

4.3 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding additional resources for diabetic services over the next 10 years:

Would the Minister identify the additional resources, which will be placed into diabetic services over the next 10 years, distinguishing between preventative and treatment services, given the considerable anticipated increase in diabetes identified in her answer to a written question on 14th May 2013?

Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services - rapporteur):

The Deputy will be pleased to note that healthy lifestyles on the long-term conditions, including diabetes, have already been highlighted as key priorities for investment in the first phase of the White Paper. At a time when demands of all services, in all areas of lifestyle related issues, and an ageing population, are becoming increasingly stretched, our Health Department is continuing to focus on ways to enhance both preventative and treatment measures. By 2015, a further £1.6 million will have been invested in long-term conditions, of which diabetes is one, the other 2 areas being C.O.P.D. (chronic obstructive pulmonary disease) and chronic heart disease. The only positive way of preventing diabetes is to prevent obesity in the first place, and that is clearly a problem that cannot be managed or addressed by the Health Department alone.

[10:00]

That needs an overall strategy of the States of Jersey, and demands resources from across all departments working collaboratively to promote and support healthy lifestyles within the framework of the States Strategic Plan. The Deputy will be aware of initiatives such as the Education Department's excellent Sports Strategy and the T.T.S. Sustainable Transport Policy, which highlight and complement the joined-up government approach we are taking to this challenging problem. It is only by changing the way people think about their lifestyle choices, educating them about their health and wellbeing, encouraging and supporting them to become more active in their everyday lives, that we will be able to reduce obesity and with it reverse the trends of diabetes in Jersey.

4.3.1 Deputy R.G. Le Hérissier:

I thank the Assistant Minister for that most comprehensive answer. I wonder though if he could tell us how much money is being paid out per year, and what is the increase factored in by the H.S.S. (Health and Social Services) Department in order to deal with people who currently have the condition, how much money is being put in per year, additional money?

The Connétable of St. Peter:

I cannot give an exact breakdown of the £1.6 million up to 2015, but what I can tell him is that, after 2015, there will be £300,000 recurring going into the budget from 2015 onwards to deal with things like diabetes and C.O.P.D.

4.3.2 Deputy J.G. Reed of St. Ouen:

Could I ask the Assistant Minister whether or not there is currently a full complement of staff to support the diabetes services and, if not, why not?

The Connétable of St. Peter:

Yes, there has recently been an increase of a couple of additional people in the department, an additional clinical assistant and a diabetes manager, to help us with the increasing problem.

4.3.3 The Deputy of St. Ouen:

Does that mean that there is a full complement of staff that supports the diabetes service now?

The Connétable of St. Peter:

It is difficult to determine exactly what the Deputy is looking for as “full”. The department is full and has just had 2 extra people allocated to it, so it is full by its current number requirement. Hopefully that satisfies him in that. I cannot imagine how we would get to a “full”, what number that would be.

4.3.4 Deputy R.G. Le Hérissier:

I am a bit perplexed by the question of: when is full, full? I wonder if the Assistant Minister could say whether the current staffing level is the level that has been fixed by the Medical Plan within the hospital and, if so, does this reflect the resources that were asked for by members working within that department and, slightly to the side, is he satisfied that in terms of treating foot issues, which sadly are a very, very nasty and unfortunate side-effect of advanced diabetes, is he satisfied that staffing is full in that area as well?

The Connétable of St. Peter:

I will have to confirm for the sake of the questioner we do have a full complement of the current requirement of staff with the addition of the 2 additional members. I think, if one were to be looking for a utopian answer, then we will never have enough budget or enough people to respond immediately to every single problem, but what we are doing is sharing out the funds and staffing required in a reasonable way. With regards to podiatry, the foot problems, we are certainly focusing on that area to help people currently suffering type-1 diabetes, which are mostly affected by podiatry problems.

4.3.5 Deputy R.G. Le Hérissier:

Just on a supplementary to the supplementary, could the Assistant Minister say what is the precise staffing addition being proposed for podiatry, and, secondly, what happened to the recommendations from the department for an expansion of resources, have they been accepted or did somebody in some arbitrary office in the back rooms take a decision?

The Connétable of St. Peter:

Starting with the second part first, I think they have been accepted in so much as there have been 2 new clinical posts given to the department, and I have already forgotten the first part of the question, so if the questioner would like to ask it again?

Deputy R.G. Le Hérissier:

The resources for podiatry.

The Connétable of St. Peter:

I think it is fair to say that we are recognising the need for resources by appointing 2 additional people to the department now. Thank you.