

4.14 Deputy G.P. Southern of the Minister for Health and Social Services regarding the impact of C.S.R. proposals on the delivery of front-line services:

Will the Minister explain to Members how the reduction of 5.4 staff in Physiotherapy, Occupational Therapy and Mental Health Services as set out in the C.S.R. proposals will impact on delivery of these front-line services?

The Deputy of Trinity (The Minister for Health and Social Services):

As we all know, the C.S.R. process has been a very long and difficult one, and the same applies in my department. Wherever possible I have tried to protect front-line services from cuts, but reductions in any area of health spending are difficult. The changes to Physiotherapy Services will mean that the hydrotherapy pool at the hospital will close and treatment will be offered in the gym. Other hydrotherapy facilities do exist in Jersey and we will be exploring how these may be used for patients, one of which is within Health and Social Services itself. Job reduction will be achieved by redeployment and voluntary redundancy in this area. I anticipate that the reduction in Occupational Therapy Service will not have an adverse effect on patient care as we are restructuring the service and the patients will be offered alternative supportive work placements. The 0.5 full-time staff reduction will be managed by retirement of that present post-holder. The Mental Health Service posts are currently vacant and therefore will be lost without impact upon the current service levels or existing staff.

4.14.1 Deputy G.P. Southern:

Is the Minister suggesting that somehow overnight hydrotherapy has become a therapy which is not to be used for particular patients, and can she state categorically that this will not be a reduction in front-line services to those in need of it?

The Deputy of Trinity:

The hydrotherapy pool, as I said, will be closed but there are other hydrotherapy services provided, one by a charitable sector who has a pool and in fact one within Health and Social Services itself. So it will not just stop overnight as the Deputy thinks it might do. It will be a phased approach and is still to be worked-up.

4.14.2 Deputy G.P. Southern:

Is the demand for Mental Health Services under pressure at present, and is one of the reasons for that pressure the absence of 2 posts being filled, and whether or not that results in a redundancy, is it not again a reduction in much needed front-line services? Mental Health is surely under pressure.

The Deputy of Trinity:

As I said, at the Mental Health Service, that post has been vacant and has been vacant for quite a while, and it is important that we look at the services that we offer and within existing staff and existing levels.

4.14.3 Deputy G.P. Southern:

Supplementary if I may. Will the Minister come to the House with details of the waiting list for Mental Health counselling and C.A.M.H.S. (Child and Adolescent Mental Health Services) in the near future?

The Deputy of Trinity:

Regarding C.A.M.H.S. services, as I have said, it is going to be restructured and within its proposal itself there is some investment, right investment, that is there.

4.14.4 Deputy G.P. Southern:

Will the Minister come to the House with the waiting lists for these services and state whether she is satisfied or dissatisfied with that length of waiting?

The Deputy of Trinity:

If the Deputy could be more specific, because Mental Health Service occurs right across the board from Children's Services to elderly care, and trying to assist him in giving him the answer that he requires, if he could be more specific about the waiting area and the waiting time, I will oblige.

Deputy G.P. Southern:

If I may, so as not to return to it again. Right: the waiting list for counselling would be a start. Can the Minister provide that?

The Deputy of Trinity:

Yes, I can provide it.

4.14.5 Deputy D.J. De Sousa:

Is the Minister aware that there is a possibility of an increase in mental health illnesses and injuries, and does she really consider that because a post is vacant that it is relevant to take that post away in a cut?

The Deputy of Trinity:

Mental health is increasing the problems but it depends on which area that we are talking about. I am trying to understand. It is one post which has been vacant for a small area, for about a year, and it is important that we relook at every service and restructure it in a way that it provides the area that is most needed.

4.14.6 Deputy J.M. Maçon:

Can the Minister please explain that the one place that has been cut, what is the role, what does it entail, and what area is it providing to? I think that would help with this issue.

The Deputy of Trinity:

I think it is a team assistant in incomes and, as I said, that there is some investment in willingness to restructure that so that it is more appropriate to the needs of today.

4.14.7 Deputy G.P. Southern:

Is the Minister aware that in these times of recession and job loss, mental health problems go through the roof, and is she anticipating additional demand in these straightened times?

The Deputy of Trinity:

Demand is ... the whole service also needs to be looked at. Of course mental health is a big issue with Health and Social Services. It is an important issue and once we have got the data we will look at it as we do with every service within Health and Social Services.

4.14.8 Deputy G.P. Southern:

If I may, a supplementary. Once we have the data, is the Minister suggesting that she is making cuts in these particular services without referring to the data and is awaiting data to see what the demand is, because if so, then this is sheer folly?

The Deputy of Trinity:

No; this is forward planning.