

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 8th SEPTEMBER 2015**

**Question**

Will the Minister give details and justification for the removal of 227.7 FTE from staffing numbers in the department in 2015 (page 85 in the Annex to the Medium Term Financial Plan) and will he further inform members what impact phasing of the delivery of P.82/2012 ('Health and Social Services: A New Way Forward') has had on staffing over the intervening period and whether further phasing is planned for 2016?

**Answer**

The 227.7 FTE removed from the staff budget does not represent any change in either the number of staff currently employed or future plans as set out in the MTFP. It is simply bringing the approved FTE limit in line with the Department's funded staffing budget and plans included in MTFP2.

As the Department prepared its submissions for MTFP2, a review exercise was undertaken to reconcile the budgeted FTE and the actual FTE requirement at the end of MTFP1. The 227.7 FTE reduction represents the result of this reconciliation which was agreed by the Department, the States central HR function and then approved by the Treasurer of the States.

The original FTE limit was approved in the first MTFP and was based on an historic approved FTE limit and estimated future staffing requirements over the three-year MTFP period. This included prudent estimates of future staffing requirements; the MTFP1 budget estimated that 70% of the 2% inflation-linked funding for HSSD would be required for staffing, and that all P82/2012 initiatives would be delivered by HSS staff. In practice, whilst some of the 2% funding has been invested in staffing, it has predominantly been invested in non-pay cost pressures (such as rising drugs budgets, commissioned local packages of care and specialist UK care). In addition, a number of P82/2012 initiatives have been delivered by third-party providers (eg the rapid response service has been delivered by Family Nursing and Home Care) rather than by the Department.

The phasing of P82/2012 in 2015 has had an inevitable impact on staffing by reducing the number of staff required in 2015. Subject to funding approval in MTFP 2, these services should be fully implemented in early 2016, and therefore the staffing will increase in order to deliver these services.

Plans have been produced for 2016 as part of the preparation for MTFP2. The implementation of these plans will depend on the funding allocation as a result of MTFP 2. Further phasing of P.82/2012 investment is likely as a result of the reduced growth funding available.