

2.8 The Deputy of St. Mary of the Minister for Health and Social Services regarding funding for A.C.E.T. from 2008 to the present day:

What financial and other support was provided to A.C.E.T. (AIDS Care Education and Training) year-by-year from the department from 2008 to the present day and what work did this support, and is the Minister satisfied that A.C.E.T. will receive adequate support this year to allow all its programmes to continue? If not, will this work be replaced and, if so, how? What risk analysis was carried out before funding was cut?

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):

In 2008/2009 a service level agreement existed between Health and Social Services Department and A.C.E.T. The annual £80,000 grant funded a charity to provide practical and emotional support for Portuguese people and others whose first language was not English and who were living with H.I.V. (Human Immunodeficiency Virus), community based H.I.V. education and prevention programmes for these communities, an advisory ...

The Deputy Bailiff:

Minister, I am sorry, you are going to have to stop, the States are inquorate. I invite Members to return to the Assembly. Thank you, you may now continue.

The Deputy of Trinity:

A community based H.I.V. education and prevention programmes for these communities, an advisory and consultancy service for professionals within Health and Social Services who provided services for Portuguese people. This arrangement ended in January 2010 by mutual agreement when the objectives had been delivered. Health and Social Services provides proportionate modern preventative and specialist H.I.V. treatment and care services, the latter targeted to a small number of people in Jersey with the infection. It is considered that the hospital translation service and the English as a second language provision at Highlands College offered a more comprehensive and sustainable option to support the ongoing community needs.

2.8.1 The Deputy of St. Mary:

I just want to pick out from that answer one detail. Did I hear the Minister right when she said that the agreement to fund A.C.E.T. £80,000 a year in 2008 and 2009 was terminated in January 2010 by mutual agreement, could she confirm that is what she said and could she explain a little bit around how that mutual agreement was arrived at?

The Deputy of Trinity:

Yes, I can confirm that it was done by mutual agreement. It was a service level agreement for 2008 and 2009 and obviously it delivered its objectives.

2.8.2 Deputy G.P. Southern:

Does the Minister accept there is a further ongoing piece of work conducted by A.C.E.T. which was being funded by the States in association with the prison in particular, and that funding has now been removed and that piece of work will have to stop because not only has the States money been removed from this project, but the matching funding coming from private sources has also been removed?

The Deputy of Trinity:

Yes, I am aware that there was some work done within the prison, within staff and prisoners, and I understand that this year they have got some funding via the Treasury and Resources and it is a one-off grant, I think the precise amount ...

2.8.3 Deputy G.P. Southern:

May I have a quick supplementary, was that this year or last year's funding?

The Deputy of Trinity:

That is a question I think you have to ask Treasury and Resources, it was a one off grant but I think the Minister for Treasury and Resources has questions without notice so I am sure he will ...

Deputy G.P. Southern:

In a linked question on the same subject, can the Minister justify that the previously accepted random anonymous testing for blood-borne diseases has also been abandoned and is this approach not a short-term solution to a long-term problem because if we have got Hepatitis B and AIDS in our population then the problem in years to come may be significant but we do not know it?

The Deputy of Trinity:

No, as I said 2 weeks ago, the world has definitely moved on with diagnosis and prevention of H.I.V. The unlinked anonymous testing was, as it just says on the tin, you took a blood test but you could not relate it, if it was positive you could not relate it back to the person. That kind of link does not change behaviour, which I hope you would agree is the most important thing... prevention. The unlinked anonymous testing was right in the U.K. (United Kingdom) and it did work in the U.K. because it did show the prevalence of H.I.V., but with the Chief Medical Officer of the U.K.'s advice we have tried to make H.I.V. as normalised as possible and H.I.V. testing is done with certain medical conditions or symptoms encouraged for them to be tested and it is a normal part of diagnosis and a proper duty of care. This approach has been communicated last year to all the doctors.

2.8.4 Deputy G.P. Southern:

Can the Minister assure the House that we are not ignoring a potential enormous problem for Hepatitis B and H.I.V. in the population and can she assure the House that the problem will not descend on us in 20 or 30 year's time? Can she assure us that we do not have that problem and that levels of Hepatitis and H.I.V. are at low levels?

The Deputy of Trinity:

The low levels of H.I.V. is about 70 people known to have the H.I.V. infection and receiving services. As to the future, I do not have a crystal ball.

2.8.5 The Deputy of St. Mary:

In her answer to my original question the Minister said that A.C.E.T. did, among other things, practical and emotional support for people living with H.I.V., community-based education and prevention programmes and provided advice and consultancy for professionals within H.S.S.D. (Health and Social Services Department) working in this field. Can she tell Members who is doing this work now if there is no longer a service level agreement and no longer any funding and is she satisfied that all those strands of work are being done to a satisfactory standard now?

The Deputy of Trinity:

Yes, it just does not involve one department, it involves Education via the P.G.P.S., the public education curriculum (Personal, Social and Health Education) that they do, as well as other charities like Brook, and we have a consultant microbiologist and a specialist nurse who does pick up these issues, as well as G.P. (General Practitioner). The whole emphasis is not to stigmatise people with H.I.V., for it to be as normal as possible and to receive the proper services, which includes counselling services as appropriate.