we have already committed to. We have done that not just from the amendment from the Children, Education and Home Affairs Scrutiny Panel but we have done that before by agreeing to sign up to the United Nations Convention on the Rights of the Child. It is black and white in that document that children have the right to healthcare. It is their right and, as the elected representatives of the people of Jersey, we are the duty bearers here and it is our duty to ensure that those children have that right realised. Right now, by their access to healthcare being determined by what family they are from, we are in breach of that part of the U.N.C.R.C. That does not mean that we have a big red mark on our name according to the U.N. (United Nations) because it does not quite work like that. What the U.N. expects of us and what they will judge us on when it comes to their regular updates on where Jersey is with its fulfilment towards the U.N.C.R.C. is what progress we are making; if that is the direction of travel that we are going in. In the C.S.P. we agreed to this principle - rightly so, and I am glad that was accepted by the Government - yes, it is right that there is a funding source for that and Deputy Alves has found one. She has found one from the pot of money where at this point it ought to come from because that is currently how we fund these things. That can change in the future if you want it to. If you want to reform how we fund primary care in the future, no problem, we will have that debate when it comes to it, but for the moment that is the source that we use to fund access to G.P.s and so there is nothing inappropriate about doing that. What Deputy Alves is asking to allocate for this change in policy is a substantially lower amount than the amendment we have just debated from Deputy Southern. I wish that one had been accepted but you must surely recognise that the amount that Deputy Alves has asked to make this a reality is a very small amount in comparison to that. So if you did have concerns previously about the sustainability of the Health Insurance Fund I would say at this point we are looking at a much smaller amount of money, so that is not as much a concern. But if that is still a concern for you about any money being taken out of the Health Insurance Fund to pay for an increased support at this point I have got some good news for you, which is that later on in this debate you will have the opportunity to vote for an amendment which will put millions of pounds extra towards those funds through scrapping the regressive caps that we have on these taxes. If you want to make the wealthier pay for it because you think it is unequitable to provide free G.P. visits for children from wealthy families, that is how you make it equitable, by making them pay the same amount proportionately as the rest of us. So we have the opportunity right now to support an amendment which will realise our commitment under the U.N.C.R.C. to provide primary healthcare free at the point of need for all children, irrespective of what families they are from, and we have a mechanism for funding it which is more than sustainable. You want to talk about how that will change in future, great, we will have that discussion another day but we can do it now. This amendment does work and do not believe anyone who tells

you it does not because the numbers add up here. I hope Members will support this proposition and we will realise that right under the U.N.C.R.C. sooner rather than later.

#### **1.6.4 Deputy L.M.C. Doublet of St. Saviour:**

I have considered this amendment really carefully and mulled over various things. A lot of the points that I was going to make have been made by previous speakers. I was undecided about this for some time and initially my feelings were that I felt that perhaps a small nominal charge would be appropriate because I know that there are some shortages in primary healthcare, particularly G.P.s, but I did look back at the information that came from the Children's Commissioner and the legislative gap analysis and healthcare is one of the most fundamental human rights, access to good quality healthcare. As previous speakers have stated, children are among the most vulnerable groups in our Island. While again I did consider that there could be other options that we could provide, perhaps nurse-led clinics could be the first port of call for free primary healthcare, and I think there is nothing stopping Government exploring those options, and I have confidence that Government will also explore those options going forwards. I have decided that I will support this and the point that swayed me - again it has been made by previous speakers - but I want to explain the point that I have been persuaded on and it is the ability for children to access healthcare under their own steam regardless of their parental income. I do not see that that point can be argued with. I think it is so fundamental to the autonomy of a child as a human being in their own right once they reach an age where they can competently make decisions about their own health, to be able to access that healthcare. So I will be supporting this and I do think it is doable. I think we may have to do some additional measures perhaps like nurse-led clinics as an extra facility to accommodate some of those common childhood illnesses and to make this achievable. But I do think it is doable and I do think it is important that we approve this today.

#### **1.6.5 Deputy M. Tadier:**

Although we do not have actual Ministers for things like culture or for the environment or for children, we have delegated responsibility and it is really important to hear the Assistant Minister with delegated responsibility for children, who works very closely I know with the Minister for Children and Young People, to come out in favour of something which is designed to help children and young people. One would hope that she has been appointed to that role because she is the right person for the job and she is trusted to make political decisions, and I would encourage her Ministerial colleagues to support her and come to the same conclusions as her for that. We know that also she of course moved in a previous Assembly for the U.N.C.R.C. to be adopted in principle by this Assembly. There is so much good policy in that which we need to get to grips with still, which Deputy Mézec has reminded us of as well. I am particularly concerned when I heard the politics of envy coming from the Minister for Social Security. She is trying to divide the Island between the rich and the poor, saying that the rich who have children do not deserve to be able to go and visit a G.P. for free. I disassociate myself from that because I do not believe in those kinds of politics of envy. I believe that you pay for general taxation and that there are certain things which under the social contract we all agree that everybody has equal access to. For example, I would not have said when I was a primary school pupil at La Moye: "Why are there some very rich people here getting a free education alongside me?" When I went to Les Quennevais School I did not ask, I did not even think about socioeconomic distribution of our class. I have no doubt that there were some people in the class who struggled. I know we were not necessarily in a completely dissimilar situation to the Constable of St. Lawrence. I remember growing up with 3 other brothers in my family and you would often be fighting for the last chicken leg or that bit of crackling that you got on the pork on a Sunday once a month. Things might have changed a bit as you grow up but you realise ... and I do not know whether our family would have even met a socioeconomic means test, whether we would have been considered too poor or too rich and where you would have set that ceiling. I also know that there is more to life than just the income you get and that families find themselves in very difficult situations. What do you do if you are a rich child? As far as I am concerned there are not any rich

or wealthy children; you might have families with higher incomes but all children are the same to me and they deserve the same access, which is why I would agree with Deputy Doublet. You have a family that is perhaps not living together anymore or they have got one parent who is very wealthy and another parent who does not have much income, possibly on income support. How would they be viewed? Would they qualify for the test? Would they get lots of bureaucracy saying you have got to get one of your parents who is a high earner to talk to the other one, even if that is an estranged parent where communication might be difficult. I do not have a problem if a few children from a rich family who do not currently go to the G.P., or even if they do, get access to a scheme for children which means they do not have to pay for it. I am quite happy and comfortable with that because I think universal healthcare is something we should aspire to. But in the absence of that, as a general policy I think the policy of putting children first, which I signed up to in the previous Assembly, is still something that I think I aspire to and I would hope the rest of the Assembly also aspire to.

#### **1.6.6 Deputy C.D. Curtis:**

The Children, Education and Home Affairs Scrutiny Panel recently brought an amendment to the Common Strategic Plan which was that we will work towards providing free primary healthcare for all children in Jersey. Following amendments to amendments, the Council of Ministers included in the C.S.P. the aim to work towards free primary healthcare or lower cost for all children, which the panel welcomed as a step in the right direction. But we must remember that any fees to access healthcare services present barriers to children from accessing their right to healthcare. The current situation is that 2,642 children get free G.P. visits; 14,000 do not. That is 14,000 children whose parents will have to pay for them to see a G.P. Not all of these children have parents able to pay this and many children may need to see a G.P. without the support of their parents. Charges for children to see a G.P. average around £30 for 10 minutes with home visits at around £110 to £140. There are many families above the income support threshold who are struggling to pay their bills and hold off from seeing the doctor. Evidence supports this, including figures from the Accident and Emergency Department. The figures show that around 70 per cent of Emergency Department attendances by children were classed as non-urgent. We cannot be sure how many of these children were there due to cost alone, however, we should consider that surveys such as the Jersey Opinion and Lifestyle Survey found that one in 6 households delayed seeking medical treatment because they were concerned about the financial cost.

[15:45]

When considering the cost implications of a plan for all children to have free primary care we must consider there is a cost for not doing so. The immediate financial cost is borne out through unnecessary use of Accident and Emergency Department. There is a high cost to all that medical professional time. The longer-term financial costs occur through illness treated too late, potentially leading to acute episodes and long-term conditions. The policy in the C.S.P. to aim for free or lower cost primary care for all children is a step in the right direction but we must aim for truly accessible healthcare for all children and bring that in without delay, which is why I will be supporting this amendment.

#### **1.6.7 Deputy R.J. Ward:**

I am genuinely very pleased to follow that really reasoned, calm and detailed explanation of why this is a very simple thing to support. I was going to mention something that somebody talked about, U.N.C.R.C., and if you go into any of our primary schools and our secondary schools you will see a display on the wall on the way in which says that: "We are a rights respecting school and all of our young children are being taught about being a rights respecting school and the rights they can expect because of their childhood in our modern society." One of those is, as has been pointed out so many times, access to free healthcare. I do not think there is anyone in this Assembly who would not want to do the best for our children. Regardless of our political hues, I know that we all want to do well. But one of the things we have to do is we have to come to a consensus in our approach to our children and whether or not what we want to do is treat every child as though it was our own. That is what

corporate parenting is. Our responsibility as a corporate parent is to do exactly that. That means giving access to every child to the best that we can. This is affordable, £800,000; I have got 2 figures in my head for the H.I.F. of either £48 million or £84 million and I do not know which it is. Let us take the lower one. That is 56 years of paying for this. It is absolutely affordable for as long as we need as we review it and come up with a better way to do it. That is absolutely fine. But this is about action not words again. We keep hearing that; let us take some action. Let us not just have the words, let us not just have another review and the notion that this is premature to take this action. Let us think about that notion, shall we. It is not premature to say in the first Government Plan, in the first real big decision-making process we have taken in this Assembly, at the end of this, to say to parents: "We are acting to say to you, you can take your children to the G.P., do not worry about the cost." We are saying, most importantly, to young people - and I am going to use the phrase "young people" - that you have autonomy in your own right to be listened to, to be respected, and to be able to access the G.P. All of us as parents want to believe that our children will talk to us about everything, of course we do, because we are all perfect parents, we are all perfect in every single way; I certainly am. But sometimes our children do not want to talk to us about things and they need to go and talk to someone else and giving access, regardless of your socioeconomic background, and they are complex situations. If you have spent time with young people, particularly I am going to pick out 14 to 16 age group, in particular, these are complex times in young people's lives and they need any support that we have. This is £800,000, a fraction of the H.I.F., to access primary healthcare for free for our children. That is the sort of legacy we should be leaving. That is the sort of message we should be giving to people, and that is a rights-respecting Assembly, not just rights-respecting schools. We can go into these schools now and say all these things that you are talking about, we are taking action on straightaway. We do not believe we have to wait because you are the most important thing on our Island. That is the way in which our children become valued. This is one simple way to do it. I will finish by saying this, it is not about you not caring if you do not do something - I do not know where that is coming from - it is saying that these are opportunities we must not miss now. So please do not reason your way out of it for whatever process that you want to go for. The U.N.C.R.C. and all of those things that come with it enrich our society, enrich the experience of our children, and enrich the safety of our young people in our society. We should incorporate it, embrace it, and then act upon it. So I urge Members please consider this, please think it through, and please support this very well thought-through amendment from Deputy Alves.

#### **1.6.8 Deputy K.L. Moore:**

The best way to start this speech is to say of course we do all agree because, as the Minister for Social Security identified during her speech, we did agree this in our debate during the Common Strategic Policies. But of course Deputy Alves' well-intentioned amendment here was lodged only 2 weeks ago. This is I think a practical issue that we have with the Government Plan, that there are a considerable number of issues to consider in a very limited amount of time. We think that Deputy Alves' figure is not quite right. My very simplistic way of approaching the figure was that it would be almost twice the price, because if we considered that all of the 14,000 children in this age group were to visit the G.P. twice in a year, on average, then of course it doubles the figure. So that simple equation just shows, albeit that we agree, there is a need to build this element of healthcare and access to G.P.s for children into a proper, sustainable funding mechanism, which will be delivered in 2023. I do commit to doing that because it is important. We have agreed to many elements of delivery of healthcare going forward in recent debates and it is very clear from the speeches, the many eloquent and excellent speeches that have been made in the past couple of debates, that we are as an Assembly seeing some consensus being achieved. We want to change our systems and move forward and improve the delivery and access to healthcare for a greater number of people. Yet, we simply have to do, as Deputy Scott said in her exceedingly brief but very pertinent speech earlier on, we have to do the planning. So I would ask Members to please bear with us to see that we have the additional months that we need to properly deliver a sustainable funding mechanism during 2023, which will be properly planned for, and then we can deliver exactly what we need and in the proper way.

Because Deputy Mézec may hope that he will win his amendment later in the day, but of course he does not yet know that.

#### **1.6.9 Deputy H. Jeune of St. John, St. Lawrence and Trinity:**

Though I have heard the Chief Minister in her points that she has just raised, I would like to say that I will be supporting Deputy Alves with this amendment because, like others, I think that it is right for children to have access and it does not matter where they come from. I would like to give a quote from Mr. Bevan, who was the founder of Britain's National Health Service, it said: "The essence of a satisfactory health service is that the rich and the poor are treated alike, that poverty is not a disability, and wealth is not an advantage." Therefore I think that this is really important, but also because I remember during the elections that we had a discussion with a primary care body in Jersey and they were very clear in their messages that primary healthcare starts from when you are born, even before, when you are part of your mother and growing as you are developing. This will play out in 40 years' time when we will have issues later in life with our acute care, and therefore it is absolutely essential that we need to put as much resources and support for the first 100 days and also for children in their health and supporting them to have access wherever they come from. Because it is really important for the future and it will have a big impact in 40 years' time on our healthcare if we are not able to support them in their primary healthcare.

#### **1.6.10 Deputy I.J. Gorst:**

I know that Standing Orders says that one should not repeat points made by others, but we are in a different amendment now and I just want to reiterate the point, alongside the points that the Chief Minister just made, and I fully support she is committed, together with the Minister for Social Security and the Minister for Health and Social Services, in delivering on that Strategic Plan amendment. I know she is very personally committed to that and she would share complete alignment with the Minister for Energy's point of view and commitment to the 1,001 days agenda and all that means. I make no comment about that because it is absolutely the right thing to do. This amendment, however, takes money, it will be an unspecified amount because one trip to the G.P. for every Islander 17 and under will not satisfy the need to visit a G.P., so it will be considerably more than is suggested here. It also means that it will be a scheme that is developed by the Minister for Health and Social Services. I do not comment on the Minister for Health and Social Services personally but it will then be her officers at Health and Social Services who will be, if we accept this amendment as opposed to working with the amendment to the Strategic Plan, which would allow the joint working and the oversight of the Minister for Social Security, which again is a thing that the Assembly really wants Ministers to do, with appropriate rigour and able to provide appropriately and give effect to that amendment to the Strategic Plan. It is for that reason, not because of the underlying desire of the proposition, but the mechanism that it uses, which is inappropriate and out of kilter with what Members want to see in Government that I cannot support this. But I very much do support my colleague Ministers in the work that they are doing to work towards free healthcare for children, as was accepted in the Strategic Plan.

#### **The Bailiff:**

Mr. Attorney, did you wish to contribute?

#### **1.6.11 Mr. M.H. Temple Q.C., H.M. Attorney General:**

Yes, I apologise for not being in the Assembly, but I was not feeling particularly well so I thought it better to attend by Teams. I just had caught comments by Members in relation to the U.N.C.R.C. and I just thought it would be helpful if I just set out a slightly more nuanced position as regards Article 24 of the U.N.C.R.C. and what it does and does not require States parties to do. Essentially, the key Articles are Article 24 of the U.N.C.R.C. and Article 4. So Article 24 does require States parties to recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation. It also requires States parties to strive to ensure that no child is deprived of his or her right of access to healthcare services. So those are all

accepted. But I have to state that there is no requirement in Article 24 on States parties that healthcare is to be provided for free. Nor is there any such requirement in the general comment, which is the authoritative text from the U.N. on the interpretation of Article 24.

[16:00]

Moving on to Article 4 of the U.N.C.R.C., essentially that requires States parties to implement Article 24 to the maximum extent of their available resources. So when one reads Article 24 in conjunction with Article 4, there has to be that there is a realistic acceptance that lack of resources, whether financial or otherwise, can hamper the full implementation of those rights that are provided under the U.N.C.R.C. But it is just important that Members are aware that it imposes an obligation to move as effectively or as expeditiously and effectively as possible towards the goal. But there is no overt express requirement that there is universal access for children to healthcare for free. The obligation is to move towards the implementation of the goals in Article 24 as expeditiously and effectively as possible. I thought it was important that Members are aware that is a slightly more nuanced position of the U.N.C.R.C. than I caught some Members putting forward. I do hope that is helpful to the Assembly. It was intended in that way.

**The Bailiff:**

Thank you, Mr. Attorney. Deputy Southern, were you asking a question of the Attorney or do you wish to speak?

**Deputy G.P. Southern:**

Yes, I wish to ask a question of the Attorney.

**The Bailiff:**

Please do.

**Deputy G.P. Southern:**

It is just that it is the net result of combining Article 24 with Article 4, is it permissive? So there is nothing there that is stopping you adopting your own unique way of delivering what the aim is. It is permissive?

**The Attorney General:**

Agreed, it is permissive, Deputy.

**Deputy G.P. Southern:**

So it does not stop anybody from doing anything, saying we will do this, and this will enable that.

**The Attorney General:**

That is agreed, Deputy. The requirement is to move as expeditiously and effectively as possible towards the goal. There is obviously a margin of appreciation for states as to how they do that, because states obviously will be in very, very different situations as regards their societies as a whole, their economic resources. But I just thought it was important for Members to be aware that there is no automatic right that Article 24 of the U.N.C.R.C. automatically transfers into a requirement to have free healthcare for children on a universal basis now. We would not be in breach of Article 24 of the C.R.C. (Convention on the Rights of the Child) if we did not do that now. The requirement is to move as expeditiously and effectively as possible. I hope that intervention is helpful.

**The Bailiff:**

Thank you very much. Deputy Tadier, do you have a further question for the Attorney?

**Deputy M. Tadier:**

Yes, it is purely for information, so there is no disrespect in this question. Can I just ask, was the Attorney General responding to a question that he had received from a Member, maybe by email, or was he volunteering the information, which I think was helpful to Members anyway?

**The Attorney General:**

No, I am happy to reply to that, Deputy. I was volunteering the information myself. I was not responding to any question from Members. Normally I confine myself to answering questions from Members, but when I think that an intervention may be helpful to Members I do occasionally offer my advice unsolicited.

**1.6.12 Deputy R.S. Kovacs:**

Just to follow to what was said now on Teams, I think the reference to that commitment was made as a general point that every child has the right to access to healthcare. What we are debating here is that many children will not have access due to financial impediment. Every child, we cannot say a child is rich, a child in its own right is dependent on their carers, which some cannot have any carers, some would fall out with their carers, some would be embarrassed to go to their carers whenever they have a health need. Not to mention that in their own right they will never have the finances to go there. So what I am hearing here, even from Deputy Gorst, and I am surprised, it is saying that it would be all right if this amendment will come from the Ministers, but not if it is coming from the Back-Benchers. Even if it comes at £800,000 estimated that it would cost for 17,500 children, and let us say that is wrong and it would be double the figure, as the Chief Minister said, out of the £86 million fund from where just a couple of debates before they were ready to take £12.5 million out and then £7-point-something out, to say that would be too much or need further review, which everyone knows that every child should and we agreed that should have free access or access to healthcare, I really do not understand what further review we need to agree on that. Just because it is coming from the Back-Benchers we need to postpone it a bit further, to have further reviews. That is all I have to say, thank you.

**1.6.13 Deputy L. Stephenson of St. Mary, St. Ouen and St. Peter:**

On the back of that I have a really radical suggestion for us, how about those who have these really passionate interests in this area, the Deputy who has proposed this amendment, and the Scrutiny Panel, and the Ministers with this on their agenda, and the promises for next year, get together, sit around a table, and work something out that is going to be the best for all of us in this Island, for the children that we are talking about here, and really that is all I want to say, thank you.

**1.6.14 Deputy K. Wilson:**

I did not want to repeat what everybody else has said, in particular the comments made by the Minister for Social Security, but the comment about every child needs access, I absolutely agree. Appointments should be easy to access and Ministers really do welcome the attention brought to this agenda. But I just want to raise an element of caution here because when we are talking about raising access, we are increasing demand, and we simply do not have any sense of what the demand might be until we do the proper work on this. One of the aspects that we do need to be mindful of is that, if that demand increases, G.P.s will be overwhelmed and in fact children will not have access in a planned and organised way. So this is not a barter change, but it is picking up some things that Deputy Stephenson has just talked about, which is we need to work together on this so that we do not disappoint children, we do not raise their expectations, and we do not put a system in that is going to fail them. It is on that basis that I propose to reject this proposition.

**1.6.15 Deputy M.R. Le Hegarat of St. Helier North:**

I am now really concerned. We have just got a Minister for Health and Social Services that says that there might be an over-expectation that there will be too many people wanting to go to a G.P. Now, correct me if I am wrong, most young people, or adults, will not go to a G.P. unless it is needed. Initially, I did have reservations about this and people being able to pay, because I am lucky, I can

afford to pay for my child to go to a G.P. But what really made me think this afternoon was the fact that not all children or young people would want their parent or have to seek authority from a parent to pay for that visit. That is why it is has turned for me. But also I think we are all aware that we say put children first and that we want to be as close as possible to being compliant with the U.N.C.R.C. From my perspective, I am going with it, I cannot do anything else.

**The Bailiff:**

Does any other Member wish to speak on the amendment? If no other Member wishes to speak, then I close the debate and call upon Deputy Alves to respond.

**1.6.16 Deputy C.S. Alves:**

I would like to thank everybody that spoke. It has been quite a useful debate and insightful as well. I know a lot of the things that were raised have been ... there has been some common themes here and other people have addressed concerns that other Members may have raised. But the main thing that I was disappointed about, and Deputy Mézec addressed this quite well, was the contribution from the Minister for Social Security. Because it did feel like my speech was not listened to. Ultimately, Deputy Le Hegarat just mentioned as well about children having access without the need of going to their parent. There is one thing here that we have not mentioned, which is those children who are potentially being abused. Abuse does not discriminate. Nobody knows what goes on behind closed doors. I was a teacher for 7 years and before that I was a teaching assistant. I had numerous children disclose to me and that was very difficult and obviously I had to pass that on. But those children were from a variety of economic situations. None of us know what is really going in a child's life and if their only way of getting help is them reaching out to a G.P., and yet they cannot do that, what right do we have to stop them? So I would like to ask the Minister for Social Security to maybe go into schools, to maybe speak to social workers, to maybe speak to safeguarding leads, and to see what is happening in our Island. We may not like to talk about it, but it is happening; every single day it happens. This is potentially another option for those children to be able to get out of a situation or to get some help and support in a situation where they would not normally be able to. There have been quite a lot of comments from Government about the funding, maybe this is a massive underestimate. Okay, well what if it is an overestimate? Because we do not know. One of the things that we have not spoken about is private healthcare. According to the Jersey Opinions Lifestyle Survey report of 2018, unfortunately this question was not asked in this year's, where it asked about private medical care, over a third, 37 per cent of adults said they were covered by private health insurance either in their own name or through another household member. So, in a number of these cases, this would also include the children of that household. We do not have the numbers. But what is to say that £800,000 may be an underestimate, because that is something we never hear. We never hear that what we are saying or what we are proposing or what Back-Benchers are proposing maybe there will be money left over. I would like to thank those Members that spoke in support and I would like to just address another thing that we talked about with, I think it was the Chief Minister spoke about, again, this being an underestimate. G.P.s will have the option here to maybe - I think it was Deputy Doublet that mentioned - have nurse-led clinics instead. If the money is there, then they have the option, so it does not mean that they are necessarily going to be utilising just G.P. time, they do have the option to use nurses. Also, there is no timeframe associated with this amendment. This could go, I think it was the Chief Minister was talking about doing some planning around this. Well that is fine, if it takes 4 months, if it takes the first quarter of next year, if it takes 6 months, so be it. But at least the funding is there and secured and available. Because, otherwise, it is not. I am going to read out the Article 24 in its entirety. I thank the A.G. (Attorney General) for his contribution and I think Deputy Kovacs addressed it quite well. At the end of the day, we are one of the wealthiest places to sign up to this and we should be setting an example. It is important that people understand that being a child, anything that is associated with a fee causes a barrier, it is as simple as that. The particular parts that I want to draw people's attention to in the Article is where it states: "Parties shall strive to ensure that no child is deprived of his or her right to access such healthcare services." It

also says: “States parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.” If that means it is a fee, it is a fee. If we are more than capable of doing that, we should do it. We should be leading by example.

[16:15]

So I will not go on anymore, but I will say that I hope that Members will think very carefully about this and the real-life impact and the real difference that this can have on children in the very near future. So I maintain the amendment and I call for the appel.

**The Bailiff:**

The appel is called for. I invite Members to return to their seats. I ask the Greffier to open the voting. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. I can announce that the amendment has been

**Deputy P.F.C. Ozouf:**

Just for the avoidance of doubt, when I pressed my button, it went to A when I went to vote contre. It was an abstention but it was supposed to be contre and I am sorry, I just had a constituent that wanted to see me urgently.

**The Bailiff:**

I am sorry, as we know from the Millennium Park debate, if someone has not recorded their vote ...

**Deputy M. Tadier:**

A point of order, I mean, I do not know, it would not be on film, but you had said it was closed before Deputy Ozouf had pressed the button anyway. It is academic.

<b>POUR: 24</b>		<b>CONTRE: 22</b>		<b>ABSTAIN: 1</b>
Connétable of St. Helier		Connétable of St. Brelade		Deputy P.F.C. Ozouf
Connétable of St. Lawrence		Connétable of St. Peter		
Connétable of Trinity		Connétable of St. Mary		
Connétable of St. Martin		Deputy K.F. Morel		
Connétable of St. John		Deputy S.M. Ahier		
Connétable of Grouville		Deputy I.J. Gorst		
Connétable of St. Ouen		Deputy K.L. Moore		
Connétable of St. Saviour		Deputy P.M. Bailhache		
Deputy G..P. Southern		Deputy D.J. Warr		
Deputy M. Tadier		Deputy H.M. Miles		
Deputy S.G. Luce		Deputy M.R. Scott		
Deputy L.M.C. Doublet		Deputy J. Renouf		
Deputy M.R. Le Hégarat		Deputy R.E. Binet		
Deputy R.J. Ward		Deputy M.E. Millar		
Deputy C.S. Alves		Deputy A. Howell		
Deputy I. Gardiner		Deputy T.J.A. Binet		
Deputy L.J. Farnham		Deputy M.R. Ferey		
Deputy S.Y. Mézec		Deputy A.F. Curtis		
Deputy T.A. Coles		Deputy B. Ward		
Deputy B.B.S.V.M. Porée		Deputy K.M. Wilson		

Deputy C.D. Curtis		Deputy L.K.F Stephenson		
Deputy L.V. Feltham		Deputy M.B. Andrews		
Deputy H.L. Jeune				
Deputy R.S. Kovacs				

**Deputy C.S. Alves:**

I would like to thank Members for their support.

**1.7 Proposed Government Plan 2023-2026 (P.97/2022): twelfth amendment (P.97/2022 Amd.(12)) - Jersey Business**

**The Bailiff:**

The next amendment listed in the running order is amendment 12, Jersey Business, lodged by Deputy Scott. The main responder is the Minister for Economic Development, Tourism, Sport and Culture. I ask the Greffier to read the amendment.

**The Greffier of the States:**

Page 2, paragraph (e). After the words “Summary Tables 5(i) and (ii) of the Report” insert the words “, except that in Summary Table 5(i) the Heads of Expenditure for the Department for the Economy shall be reduced by £700,000 on the basis that New Revenue Expenditure Growth will not be allocated to Jersey Business in 2023.”

**1.7.1 Deputy M.R. Scott:**

I am, even though I have voted against the last amendment, quite glad it got through. But we now need to find £800,000. This is the only amendment that intends to save taxpayer money rather than spend it, ringfence it, or to tax Islanders even more. It does not quite save £800,000 but it is £700,000, we are close. But this amendment also offers States Members an opportunity to demonstrate leadership, responding to the concerns expressed by many voters regarding sustainable public spending and recognising a trend in economic management that has harmed the Island’s economy, while diverting public funds away from many much-needed services and facilities for Islanders. Let me put this trend of the way in which our economy has been managed, with the help of Government, in context. In the last 20 years, the world’s economy trebled. The economies of O.E.C.D. (Organisation for Economic Co-operation and Development) countries doubled, including mature economies like Switzerland, St. Kitts and Nevis; I am going to chuck in some islands there for you. Within the same period of 20 years, Jersey’s economy has reduced in dollar value from 6.5 billion dollars to 5.5 billion dollars. This is the result of inputs, or we might say expenses, exceeding outputs within the business-generating part of Jersey’s economy. Generally, we have to start thinking about inputs and outputs when we are talking about sustainable spending and a sustainable economy. My proposition does not seek to deprive Jersey Business of funding altogether. It simply proposes to cease the continuation of additional funding granted to Jersey Business to assist local businesses who were suffering from lockdown and trading restrictions during the pandemic. This ceasing might have been expected once the restrictions were over. Instead, the Minister for Economic Development, Tourism, Sport and Culture is seeking to continue that funding, close to doubling the base grant of £860,000 already provided to Jersey Business out of taxpayer money, by adding a further £700,000 annually to that amount. Let us be clear, we are not talking about numbers that come from nowhere. The proposed additional annual funding of £700,000 requires the generation somewhere in our community of taxable business profits of £3.5 billion per year. If the total proposed annual funding of Jersey Business is to be justified by new business activity that Jersey Business itself generates, that would need to be £10 million every year to produce a return on investment of close to 200 per cent. I bet we all wish we could get a return on that on our savings and investments. That has not happened, which has not been a concern for Jersey Business to date. Despite increased G.V.A. (gross

value added) being a stated performance measure for economy and skills in the Common Strategic Policy that we have approved, Jersey Business is not required by Government to show that the work it does has any positive impact on the economy. The performance measures set by the Minister and his department for Jersey Business do not seek a return in terms of economic output, such as increased tax revenue. The Minister for Economic Development, Tourism, Sport and Culture, at least at the time of the hearing of the Economic and International Affairs Panel, has given no indication that this will change. It remains open to Jersey Business to measure its own contribution towards economic output. Business management is about measuring inputs against outputs after all. After reviewing the business justification case for this funding, and I have reviewed quite a few business cases for the Department for the Economy, and despite the Council of Ministers' professed value of transparency, which this business plan was supplied to the Economic and International Affairs Panel in confidence. So I took it upon myself to ask for this evidence personally and directly from the outgoing C.E.O. (chief executive officer) of Jersey Business, and I have not received it. So now that the pandemic restrictions that affected trading are over, will this extra funding lead to extra growth that will justify it? In other words, new business activity generated by Jersey Business of around £10 million every year to generate a return of 200 per cent. This is not going to happen and we all know that, or should know that. The Fiscal Policy Panel warned States Members last month that the Island has virtually full employment, so the achievement of this goal was virtually impossible. This means the effect of the proposed funding is most likely to have a negative effect on overall Island productivity. So why would anyone advising a Council of Ministers, who are aspiring to achieve sustainable economic growth and sustainable Government spending, even suggest it? Jersey Business's own figures show it having advised a very small percentage of the Island's businesses. I have no doubt those who have used its services appreciate the free advice offered it at the expense of the taxpayer. Most say they do. But it is not the only service that gives free advice to businesses. The business hub of government's Customer and Local Services team also provides advice on starting and ending a business, running a business, or staff recruitment, and it is well spoken of within the Island's business community. There also are plenty of businesses in the private sector who offer the same type of service, perhaps seeking to grow in an environment of fair competition and despite a lack of staff. Unlike Jersey Business, many of these are regulated or have to adhere to the code of a professional body and are required to carry some form of professional indemnity insurance. Unlike Jersey Business, many of these pay tax. So I have reviewed a number of business documents supporting lines of funding for the Department for the Economy. But this is one I could not support. The Government's plan, as currently drafted, is proposing that taxpayer funds should be used to enable Jersey Business to avoid changing its organisation or letting go of the talented staff it recruited during the pandemic. This, without any cost/benefit analysis, which I know is of particular importance to my colleague Deputy Feltham, this at a time when thriving growth and taxpaying businesses in the private sector are crying out for talent and cannot increase their growth owing to a lack of staff. States Members may wish to remember that Jersey Business is an organisation that seeks to advise commercial start-ups and entities, most of whom do not have the benefit of government grants, on how to be more productive with less. Its composition has changed already. It has announced a new C.E.O. only 2 weeks ago and this new business leader has an opportunity to demonstrate the very skills which this organisation proposes to teach others in the community, albeit with taxpayer money, by leading through example. If it is Government's intention that Jersey Business should have a leading role in helping to address legacy economic issues, such as low productivity, work skills and financial resilience in the current economic and business environments, I suggest Government gives this new leader an opportunity to publish a meaningful business plan before additional funding is given.

[16:30]

So that States Members can be assured any requested further funding is judicious this business plan should have the stated objective of improving economic productivity using meaningful targets and performance measures in terms of economic output. Jersey Business should be requested to produce

reports that can demonstrate direct contribution towards economic growth. We have a responsibility towards the electorate. Whether or not States Members vote for this amendment, I for one will not be complicit in supporting a budget in which a part of government is allowed to continue to tip money into a bottomless pit while broadcasting the need for economic sustainability and sustainability in government spending.

### **The Bailiff:**

Is the proposition seconded? [**Seconded**] Does any Member wish to speak on the proposition?

### **1.7.2 Deputy C.D. Curtis:**

Deputy Scott argues against the new revenue expenditure growth for Jersey Business. I am surprised at this. The need to diversify our economy requires a business support service. Now more than ever there needs to be a focus on supporting varied business growth. We have learned through recent international events that we must prioritise security in our economy and that means assisting entrepreneurs to create new income-generating businesses of many different types, all while supporting our finance industry and our traditional industries. To do this, we need a well-funded business advice and support service. My own experience of the Jersey Business organisation is one of confidential and expert advice provided unconditionally. In my case, the support offered helped me and my shareholders to develop a business, which created work for many other local businesses, such as graphic designers, photographers, website builders, and our own employees. Now is exactly the right time to support business, and the Jersey Business organisation is well placed to do so. Therefore, I urge Members to vote against this amendment.

### **1.7.3 The Connétable of St. John:**

Members who know my background will not be surprised that I will not be supporting the Deputy's amendment. Prior to being elected, I was non-executive director and chair of Jersey Business, so I am able to speak from a position of some knowledge when addressing this subject. I would like to start by acknowledging the team's excellent work throughout the COVID period. I was proud to be chair of the team at the start of that process and I have continued to watch as a keen observer throughout. We often talk about the need for a more diverse economy on the Island. Jersey Business provides services for all sectors, having taken on Jersey retail a number of years ago, and more recently taken on a specialist in hospitality. I know they continue to make good progress also in the marine and rural sectors. Jersey Business, like all organisations, does review its performance and spends time putting together its plans for future years. One of the key jobs that Jersey Business does is to ensure prospective business owners do not start a business unless they have all the information they need, rather than starting a business based on a hobby. I can assure Members that the team uses technology well with tens of thousands of visits to their website, they also have a very good triage service to ensure customers are dealt with efficiently. Prior to COVID, the team did a large amount of work with businesses in assisting them getting ready for COVID. The board not only publishes its annual report, it also publishes its board meeting minutes. Anyone who reads these will see the board always discusses the benefits of publishing its independent research, something that was included in the last annual report. I would encourage Members who have not read that report to look at page 13 of the last annual report to see the results of their N.P.S. (net promoter score), a score of some 64. N.P.S. is commonly used in business and in terms of scoring anything above 50 is deemed as great and anything above 70 is excellent. The company that carries out that independent research, 4insight, say that it is one of the highest they have experienced in Jersey. Page 11 and 12 of that report is also worth looking at where there is a table that includes Jersey Business's objectives, what they planned, what they delivered, and the difference that they made again with some very good results achieved. Page 28 of the E.I.A. (Economic and International Affairs) report. There are claims from an anonymous submission that Jersey Business does not have liability insurance, something repeated by Deputy Scott in her speech. But I would like to assure Members that the board of directors made up of experienced local businesspeople would always ensure that there is appropriate insurance for the activities carried out, as this is a key activity of their role. The team have proven

their worth and I believe they continue to do so. I have been impressed with the work they have done in the past. I mentioned their work with Brexit and COVID. As we move into more challenging times, the skilled team in Jersey Business will be more crucial than ever in supporting businesses across all sectors and particularly some of those smaller businesses that are so vital to our long-term economic prosperity. The Deputy mentioned C.L.S. (Customer and Local Services) where people get advice. The advice given there is not technical advice and most of the advice takes them to the Jersey Business website and on to technical advice through there. Looking back at the E.I.A. report, I am encouraged that the Minister is looking to review the A.L.O.s (arm's-length organisations). Deputy Farnham will recall that, when I was chairman, Jersey Business has always advocated closer working relationships with the other A.L.O.s. There is too much duplication, H.R. (human resources), finance, I.T., properties, marketing, the list goes on. Undoubtedly, we could save money from our A.L.O.s if we work with them together. I am delighted that a meeting was held recently where all the A.L.O.s attended as a first step to that. I look forward to seeing the outputs of the A.L.O. review and the saving on the overall expenditure. But I will not be supporting the Deputy. I would encourage the Jersey Business team to continue their good work, especially around productivity.

#### **1.7.4 Deputy K.F. Morel:**

Just before we get going, I see I am on the clock, but I am the main responder for this, so I believe I probably should not be timed for that. Is that correct?

#### **The Bailiff:**

Yes, you are the main responder for it, that is correct.

#### **Deputy K.F. Morel:**

Before I get going into my main speech, I just wanted to correct and clarify a few inaccuracies in the report and also in the speech that we just heard from Deputy Scott. In the report itself, Deputy Scott claims that 20 years ago Jersey Business was just one person. Jersey Business did not exist 20 years ago. In fact Jersey Business was created 10 years ago through the merger of 2 separate organisations, Jersey Business Venture and Jersey Enterprise. She also mentioned that C.L.S. provide a business hub and she suggests, both in her report and in her speech, that this duplicates the work of Jersey Business. C.L.S. have quite clearly confirmed to me that they do not duplicate any of the services that Jersey Business offer. That they have worked with Jersey Business, quite clearly, to ensure there is clear demarcation between the services that they both provide. So they provide different services to businesses in Jersey and there is no duplication. I was also intrigued by Deputy Scott's assertion that over the last 20 years Jersey's economy has fallen from 6.5 billion dollars to 5.5 billion dollars. She did so in dollar terms, which I thought was quite interesting, because over the past 15 years the value of the pound against the dollar has halved. That in itself will tell you a lot about the value in dollar terms of Jersey's economy. If you measure it in dollars it will appear less than it would have in pounds, because of the fall of the pound against the dollar. So by starting off on those clarifications, which I do believe need to be made, I also want to state that I am incredibly pleased to be following Deputy Catherine Curtis and the Connétable of St. John in both agreeing with them entirely about the excellent work that Jersey Business do and the excellent results that Jersey Business have, which are shown throughout their annual reports. There are very few A.L.O.s that are as transparent and as willing to try to make efficiencies and work as closely to government policy as Jersey Business is. So it is incredibly unfortunate that Deputy Scott has brought this. I believe it is misguided in its intentions. While there is a lot of talk about cost-benefit analyses, I also have to ask where the cost-benefit analysis is for withdrawing this funding and how that will be captured by Deputy Scott. Where does she think that the benefits will come, because I have not seen that cost-benefit analysis either. It is really important to note from the outset that this amendment is not about brand new money and it is not doubling the funding of Jersey Business, as Deputy Scott has incorrectly stated. This is funding that Jersey Business has received since the outbreak of COVID and because it has performed so consistently well, delivering services that are extremely well

received by Jersey's small and medium businesses, the Government believes, and I believe, that at this time of economic difficulty we really want to show support to the engine room of our economy, those small businesses that our friends and family rely on for employment or who work incredibly hard to run. In fact, this funding is £300,000 less than Jersey Business has received over the last 3 years. Now I know that many Members of this Assembly have run their own businesses and those that have done so know just how incredibly difficult it is. The constant increase in the amount of regulation, shortages of staff, human resource issues, dealing with client work, increasing minimum wages, they make it harder and harder. If you run your own firm, you are likely working a minimum of 80 hours a week. It is incredibly difficult to lift your head up from the daily grind to work out how you can increase productivity, develop new products and services, or explore new markets, or even sometimes to know when it is best to step away and call it a day. Jersey Business is Government's way of delivering the support that these firms need. It is support in the form of advice and wisdom rather than in the form of handouts. So, yes, it is incredibly good value for money. States Members should also be aware that, should they adopt this proposition, the direct result will be job losses. People who have dedicated their working lives over the past few years to supporting Jersey's economy through 3 tough years and want to continue doing that difficult work will have to be told that, while the Government wants them to continue doing that work, the States Assembly feels the economy, upon which all of our public services are paid for, is not worth it. So let me explain a bit more about the funding. As the Council of Ministers has set out in the comments to this amendment, Jersey Business was provided with extra resources from 2020 onwards to meet the substantial demand in their services due to the COVID pandemic. This funding was on top of its core grant and enabled Jersey Business to support small to medium-sized companies during such a difficult time. The shock of COVID on small businesses in particular left Jersey Business with a vital role in providing direct advice, detailed guides, and timely information to help our business community navigate the pandemic. During the course of 2020 alone, Jersey Business held 350 one-to-one support sessions with local businesses. Their guides were downloaded over 20,000 times and the Jersey Business newsletter received an 8-fold increase in sign-ups. Following this success, Jersey Business received additional funding through 2021 and 2022 on top of its base grant to enable this support to be built upon as we entered the recovery phase of our COVID pandemic. In 2022 this additional funding amounted to just over £1 million and allowed for services to expand to meet demand as local businesses sought help to protect their cashflow, shape their business and resilience planning, and find new niches to adapt and grow. The unamended Government Plan looked to consolidate this improved service, which businesses have found so useful in recent years, by incorporating a part of this additional funding into Jersey Business's core grant. This was set at around £300,000 less than the funding that they received previously. If successful, this amendment would reduce Jersey Business funding for 2023 by a further 45 per cent, 3 weeks before the end of the year. It will reduce its funding at a time when we are asking them to do more than ever before to support businesses and to deliver our Island's business support function.

[16:45]

Since I have taken office, I have become even more keenly aware of just how important Jersey Business is to our Island. When I want to reach out to businesses that may be interested in investing in Jersey, I do so via the excellent network that Jersey Business has developed. When I want to understand about export opportunities for our Island's firms, I do so via Jersey Business. Government does not have the resources to do this directly as the Local Economy Department is very small. So Jersey Business operates as a high-functioning extension of my department. Like businesses across the Island, I also rely on the advice from Jersey Business as I seek to improve the Island's productivity and develop our economy into the sustainable, vibrant economy that will carry us all into the future. Jersey Business's important role has been consistently recognised by local companies. Independent surveys, as the Connétable mentioned, by 4insight, have returned top scores for Jersey Business from across our local business community year after year. These professional surveys receive responses, not only from Jersey Business members, but from more than 350 local

companies across all sectors, and 4insight has confirmed that the value of service scores of Jersey Business are among the highest of any organisation that it has surveyed. So I think the reason why Jersey Business is so well-regarded by local businesses is because of the dedication of its staff. The industry experts who work for Jersey Business are able to advise businesses from every sector and are often best-placed to help new companies navigate their entry into the market. The independence that Jersey Business offers means that the Island's businesses feel that they can trust the organisation in a way that they will never trust Government. This independence is vital and Government itself can never replicate it. I gave you some figures just previously about 2020. Now compare those figures to 2022 or this year, which is not even yet finished. For this year alone, Jersey Business has fielded 669 new inquiries, of which 42 per cent were about starting up a new business. To have this advice free of charge and confidentially is invaluable when you are first starting out. Later I will attest to that. Jersey Business has also been instrumental in helping businesses utilise the productivity support scheme, move towards carbon net zero, and has helped them develop support for our rural economy and our marine economy. As we know all too well, COVID was not a challenge limited solely to 2020. While the threats to our Island's public health are thankfully much diminished, the impact on our economic health is still being felt. There is no vaccine against a tough business outlook and no panacea to replace months of lost revenue or missed opportunities for growth. But with the right help, with access to the right expertise, businesses can insulate themselves from further shocks and find new opportunities to grow. Jersey Business continues to help companies chart a course through the current global economic uncertainty. Again to give some examples, 2022 has seen around 50 per cent more downloads of Jersey Business's guides when compared to 2019. What is more, Jersey Business has an ongoing and active relationship with nearly 900 businesses in Jersey. The nature of this support varies from business to business. But whether it is helping to make productivity gains, find new markets, or reach the next steps in their growth, Jersey Business is making a real difference to every one of these companies. We are an Island of small businesses and I know from my own experience how difficult it can be when you are working full-time, week-to-week, to find a chance to think about how you can improve your productivity or the resilience of your business. Likewise, it can be hard for entrepreneurs wanting to enter new markets to find the expertise they need to navigate that process. This is why Jersey Business's work is so important and why its advice is vital to help local companies succeed. So, to return to the issue of funding, which I began with, if adopted, this amendment would represent an almost 50 per cent drop in the funding for Jersey Business next year; it is 45 per cent to be more precise. It would necessitate an urgent review of the services provided by Jersey Business and its ability to maintain its current staff. It would seriously undermine its ability to support local businesses and future businesses to navigate the current economic climate. Neither Deputy Scott's amendment, nor the Council of Ministers' comments, detail the implications this could have on our wider economy, so it is impossible to know for sure, but I would ask Members to think of those hundreds of businesses that have an ongoing demand for this advice. I would ask Members to consider the hundreds of Islanders, many of whom are self-employed, or looking to start up a business, or who have relied on Jersey Business in recent years, and will rely on them next year, they will not have the service to turn to. I can tell you no one is born with the knowledge of how to start and develop a business. It is an incredibly confusing and quite a scary landscape where it feels as though everyone else knows more than you. Jersey Business gives all Islanders that one-stop-shop where they know, no matter what their business, no matter what their idea, they will be listened to and will receive honest, independent advice in return. Believe me, when it was just one person offering this advice 20 years ago, the advice I received was not of the standard that is now being provided. The advice today is bespoke, back then it was templated. I was not helped back then, but today I know I would be. To think about the message the success of this amendment would send to our business community during a time of economic challenges, it makes me shudder. Because, as someone who has run a small business, I know that debates like this shake the confidence of companies who are facing difficult times ahead. As local businesses navigate the current economic storm, they will be looking to this Assembly for leadership and for support. They want to know that politicians recognise the challenges they face and that we are working to create an

environment that will support their livelihoods and that create opportunities for young people to see their careers and their futures here in Jersey. By voting down this amendment today, the Assembly has the opportunity to demonstrate that it recognises what businesses already know, that even as the masks and lockdowns are behind us, the impacts of the pandemic are still being felt. I can add into that, the impacts of Brexit and the impacts of the Ukraine war, the impacts of supply chain disruptions, the impacts of incredibly high inflation, they are all being felt, and Jersey's businesses need the help and the advice that they can get provided by an independent organisation that they can trust. The staff at Jersey Business is working incredibly hard, not only to help companies navigate the continuing impacts of these challenges, but also the latest challenges to supply chains, as I have mentioned. Also, in dealing with rising interest rates. It is important that I add, because I know some Members are concerned about A.L.O.s and whether they are being appropriately run and appropriately managed. I can assure those Members that I have already asked officers long before this amendment was lodged to undertake a review of A.L.O.s that operate by funding from my department, with a view to ensuring that they are operating as efficiently as possible and reporting in the most appropriate way forward. This amendment changes nothing with regard to that. That review goes ahead anyway because it is something that I asked for within the first few weeks of being made Minister for Economic Development, Tourism, Sport and Culture. Now is not the time to pull the rug from under Jersey Business, nor is it the time to tell hard-working Islanders that this Assembly does not care about their hard work. So I urge States Members, in the strongest possible terms, please reject this amendment.

#### **1.7.5 Deputy L.V. Feltham:**

I am very pleased to follow the Minister because he made many points, which I agree with, in relation to the precarious position that this amendment, if adopted, would put Jersey Business as an organisation in and also the impact on its staff. For me, as somebody who has spent many years managing grants and relationships with arm's-length organisations in another jurisdiction, the very way that we have in front of us some grants to more or less politically agree is problematic. For me the Government Plan process should not look at particular grants, it should look at outcomes that we would like to fund Ministers to achieve and then enable Ministers to achieve those outcomes. Some of those outcomes may well be achieved by arm's-length organisations. But to make an eleventh hour change to an organisation's funding just weeks before the beginning of the year is quite unfair on any organisation, no matter what you think of that organisation. Where I have sympathy with Deputy Scott is I do feel that in a number of the business cases, in fact I would not call them business cases in the Government Plan because they are paragraphs, we do not have enough information to tell us whether it is going to have a good benefit for the cost. But that is an issue for a lot of the areas that we are looking at and, to be honest, if I brought amendments for each of the areas I have concern over we would be here for a lot longer than a week. So I do find it difficult to understand why Deputy Scott has chosen to single out this particular organisation. Many of us agree that there is lots of work to be done to improve grants management and management of arm's-length organisations, and we have heard from Ministers today that they intend to do that work. As chair of the Public Accounts Committee, I also attended a day that A.L.O.s attended just a couple of weeks ago and they were given some really good advice, it was a really good workshop, about improving their annual reports and accounts. As chair of Public Accounts Committee, I can say that the subject of the management of arm's-length organisations comes up quite regularly in our conversations. When we look at our work plan, which we are doing in January, for this term of office, I am sure that we will be planning in work around the governance structures and management of arm's-length organisations and grants. To come back to my original point about this not being the place to discuss specific grants, where we need to get to is where we have confidence that grants are being managed appropriately. Where we are setting a budget, and this is what we are doing here now, that if organisations are not meeting their key performance indicators, if they are not meeting the terms of their contracts that they are receiving their grants to deliver, then at that point I would anticipate that officers and Ministers would take action. I would hope that both as an individual Member and as chair of P.A.C. (Public Accounts

Committee) I would be getting around tables with Ministers and senior public servants to ensure that effective grants management process happens for all funded organisations, including Jersey Business. So I will not be supporting this amendment. I do not think it is fair on this particular organisation to single them out. I also do not think that it is fair to suggest that we should be cutting funding that could mean that people will lose their jobs in a matter of weeks.

#### **1.7.6 Deputy A. Howell:**

I just wanted to say that I seconded Deputy Scott's proposition and I was happy to do so. But, having listened to all the arguments in the room this afternoon, it is with regret that I cannot support your proposition going forward and I just wanted to apologise to Deputy Scott. But I think Jersey Business deserves me to vote against the proposition.

#### **1.7.7 Deputy M.B. Andrews:**

Deputy Scott has approached this and she does bring forward a very good point that I think is important that we are to discuss, especially in the new year, because of course the Minister has alluded to A.L.O.s will be under review. But there are some concerns here. Initially there was £1.9 million in terms of funding to deal with COVID. Of course during COVID our business supply, it was affected, and we really needed to be in a position where we were going to be protecting our businesses. But because Jersey is a very high-cost jurisdiction, it makes it very difficult. If you want to go and see somebody who specialises in businesses across the economy, you have to pay for it, and not everybody is able to afford the fees that are charged. Hence why we have A.L.O.s and some may question, well, should A.L.O.s exist? That is for a separate debate. But, for me, Jersey Business did a fantastic job. They protected our business supply, businesses that potentially could have gone under.

[17:00]

I did ask a question of a Minister in one hearing, or it might be E.I.A. Panel, and I asked him: "Without Jersey Business, would we see businesses go under?" and he said: "Yes, we would absolutely have seen businesses go under." So that was a really compelling point that has to be made. Because, how many of those businesses would have gone under and how many jobs would have been lost? I would imagine a considerable amount. Now, as mentioned by the Minister, there are several details that maybe lack veracity. However, it has to be said that Deputy Scott has done a pretty good job in compiling the amendment. But, when I spoke to a member of Jersey Business, when I attended a meeting, and it was for the Comptroller and Auditor General, and there were a number of A.L.O.s there, and I happened to know the person, so they approached me and they knew that I was a member of the panel that were reviewing the Government Plan and also Jersey Business. They approached me and they broached the subject of Jersey Business. They said to me that they were very concerned. Very concerned because they would be losing half of their payroll expenditure. Now we also have to recognise as well there are quarterly meetings between the Minister, the Minister's officers, and Jersey Business. Now, from those meetings, we are looking at what has been discussed in terms of demand, demand for Jersey Business's services. So there has been a reduced level of funding from £1.9 million down to about £1.5 million, and the reason being is because there is still the demand for their services. Absolutely I do agree that, yes, we do need additional information, we need data, and that is across the Government. That is something potentially, as a panel, we can maybe be looking into. That is the Economic and International Affairs Panel. But, however, to be reducing funds, especially at this time of year, I do not think that is conscionable at all. I also have to say as well, reduce the funding and you reduce half the services. People will be turning up at Jersey Business saying: "I want help in this area." What are Jersey Business going to turn around and say: "Well I am sorry, but we have cut half of our payroll. I am sorry, I cannot help you there." So we are reducing half of the roles, half of the specialisation that is on offer for Islanders. I do not think that is acceptable. Internally, we did not sit down, the 3 of us, and speak about Jersey Business thoroughly enough. Yes, there was a disagreement, as should be the case. But there could have been a different approach and I do not think there is a need to bring forward this amendment. I think, yes, we could

have potentially brought forward an amendment but it would have been how do we increase data that is available to us. I think that would have been a very proactive approach. I want to be there as a second line of defence. I want to be supporting the Minister for Economic Development, Tourism, Sport and Culture; he has a tough job since he has come into office. Do not forget, we are dealing with double digit inflation, interest rates are increasing, it is becoming more difficult for businesses in terms of the private debt obligations that are made payable. We have to realise that. As I have alluded to earlier, Jersey is a very expensive place to live. But also, as well, in the amendment it is mentioned “return on investment”. Also it is mentioned about corporation tax. Yes, there are a few exemptions in terms of businesses who pay tax in Jersey but indirectly it is personal income taxation. Also what we have to be looking at is the number of businesses who are using Jersey Business’s services and also looking at the scalability. How many people are Jersey Business assisting? Where they are scaling their businesses there is an additional level of output, there is an additional level of income because those businesses have improved their business efficiencies. That is the main thing we have to be looking at here, is the quality of services. There are going to be some business models that, yes, it will be very difficult for them to survive. We also have to look at the level of scarcity, for instance, and also the type of sector as well. Because there will be some sectors, despite the specialisation in terms of assistance. They might not be very productive, they might struggle, they might be financially dependent on the government, and that is something that we potentially have to look into as a legislative Assembly. But I think there have been several points raised based upon macroeconomics. Jersey Business; there has to be a demarcation between macroeconomics and Jersey Business. If you are looking at macroeconomics you would be looking at, for instance, monetary policy. That is something that again excludes us but fiscal policy is something that again is very much concomitant to Jersey. Taxation, government spending, and they are the tools that we have at our disposal. If we want to be increasing productivity in our economy, that is how we can do it. If we look at, for instance, the fiscal policy report. It is well detailed however it is separate from Jersey Business. They have been given an allocated level of funding. Their purpose is to see a level of input, those who are employed, the level of specialisation that is on offer is there to increase the output of businesses. I think Jersey Business have done a very good job. I do not think this is sending a good message to A.L.O.s. What do we perceive of A.L.O.s as an Assembly? I think there are probably a number of pluralistic discourses in that respect. That is good and it is healthy. It is good that we are having this debate. However, I have to say I fundamentally disagree with us being here and having to discuss this. It is needless. I think there is a different and better way forward, it must be said. That means, as a panel, in the new year, we can work constructively. Let us support our Minister for Economic Development, Tourism, Sport and Culture. Do not forget, we have to be more collegiate, we have to work together. We have to get things done. I want to be that second line of defence and I want to ensure that the staff can be reassured this Christmas they will have their jobs maintained. They will not be going back home having to speak to their loved ones and having to tell them the difficult news that they no longer are in employment. Again, there is an under-supply of labour, and I think this is something that has also been alluded to by the Deputy. That people can migrate into the private sector, for instance, where they could take up price-taker roles, essentially where they would be in profit roles. However, what we also have to be looking at here, is if you are going to be reducing the level of inputs in Jersey Business then you are probably going to see less efficiency in the businesses that would be helped otherwise. But because we have decided to curtail their funding those businesses that may be potentially inefficient at the moment and could have that transformation where they could become more efficient, that process will not take place because we have directly reduced their headcount, and it does not make sense. In an ideal society would I question the structure of an A.L.O.? Yes, admittedly. I think we have had discussions ... sorry, I have had discussions with the Deputy about this. But I do not agree that we should be in this position. It is unfortunate that we are. I have to say I will be rejecting the amendment.

#### **1.7.8 Connétable M.K. Jackson of St. Brelade:**

I just want to speak briefly with regard to the structure of the organisation. I looked at their website and what they do and I commend what they do for businesses generally in Jersey. But I do question, having looked at the 2022 results, the amount that the senior executives seem to be taking from the business. While non-executive directors are taking a reasonable amount it just worries me that a large chunk of what is being given to Jersey Business is being absorbed into senior salaries. I suppose my point is more a bit of a shot across the bow to Jersey Business. Please keep an eye on your costs. We value your input into the business in Jersey but it cannot be at unlimited cost.

**The Bailiff:**

Does any other Member wish to speak on the twelfth amendment? No other Member wishes to speak, then I close the debate and call upon Deputy Scott to respond.

**1.7.9 Deputy M.R. Scott:**

I would like to thank all the Members for their contributions. I believe that there has been some kind of misapprehension about what I am trying to do. I am not trying to attack the Minister for Economic Development, Tourism, Sport and Culture. I want to support him too. I think that people can be rather naïve at times, particularly when it comes to running a business. In that respect, I thank Deputy Curtis because she relied on advice from Jersey Business; she does not run a business anymore. The Minister for Economic Development, Tourism, Sport and Culture also had a role ... sorry, looked at the site and did not find it. We have some people who have run businesses and those that are here, I am surprised that they are because it takes ... and I am not even going to question how much they are putting into the economy right now, but the actual investment that you have to do in terms of time, in terms of knowledge, it is enormous. I know a lot about that. I got advice, and I do apologise to the Minister for Economic Development, Tourism, Sport and Culture when I mentioned the predecessor for Jersey Business, which was Jersey Enterprise, but let us just come back to that. Okay, so 10 years ago there was ... people started up businesses with the help of that person who manned Jersey Enterprise. Twenty years ago, let us go back to those figures about the economy. Why did I use dollar terms? Because that happens to be almost like the general trading currency across the world. But I am quite happy to use the sterling terms of the performance of the economy over the last 20 years, which was/is ... it increased. Let us remember we are comparing a world economy that trebled with O.E.C.D. countries that doubled, Saint Kitts and Nevis doubled, ours went up in that time from £4.9 billion to £5 billion. There is a reason for that and it is economic management. How many Ministers in the Council of Ministers have relied on assurance of a poorly-advised Minister? How many former states Assemblies have relied on such assurances that have led to spending decisions that have wasted public money? While I understand that Deputy Andrews is saying about the message we send to A.L.O.s, I do believe, yes, there is a message that we should send out to A.L.O.s. Business is not about being personal. Business is about being objective, and I do believe when people are saying staff will be leaving before Christmas within a few weeks; how do you know that? Why would it be that way? If it is that way how many of you have found that when you have moved on somewhere else it is even better? We are talking about businesses that need support. We have many businesses in this community, thriving businesses, that need the support of extra staffing, of funding being put in the right way, and I do want to support the Minister. I think that he has some good initiatives on the go. He has talked about looking at the cutting of red tape. Looking at skills gaps. These are all things that businesses would like to have done. But the thing about the skills gap is again we have full employment. There are choices that have to be made. Where are people going to go if you have full employment? There is going to have to be a certain amount of talent mobility. Things are changing in this Island, in this economy, and we have to be realistic about it and stop carrying on doing the same thing as we did and have been doing and just allowing our particular economy to carry on stagnating and shrinking. Let us compare ourselves even with the U.K., because I know that often what the U.K. has done, it has informed policy in the Government. In terms of the last 20 years, its economy increased by 1.8. That factor. We have done abysmally. We have had some new faces in the Council of Ministers and that may be enough to suggest change to some, but

a lot in Government has not changed. The Council of Ministers and the States Assembly do need to come to grips with that. When the Chief Minister was chair of the Corporate Services Scrutiny Panel, as I said before, Jersey's independent public spending watchdog, the Comptroller and Auditor General, explained to that panel that much of the reason for dysfunctioning government was not knowing what good is.

[17:15]

That often is in terms of choices. Sure, there are pockets of excellence even within what was Economic Development, Tourism, Sport and Culture, now rebranded the Department for the Economy, but in the case of challenging the businesses cases of grant-funded bodies, how much has really changed in the Department for the Economy's own Culture? I hear the Minister saying he has been relying on Jersey Business. Does that include in terms of drafting its own business case for funding? Just maybe. I hear people saying people have raved about this business and, of course, you have kind of like free advice, but I can give you examples of people who have come to me and who have set up their own businesses and have said "I did not find them so helpful. I went to this business hub." Clearly, and let us remember it has advised a small percentage of businesses within our community. It is all very well for Deputy Feltham to say: "Ooh, well, let us not do any sort of like late, you know, eleventh-hour changes to the budget." That is a bit rich, is it not, coming from a Reform member? I have just been spending the last 2 days debating eleventh-hour budget changes, but this is not about ... this is not about just saying: "Right, let us find more money." This is about let us have proper justification - proper justification - before we give away more of taxpayers' money. Five years ago the Comptroller and Auditor General reported the need for government departments to improve oversight and accountability of these grant-funded organisations, such as Jersey Business. As the Constable of St. Brelade mentioned, she also did a review of the amounts of salaries of their C.E.O.s as well, which did cause a bit of a squeal among some. She gave the department a special mention, the Department for the Economy that is. A special mention regarding its flaws and its oversight of arm's length organisations in monitoring their performance and developing policy with them. Earlier this year, the government's Tracker of the Comptroller's recommendations showed the Department for the Economy had yet to implement those assigned to it. In yet another delegation of responsibility, collecting information about the cost and oversight of A.L.O.s was assigned to the Central Policy Department, also known as S.P.P.P. (Strategic Policy, Planning and Performance). The Minister for Economic Development, Tourism, Sport and Culture has confirmed to Scrutiny's Economic and International Affairs Panel that this value of money work has yet to be done. So how can the Minister now vouch, because words come cheap, do they not, but funding does not. Words come cheap. How can he vouch that there is justification for almost doubling the funding that Jersey Business had before the pandemic, now that the lockdown restrictions are over and that businesses can trade better, in the absence of this review for value for money, with the Customer and Local Services running its own business hub to help businesses, and with Jersey's Fiscal Policy Panel having advised States Members only last month that additional government spending poses a risk to the future sustainability of government and that it would be prudent to reduce growth expenditures? In the early years of Government Plan to strengthen reserves which may be required in future years. Well, we have done a lot of good there, have we not, so far? Now, I do regret the fact that even though I shared, and let us face it, Scrutiny had a very short time to look at and investigate all these business cases and I did ... normally I find I have meetings with Ministers and we talk about this. None was offered to me by the Minister or the Department for the Economy, the C.E.O.s of Jersey Business did not contact me, and I wonder why. Because they did not want to argue with me, I guess. Well, am I that unreasonable? Can I not be convinced by proper facts and figures? How many of the Council of Ministers amendments have I been supporting on the basis of, okay, I think that is reasonable financial management? I have lots of kind of grand terms here, you know, the excellent network of business opportunity contacting things of Jersey Business, maybe. But I want to see every ... everybody wants to see results. Proper results that hit the bottom line because we come back down to what is business management. I have also been asked, well, how else might I address this issue?

I am being a problem, I am not coming up with an alternative. Well, I have given an alternative already. Give the new C.E.O. of Jersey Business a chance to show what he can do, rather than just give money right now without even having had the value for money review. This Department for the Economy, if there is one thing it might spend £700,000 on is on learning a meaningful business plan and how a meaningful business plan should be constructed. Maybe Ministers could benefit from that too. Or maybe on improving data and analytics with the chief economic adviser, who has a lot of work to do, and maybe that could be looking at other world ... getting our heads out of the sand. Actually understanding how some economies who have been in our position, which is even worse than the U.K.'s, which is the worst-performing country in the O.E.C.D. and in the G20, how to get out of this particular problem that we have as we keep shrinking our economy in dollar terms but not really growing it in sterling terms, while we keep depleting reserves. At the end of the day, cases for public spending that purport to assist the economy need to be supported by good evidence, including regarding inputs and outputs and predicted impact on the bottom line. Now, I have been known to withdraw a proposition if I believe that there is more to be investigated, if it needs to be changed in some way, or if the time is not right for it. But there is one part of the electorate who cares about having a thriving economy, enough to bend my ear, it is Jersey's business community. I have been a part of it in more than one way. They understand market forces and respond to them, more so than Government has in the last 20 years. It is time for States Members to draw the line, to stop feeding a habit, just as we have ... we talked about the sweet shop, we talked about the way that we just think this is numbers, but suffice to say nobody in the business door has been beating down ... sorry, in the business community has been beating down my door to withdraw this proposition. In fact, quite the reverse. I urge Members to support it and very much respect your choices.

**The Bailiff:**

Do you ask for the appel, Deputy? The appel is called for, I invite Members to return to their seats. The vote is on the twelfth amendment and I ask the Greffier to open the voting. Members have had the opportunity of casting their votes. I ask the Greffier to close the voting. The amendment has been defeated:

<b>POUR: 3</b>		<b>CONTRE: 43</b>		<b>ABSTAIN: 0</b>
Connétable of St. Brelade		Connétable of St. Helier		
Deputy L.M.C. Doublet		Connétable of Trinity		
Deputy M.R. Scott		Connétable of St. Peter		
		Connétable of St. John		
		Connétable of Grouville		
		Connétable of St. Ouen		
		Connétable of St. Mary		
		Connétable of St. Saviour		
		Deputy G..P. Southern		
		Deputy C.F. Labey		
		Deputy M. Tadier		
		Deputy S.G. Luce		
		Deputy K.F. Morel		
		Deputy M.R. Le Hegarat		
		Deputy S.M. Ahier		
		Deputy R.J. Ward		
		Deputy C.S. Alves		

	Deputy I. Gardiner		
	Deputy I.J. Gorst		
	Deputy L.J Farnham		
	Deputy K.L. Moore		
	Deputy S.Y. Mézec		
	Deputy P.F.C. Ozouf		
	Deputy P.M. Bailhache		
	Deputy T.A. Coles		
	Deputy B.B.S.V.M. Porée		
	Deputy D.J. Warr		
	Deputy H.M. Miles		
	Deputy J. Renouf		
	Deputy C.D. Curtis		
	Deputy L.V. Feltham		
	Deputy R.E. Binet		
	Deputy H.L. Jeune		
	Deputy M.E. Millar		
	Deputy A. Howell		
	Deputy T.J.A. Binet		
	Deputy M.R. Ferey		
	Deputy R.S. Kovacs		
	Deputy A.F. Curtis		
	Deputy B. Ward		
	Deputy K.M. Wilson		
	Deputy L.K.F Stephenson		
	Deputy M.B. Andrews		

**The Bailiff:**

Is the adjournment proposed? Very well, the Assembly stands adjourned until 9.30 a.m. tomorrow morning.

**ADJOURNMENT**

[17:25]