

3. Questions without notice - The Minister for Health and Social Services

3.1 Deputy K.C. Lewis:

In light of reports that England is in a grip of the worst outbreak of measles in the last 20 years, what steps, if any, is the Minister taking to increase the awareness and uptake of the measles, mumps and rubella injections, especially now that the link between the M.M.R. (Measles Mumps Rubella) jab and autism have been disproved?

Senator S. Syvret (The Minister for Health and Social Services):

That is an extremely untimely question. As Members will be aware, there has been a recent publicity campaign and drive initiated and pushed forward by the Medical Officer of Health to encourage parents to ensure that their children are vaccinated. There is an increased level of not only measles but whooping cough and other illnesses in the United Kingdom which is believed to flow from the fact that parents declined to take up the M.M.R. vaccination in the wake of the scare concerning autism, but we are concerned at the levels at the moment. We are not satisfied with the rates of vaccination in Jersey and this is why we are doing all we can to encourage people to take up this vaccination. I think we may have gotten a little complacent in connection with these illnesses in recent decades because they have become fairly rare, but the fact is these illnesses can cause very serious harm and even brain damage to children, so children do need protection from these illnesses.

3.2 Deputy P.J.D. Ryan of St. Helier:

What is the Minister's view on the advantages and disadvantages of private health provision through insurance?

Senator S. Syvret:

I fully support people's right to take up private health insurance. Many people in Jersey are at a higher level certainly than the national average who have private health insurance. Some people avail themselves of that insurance in Jersey or indeed in other jurisdictions. It is certainly true to say that Health and Social Services makes a profit from some of the private sector work that is currently carried out on Health and Social Services premises and their Health and Social Services staff and long may it continue.

3.3 Deputy P.J.D. Ryan:

Does he believe that private health insurance should be encouraged fiscally, or does he believe it right that private health insurance when provided effectively tax-free by businesses as part of a blanket remuneration package, should be included in the 'Benefits in Kind' register. There is currently an anomaly between these proposals?

Senator S. Syvret:

The Deputy is quite right. This is an important issue and the whole future evolution of our taxation policies in respect of health care issues is important not only in respect of tax relief in the light of 20 means 20 and the general 'Zero/10' proposals, but also in respect of the G.S.T. (Goods and Services Tax) as the Deputy will be well aware. There are a number of issues that need to be resolved here. Certainly, I think it is good that people choose to take out private health insurance and I personally would prefer to see that encouraged. Where the appropriate

ceiling should come on the cost of such insurance and the amount that is allowable against tax, I think is open to debate. Whether there should effectively be an infinite sum I think is doubtful and there should be some kind of ceiling on the tax relief benefit of the amount you spend on these kind of policies.

3.4 Deputy S. Power of St. Brelade:

Could the Minister confirm to this Assembly that an appraisal or a review is going on within his Department to move long-term care residents of Overdale to either The Limes or Sandybrook and that residents of The Limes and Sandybrook may then be moved to the private sector?

Senator S. Syvret:

No, Sir, I am not aware of that. As I have informed the Assembly on many occasions in the recent past a review has taken place in respect of the long-term and continuing care facilities at Overdale. It is being concluded in consultation with the clients and their families themselves that those facilities are not satisfactory and therefore we are looking to move those clients out into high quality private sector facilities. There was no question of people being moved out to the other nursing homes if that is where they are established.

3.5 Deputy D.W. Mezbourian of St. Lawrence:

The Minister will be aware that before the land at Bel Royal known as Goose Green was rezoned for housing purposes his Department failed to submit comment during the feasibility consultation process. He will also be aware that subsequently his officers have advised the Planning Department that they believed the area to be unsuitable for housing purposes. Bearing in mind the public controversy over the proposed development, does the Minister consider that his Department has made sufficient representation both to the Planning Department and to the Minister that this site is considered by his health protection unit to be unsuitable for housing purposes?

Senator S. Syvret:

The Deputy is certainly correct. There was I think an initial error in the early stages of the development and that the appropriate representations were not made by the Health Protection Department in a timely manner. This is a mistake that will not be repeated: the lesson has been learnt. In respect of subsequent representations, yes, representations have been made very clearly to the Planning Department by Health Protection concerning the likely issues arising from noise on the site given the proximity of the Jersey steelworks to the housing estate. It is likely to lead to complaints from residents, but there is unlikely that anything will be able to be done about it within the bounds of the Statutory Nuisances Law because as long as the Jersey Steel Company is following best available practice, there will be very little that can be done about it, so it is an issue.

3.6 Deputy D.W. Mezbourian:

Will the Minister give the House his opinion as to whether had his Department made known their concerns about the unsuitability of this site for housing during the consultation process, this House would have agreed to rezone that land for housing purposes?

Senator S. Syvret:

I am not sure I can answer that question, Sir. It is hypothetical. It would have depended upon the planning authorities of the day and ultimately the views of this Assembly. I can certainly say that of numerous other occasions I am aware of when the views of the Health Protection Unit have been made known to planning officers, those views have been ignored - completely ignored and set aside utterly. So, do I have a lot of confidence that the views would have been taken on board? I am afraid I do not. Although I have to say in fairness things have improved dramatically in terms of communication between the Departments in recent years.

3.7 Deputy R.G. Hérissier:

On 25th April the Minister informed me that the cost of a 'Job Families Agreement' to that point was £840,000. In answer to a further question on 16th May I was not given the remaining funds which would be required for its full implementation. We were told in December of last year that that agreement had in some respects fallen apart. Firstly, Sir, what is the total cost going to be of the 'Job Families Agreement', which sounds utterly vast for what is essentially an agreement to end all working practices; and secondly, Sir, what are the positive outcomes going to be, given the massive re-thinking that had to occur as a result of last December's event?

Senator S. Syvret:

I do not have the precise costs up-to-date at hand but I will discover that and let the Deputy have the precise figure later this morning. I do not accept for one moment his assertion this was simply a means of removing old working practices. It was a carefully structured and agreed process by which the way nursing resources were deployed throughout Health and Social Services would be re-engineered and in particular that continuing professional development opportunities would be fully furnished for all of the nursing staff in order to develop their skills and for them to be remunerated accordingly with those skills. So, it certainly is not true that it was just a way of buying out old working practices. Neither is it true to say that the 'Job Families Agreement' fell apart. There was a dispute that hinged around principally the appeals mechanism over which there was some disagreement. That issue has now been resolved. It was resolved many months ago and on that basis the roll out of the provision is continuing.

3.8 Deputy R.G. Hérissier:

How did the Minister, Sir, or his senior staff then come to the conclusion, as a result of what happened, that given the sums involved - and it is quite likely I would have thought to be well over £1 million - there was value for money in this process?

Senator S. Syvret:

I think we are absolutely satisfied there was value for money in this process. The 'Job Families Agreement' and the modernisation of how nursing resources are used will lead to a better and more efficient nursing service and a nursing career that is better for the nursing staff themselves; and a happy staff are an effective staff. There is no question other than this is a good investment that does represent value for money. It will bring about meaningful and real improvements in the already high standards of nursing care in the Island.

3.9 The Connétable of Grouville:

Is the Minister concerned at the large amount of private patients who are now seeking surgery outside the Island because of cost? I am thinking about France, for instance, where I am told that a hip replacement operation now can be carried out for about £5,000 compared to £10,000 in Jersey?

Senator S. Syvret:

It is of concern, Sir. As I mentioned earlier in answer to a question from Deputy Ryan, the whole issue of health care costs in the Island and how that fits in with our economy and with fiscal structures is a very important topic. I do not think Jersey though realistically could ever aspire to competing with France on a cost basis. The health service in France is internationally acknowledged as being very good, but the people of France pay for it. A very, very substantial amount of money goes into the health service in France including both a private contribution and a statutory health insurance contribution, therefore there is a lot of money and a lot of subsidisation of the health service in France. It is not realistic I think to expect small Island jurisdiction with the consequent diseconomies of scale that exist here to compete with France on a cost basis.

3.10 Deputy A. Breckon:

My question is about smoking or non-smoking and how effective does the Minister think existing schemes are and whether they are proactive in targeting groups especially teenagers?

Senator S. Syvret:

I think it is fair to say that in the past schemes have not been as good and as effective as we would have wanted. All that is in the process of changing now. Health and Social Services in co-operation with other stakeholders in the healthcare field such as G.P.s are going to roll out a comprehensive smoking cessation strategy. We have to do this. This is the other part of the bargain effectively that we made with this Assembly and with the public in respect of the ban on smoking in exposed work places. The ban is absolutely correct, it is the right way to go, but the *quid pro quo* of that is that we have a responsibility and a duty to do all we can to assist people in giving up smoking. So, there is going to be a much greater drive towards assisting people's smoking cessation and I do think things have improved in respect of stopping young people from smoking as far as that is ever possible by the recent raising of the age at which people can purchase tobacco from 16 to 18.

3.11 Deputy A. Breckon:

In view of what the Minister has just said, would he also consider then giving free nicotine patches to those who are trying to quit?

Senator S. Syvret:

Yes, Sir, that is one of the factors that is going to be considered as part of the smoking cessation drive.

3.12 The Deputy of St. Martin:

The draft sexual health strategy was published and circulated last week by sheer coincidence the day after a sexual offence was provoked. Will the Minister inform the House who the strategy

has been circulated to and will he give consideration to the closing time - or the ending time - of the consultation being extended which I gather is due to end at the end of this month which is going to be a 2-week consultation period?

Senator S. Syvret:

The document has been issued to all of the relevant stakeholders. It has been developed in co-operation with organisations such as Brook, Acet and a variety of other stakeholders within the sexual health sphere. It has now been put into a publishable form and it is now out for public consultation. If there is not sufficient time for people to consult on it, then I am more than happy to extend the consultation period.

3.13 The Deputy of St. Martin:

The Minister said it has gone out to interested stakeholders, would he consider circulating it to all States Members or can all States Members have a copy now they are aware of it?

Senator S. Syvret:

Yes, Sir, by all means.

The Greffier of the States (in the Chair):

Very well, that brings the 15 minutes question time to the Minister for Health and Social Services to an end