

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY T.A. VALLOIS OF ST. SAVIOUR
ANSWER TO BE TABLED ON TUESDAY 1st DECEMBER 2009**

Question

“Could the Minister advise the Assembly what her current priorities are in the Health and Social Services Department and advise why she has chosen these in particular for 2010?

Were there other priorities which she wished to address but was unable due to financial or manpower constraints, and, if so, what were they?”

Answer

The priorities for my department in 2010 are those identified in the States business plan which was debated and approved in September. I am very aware, in these times of limited resources, that expenditure must be based upon sound planning, evidence of need and an assessment of where the greatest risks to patients and clients lie. It is no secret that our greatest current risks are in maintaining sustainable hospital services and in the provision of services to vulnerable children.

The additional funding granted by the States for nurse staffing, therefore, is most welcome and will enable significant steps to be taken in bringing staffing levels up to the level required in a modern and safe health service environment. In a similar way the allocation of new funding to enable the Williamson Plan to be implemented is most welcome. This plan will lead to the reconfiguration and modernisation of services for vulnerable children and their families and is a major priority for 2010. Included within it is a commitment to launch a rolling programme of independent inspection of all aspects of children’s services and to this end a preliminary agreement has been signed with the Social Work Inspection Agency.

The sterling work undertaken so far, by an impressive range of individuals and services working together to meet and manage the challenge of swine flu, will continue to be a very high priority for my department in the early part of 2010. Our ability to purchase a limited number of additional long term care beds locally and specialist placements in the UK is also welcome.

There is also a requirement that steps already taken to meet the shortfall precipitated by the abrupt cessation of the Reciprocal Health Agreement are followed up, in conjunction with Guernsey and the Isle of Man, to explore whether there is any prospect of negotiating preferential arrangements into place.

In the coming year my department will also be heavily involved in a number of other high profile issues that are consistent with the diverse portfolio of Health and Social Services. Though not exhaustive, these include work resulting from the Historic Child Abuse Inquiry, the advancement of the Integrated Care Record Programme, and the promotion of a Sustainable hospital, including the provision of additional inpatient beds to help manage increasing demand. These priorities will extend beyond 2010 and further and additional investment will be required into the future to ensure that progress on all of these fronts can be maintained. It goes without saying that had more resources been allocated then we could have stepped up this programme of investment in 2010 rather than having to delay to 2011 and beyond.

It is already evident that the initiative to bring the nursing work force up to recommended levels, whilst also increasing bed capacity, will take at least a further two years to bring to fruition. There is also pressure to underwrite and expand the senior medical workforce during the next few years as a significant number of consultants approach retirement in an environment where their successors are likely to be more specialised in their training and therefore lack the generalist skills and experience of the incumbents.

There is also a need to undertake a thorough review of how the Health and Social Services property portfolio should best be managed in the future. I will be seeking support, in conjunction with property services, to undertake a detailed feasibility study of the options available in relation to the future of the General Hospital as I

am in little doubt that very considerable investment will be required in bringing facilities up to date and ensuring that they are appropriate for the 21st century.

It would also have been my hope to have taken some early steps towards implementing New Directions, a key component of which is the Health for Life strategy where significant changes will be required in the population's behaviour in relation to their own health and well being. This is recognised in the States Strategic Plan 2009-2014 where the following emphasis is made:

“A major shift in health and social care policy is needed if we are to improve Islanders' health and social well-being enough to head off the projected increases in health care costs. We need to put the emphasis on prevention, rather than cure, and make the healthy choice the easy choice”

In the first year of implementation, now not likely to be before 2011, investment will be focused upon children with emphasis being placed upon extending the Healthy Schools programme into more and more island schools. This approach will improve children's lifestyle, academic performance and subsequent prosperity as they grow into adulthood. An early priority will be to establish a weight management pathway and to introduce a healthy school meals policy. Targeted action is also to be focused on young people and their relationship with alcohol and tobacco. The longer that we delay the start of these programmes the more that problems will build in the future.

A good case in point is obesity which is now a major public health threat for the 21st century. Unless we act soon many children will become morbidly obese; the number of islanders requiring corrective bariatric surgery has risen very substantially in recent years and, given additional resources, I would have liked to have been able to invest in a waiting list initiative for these individuals during 2010, but once again this has had to be deferred.

Members will be aware that we are continually faced with above inflation increases in costs for items such as drugs and other supplies. Increased investment is always required, therefore, to maintain current levels of safe patient care.