

2019.10.08

**18 Deputy L.M.C. Doublet of the Minister for Children and Housing regarding universal access to child health care: (OQ.242/2019)**

How is the Minister prioritising universal access to child healthcare in the Island, in accordance with Article 24 of the United Nations Convention on the Rights of the Child?

**Senator S.Y. Mézec (The Minister for Children and Housing):**

Article 24 of the U.N.C.R.C. establishes a fundamental right for children to access healthcare services and facilitates for the treatment of illness and rehabilitation. This entails signatories to the U.N.C.R.C. to ensure that no child is deprived of their right of access to healthcare services and - before Senator Ferguson interjects - the U.N.C.R.C. includes an obligation for countries to ensure appropriate pre-natal and post-natal care for mothers, as well. The Government Plan makes clear a commitment towards meeting its obligations under the Convention and a whole chapter of the plan is dedicated to setting out how we will improve Islanders' well-being, mental and physical health. More specifically, the plan commits to bring forward new models of primary care, including dental care for children and it also describes plans to improve outcomes for children using Child and Adolescent Mental Health Services.

**4.18.1 Deputy L.M.C. Doublet:**

Can the Minister advise how much money is being set aside to fund this and from which departments would the funding come from?

**Senator S.Y. Mézec:**

I would think that question might be better put to the Minister for Health and Social Services, who will be more able to draw those specific figures from the Government Plan, but that will be in the Government Plan and a breakdown should, I hope, be easy to come by.

**4.18.2 Deputy G.P. Southern:**

The Minister mentioned changes to primary healthcare. Is he of the opinion that a G.P. consultation, at the rate of £40 plus, somewhat excludes many young people from accessing adequate and good care in the primary sector?

**Senator S.Y. Mézec:**

Deputy Southern will be aware that I have a longstanding position that I believe that charging everyone - not just the vulnerable and not just children, but everybody - G.P. fees are regressive and something that I would like to see the end of. What was the second part of his question?

**Deputy G.P. Southern:**

Does the level of prices preclude many young people from accessing proper healthcare?

**Senator S.Y. Mézec:**

That is probably the case. It is the case that there are G.P. surgeries that offer either discounts, or free services, for children, but that is a voluntary thing. It is not something they are required to do and I would be of the view that that ought to be something we should secure for the future and the Government will have to work with G.P. services to deliver that. As I said in response to a question from Deputy Tadier earlier on, there is a caveat in the U.N.C.R.C. that says that we must seek to ensure our compliance to whatever degree we are able to, bearing in mind our own financial

restraints, so if that is something we want to proceed with, to lower the cost and improve accessibility to primary care and for children, it is something that we, as an Assembly, would have to determine we want our funding to go towards to enable it.

**4.18.3 Deputy R.J. Ward:**

Would the Minister agree that this is an opportunity, with the development of community-based healthcare, to intervene at that level of G.P. costs, so that we develop a healthcare system with the new hospital that makes it much more accessible for people to go to the hospital and primary healthcare has its emphasis for all children on this Island?

**Senator S.Y. Mézec:**

The Deputy is absolutely right that when you provide better primary care, better early intervention, it ultimately saves you money later on down the line and does not allow people and, in particular, with chronic illnesses to end up costing more in the long run when their illnesses become worse. As part of that wider discussion that we are having on how healthcare is delivered in Jersey then I absolutely think that should be part of the discussion.

**4.18.4 Deputy M. Tadier:**

Could the Minister clarify the statement about the caveat of financial restraints and does he agree that it probably is put in there to apply to third world countries, or countries that have limited industry, rather than Jersey, which has a very well-placed finance industry and has other industries and that financial restraints are a question of political will and that there is no intrinsic lack of money in Jersey, were it only to be used in the right way?

**Senator S.Y. Mézec:**

The Deputy is certainly right that it is a political choice, what this Assembly decides to spend money on and what extent of services it wishes to provide and the Deputy knows my view on how far I think we should provide services in this area, but if I can help him with the exact quote from the U.N.C.R.C. Article 4 says: "With regard to economic, social and cultural rights, States parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation." I think that, as he says, probably is more directed at countries that do not have the resources that we do, but that means that we are in the fortunate position of being able to make these choices and if we are doing so within the prism of children's rights then I think that better empowers us to make good decisions.

[11:45]

**4.18.5 Deputy L.M.C. Doublet:**

Does the Minister also recognise the importance of the health visiting service in terms of children's health and does he see any scope to extend the offering there, for example offering clinics in schools and community centres?

**Senator S.Y. Mézec:**

It is difficult for me to offer a good answer to that question, as I had not anticipated it, but I think the Deputy raises a perfectly good point and certainly one that is worth considering.