

21.04.20

12 Deputy G.P. Southern of the Minister for Health and Social Services regarding descriptions of contracts (OQ.97/2021):

Will the Minister agree to provide detailed descriptions of any contracts his department has with private companies, not-for-profit businesses and charitable organisations for the delivery of specific services within the remit of the department, including the overall cost of the contract and any service level agreement details to ensure value for money and advising what consideration, if any, has been given to future growth in such service delivery?

The Deputy of St. Ouen (The Minister for Health and Social Services):

The answer is yes; I am happy to agree to provide information about contracts the department has with external partners. The information will have to consider any commercial sensitivities. There are a number of ways in which the department commissions services. So, depending on which specific services are required, we will be able to produce information. But, as the Deputy will be aware, some health and social care services are commissioned by other departments such as C.L.S. (Customer and Local Services) and C.Y.P.E.S. We are currently embarking on developing the Jersey Care Model with commissioning being one of the key enablers. Work is currently being undertaken to review the department's commissioning arrangements, which will consider the future provision of services based on need and partnership arrangements.

3.12.1 Deputy G.P. Southern:

The thing I need to ask is what the size of the task is, if I am going to take a gander at the way in which services are being or are about to be commissioned and take a look at the numbers attached to them. Does the Minister have any idea of how many contracts he is talking about in total? Secondly, I do not want to be seeing a pile of documents that are redacted because of commercial confidentiality. We do need some information on how much a service is costing to be able to judge whether that is value for money. Would the Minister agree (a) to the latter question and (b) has he any idea how many contracts we are talking about?

The Deputy of St. Ouen:

I do not have a full and definite figure and indeed contracts come to an end and new contracts begin. There are dozens of these sort of contracts. We have contracts with off-Island hospitals for specialist services. We have contracts with G.P.s. We have contracts with charitable providers under social care, mental health services. We have contracts with private care providers. There are any number of workstreams and different providers and really we have such a diverse and vibrant sector here that is delivering good health and social care in the Island. It is difficult to be precise in this question. So, in answer to the commercial sensitivities, it is my intention to be as transparent as possible, but of course there are always commercial sensitivities that it would be inappropriate to disclose. Because that would frustrate the negotiation of contracts and prevent healthcare being delivered. As far as possible, all of this will be conducted transparently.

3.12.2 Senator S.Y. Mézec:

Could the Minister explain what sort of tone of advice he gets from his health advisers about commissioning health services, in particular to the private sector? Do they speak positively about this as a way of delivering better healthcare or are they more positive about providing services in-house? That question is specifically about health advice and not budgeting advice.

The Deputy of St. Ouen:

We do not see that it is for myself as Minister or H.C.S. as a department to dictate how these services might be delivered in the Island. We work in partnership with the primary care, with charitable and private providers in the sector. That is the intention of the Jersey Care Model that we will work together as care groups to determine what the best way is of delivering a service the Island requires.

3.12.3 Senator S.Y. Mézec:

I am just trying to get at what is the balance between making decisions because they appear to be better value for money versus perhaps going for what could be a more expensive option, but ultimately one that is better because it is provided in-house and is able to work with other parts of the in-house services. Does the Minister get advice from his health advisers that is more preferential towards providing services in-house? Bearing in mind there may be practical reasons for not doing so from time to time. But in terms of the direction of travel, are they positive about in-house services or do they advocate privatisation as a better way of delivering health care?

The Deputy of St. Ouen:

That is a huge widely-ranging question, but I am very satisfied with the advice I receive. It is well-rounded. There is no agenda to go private. Obviously, within the hospital, we are good at providing specialist healthcare services at a secondary care level. There are all sorts of services, which might be better provided by others, particularly as we want to move into concentrating on preventative health, keeping ourselves well. Looking at nutrition strategy. Looking at keeping fit. A secondary care service does not need to do all that, though it is so highly important for the future of healthcare. There are so many other ways that sort of service can be provided and we are pleased to be able to be talking with a huge variety of providers who are keen to do that. My team recognise that and we look for the best way to provide for the healthcare of the Island.

The Bailiff:

I have a question from Deputy Ward and a final supplementary from Deputy Southern. You have asked for a second question, Senator Mézec. In these form of questions we do not normally allow a second question to come around. But, in any event, we are already past the time allocated for this particular question.

3.12.4 Deputy R.J. Ward:

Does the Minister accept that when services are outsourced to private companies, large, often U.K. providers, have a commercial advantage and will overwhelm any local provision? Often with what one might refer to as a loss-leader bid in the initial bid for the contract.

The Deputy of St. Ouen:

I am happy to speak to the Deputy about any instances he knows when that has happened. I am not aware of any large U.K. providers coming in. Unless the Deputy means in the domiciliary care sector where obviously there are pressures and it has sometimes been difficult to provide or to source a local. I am not aware that there are large U.K. providers seeking to enter into our healthcare market.

3.12.5 Deputy R.J. Ward:

One example would be the development of the new hospital, there will be a private wing I understand, and can he assure us that will not be outsourced to a large private company such as, just to pick one out of the air, BUPA, for example?

[11:45]

How will those services be run and how will those contracts be handled?

The Deputy of St. Ouen:

There are no plans to change the existing model. I have not heard any discussion about outsourcing our private patient service. We have a good service. We have public sitting side by side with private. The private service provides options for Islanders and it provides an income, which helps and enhances the public service. My understanding is that is going to be run in the same way as it always has in the Island.

3.12.6 Deputy G.P. Southern:

Just to be hopefully useful in providing a starting point, could I not suggest that the Minister prints a list of contracts?

The Deputy of St. Ouen:

I am sure we can discuss that with the Deputy. Those contracts are often a matter of public knowledge. It is well-known the providers we work with. That will be referenced in all sorts of reports also. We can draw together that information in an appropriate place.