

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY A. HOWELL OF ST. JOHN, ST. LAWRENCE AND TRINITY
QUESTION SUBMITTED ON MONDAY 23rd OCTOBER 2023
ANSWER TO BE TABLED ON MONDAY 30th OCTOBER 2023**

Question

“Following the Minister’s response to [Written Question 385/2023](#), will she provide the number of staff employed within the Public Health Team from 2019 to 2023, broken down by year, and further provide resourcing costings and staff costs, broken down by pay grade, as well as an organisational chart for the Team for 2019 and 2023?”

Answer

The period requested covers the COVID-19 pandemic, which required additional and temporary resources in the Public Health Team to support the emergency response. For the purposes of answering this question, those posts that are substantive, established and funded have been included. Posts funded through the Jersey Care Model (JCM) and Building a Safer Society (BASS) have also been included. Posts associated with the pandemic response and recovery, i.e., those that were funded through emergency funds, have been excluded.

Public health services are critical for keeping the Island safe, preventing disease, reducing health inequalities, and improving the population’s health, through for example, managing outbreaks of infectious disease, developing alcohol policy, delivering child nutrition programmes, or supporting efforts to improve air quality.

Pre 2020, the public health function had a limited capacity to deliver its responsibilities in the form of a small Strategic Public Health Team, delivering the bare minimum public health activity, based on our outdated Public Health Law, the Loi sur la Santé Publique (1934). A small number of supporting public health functions- namely some public health intelligence work and child health services - sat within Statistics Jersey and HCS respectively.

Today, the public health function consists of a range of duties which are either statutory, or are designed to support care & health services, protect health, or promote health. The public health team not only develops policy and strategy, but also commissions and delivers services, as well as responding to immediate risks to health, such as infectious disease outbreaks or other unexpected events.

The health system in Jersey is now meeting unprecedented challenges, resulting from the impact of an ageing population and the impact of increasing numbers of people with long-term conditions driven by lifestyle factors such as obesity and high alcohol consumption. Currently there are about 35,000 hospital admissions per year in Jersey.¹ The proportion of GDP spent on health is continuing to rise dramatically in most countries: in the UK healthcare spend has increased from under 10% of GDP in 2018 to just under 12% in 2022.² It is generally accepted that it is essential to reduce preventable diseases if rising costs and impacts are to be contained.³

¹ Public Health Intelligence (2022) Government of Jersey Hospital Admission Rates 2021-2022

² World Bank (2023) Current Health Expenditure (% of GDP)- United Kingdom

³ UK Department of Health and Social Care (2023) The Hewitt Review: an independent review of integrated care systems

The cost-effectiveness of preventing ill health (public health measures) means it is generally a much more efficient use of resources than waiting until diagnostic and curative treatments are needed from primary or secondary care. Studies show that on average for every £1 spent £14 will be saved.⁴ This is particularly the case for Jersey, where initiatives to prevent disease have not generally been developed to the same extent as in other parts of the British Isles. Without prevention measures, the costs of health care and negative impacts of ill health will continue to rise at unsustainable rates.

2019

In 2019, Jersey's public health functions were dispersed across a number of departments:

- the Strategic Public Health Team led by the Medical Officer of Health (MOH) were located in Community and Constitutional Affairs (CCA), which became part of Strategic Policy, Planning and Performance (SPPP);
- some Public Health Intelligence reporting functions were provided from within Statistics Jersey.
- the Child Health Team were located in HCS.

In 2019 a paper was commissioned to consider future challenges and look at Strengthening the Public Health Capability⁵. This review strongly recommended that a public health function was needed in Jersey that had sufficient financial and workforce resources to protect and improve public health. At the time, this aligned to the developing Jersey Care Model (JCM), with a recommendation that future specifications should feed into both the short-term health and wellbeing transformation and onwards to sustainable funding. The then Corporate Strategy Board approved the proposal to develop specifications for future strengthening of public health capability aligned to the developing Jersey Care Model (JCM).

The 2019 expenditure (staff and non-staff) on strategic public health activity was £812,000, and there was a headcount of 7. In addition, £945,000 was spent on child health, with this service sitting within HCS.

2020

In March 2020, the Strengthening the Public Health Capability Review was concluded, and funding provided for in future years via the JCM.

In order to respond to the global pandemic, the public health team in SPPP was significantly enhanced with additional staff and other resources, with emergency funding provided. During 2020, the COVID Test and Trace team were part of Justice and Home Affairs (JHA), whilst the COVID Vaccination team were part of HCS. Public Health Intelligence was expanded to provide daily pandemic reporting. Previous written questions have considered the resourcing during this time, so this is not repeated here.

The 2020 expenditure on public health functions was reported as £487,200 and there were 7 substantive staff, however, during 2020, 4 staff members were seconded to the Covid Team and therefore the budget only covered 3 substantive staff.

2021

A review of the Government Response to the COVID-19 Pandemic⁶ by the Comptroller and Auditor General in April 2021, concluded that the proposed expansion of the public health function as part of the JCM should ensure that the function is properly equipped to address future health protection emergencies.

⁴ OECD (2006). Future budget pressures arising from spending on health and long-term care. OECD Economic Outlook 79:145–156 (<http://www.oecd.org/eco/outlook/oecd-economic-outlook-special-chapters.htm>).

⁵ Middleton, J and Southon, P. (2020), Strengthening Public Health and Public Health Law in Jersey

⁶ [Comptroller and Auditor General \(2021\) Government response to the Covid-19 pandemic- Management of the Healthcare Response](#)

Following the retirement of the previous incumbent in 2020, the new Director of Public Health (Medical Officer of Health) took up their role in July 2021.

The continuation of the pandemic required ongoing support through emergency funding. In October 2021, responsibility for COVID Test and Trace moved from JHA to public health in SPPP.

Final specifications for strengthening the public health capability were included in the JCM business case as part of Government Plan 2021.

The 2021 expenditure (staff and non-staff) on public health functions was £816,000 and there were 8 staff.

2022

A Ministerial Decision (MD-TR-2022-260) was made to move the Health Promotion Team from HCS to public health in SPPP.

The Jersey Independent COVID Review⁷, conducted in 2022, found that the “States entered the pandemic with out-of-date legislation and a poor public health function” and made the following recommendation:

“There is a need to review the expansion of the public health function proposed as part of the Jersey Care Model to ensure that it is properly equipped to address future health protection emergencies. This includes the need to strengthen the public health protection function and the public health intelligence function, which has been critical to inform decision making and the wider public during the pandemic. This will also allow us to monitor the indirect impact of the pandemic on health and recommend action to address health need.”

The COVID Safe team were stood down as of December 2022, as part of the de-escalation of COVID measures. The COVID Testing team were stood down as of 31 January 2023 when the drive through testing centre was closed.

During 2019-2021 a number of small food and nutrition strategy pilots were carried out using the Government Plan 2020 budget for Reducing Preventable Diseases (RPD), with the full suite of RPD delivery being delayed as a consequence of the pandemic. By 2022, Public Health could begin to implement food and nutrition policy, services and health promotion activity for children, young people and families.

The 2022 expenditure (staff and non-staff) on public health functions was.

- £894,000 Strategic Public Health and JCM/BASS - including 21 staff.
- Food and Nutrition Strategy and Programmes- £800,000- including 4 staff.
- Health Promotion Team- £200,000- including 3.5 staff.

2023

The Child Health Team were transferred from HCS to public health in SPPP (service transfer) at the start of 2023 as part of Government Plan 2023, now referred to as the Child Immunisations Team.

In July 2023, the Health Protection Review⁸ was published that highlighted the need for additional public health resource, making 30 recommendations for improvement including a strengthening of the health protection workforce.

⁷ [Jersey Independent Covid-19 Review \(2022\) High Expectations](#)

⁸ [Public Health \(2023\) Health Protection Review](#)

The 2023 budget (staff and non-staff) as at the end of September 2023 for public health is:

- £1.01m Strategic Public Health and JCM/BASS – including 21 staff.
- Food and Nutrition Strategy and Programmes- £480,000 – including 4 staff.
- Child Immunisations Team - £761,000 (Transferred from HCS) – including 5 staff.
- Health Promotion Team- £170,000- including 3.5 staff.

Risk and Impact of not increasing the functions of the Public Health Team.

Recommendations in the various reviews conducted between 2020-2022 were based on an assessment of need in Jersey and were consistent with other parts of the British Isles and other international jurisdictions, where it is recognised that preventing physical and mental ill health, rather than treating it as it arises, is cost-effective, with high rates of return on investment.

A comprehensive population wide approach is now described in the 5-year public health strategy which lists the public health priorities for Jersey. These priorities were developed following a year of consultation, and they reflect: recommendations from external reviews, ministerial priorities and public priorities; and build on stakeholders' plans to achieve maximum impact. There are now high expectations for public health delivery. The team avoid duplication by working closely with the UK, Guernsey and other jurisdictions to reduce cost where appropriate.

The key risks of not investing in public health are:

- We would be very ill prepared for another pandemic; and have no clear plan for a health response to any other type of emergency (nuclear, chemical, biological).
- Vaccination uptake would decline, and the management of infectious disease will become disjointed, risking that preventable infectious such as flu and scarlet fever reach epidemic levels.
- Our preventable disease levels such as diabetes would rise more dramatically than in other jurisdictions.
- The financial demands from treating preventable disease would rise more sharply than in other jurisdictions.
- We would find it difficult to retain the senior public health professionals required.

The consequences of not having sufficient investment prior to 2019, may have contributed to the fact that Jersey has:

- Higher levels of alcohol consumption.
- Steeply rising levels of obesity.
- No clear comprehensive offer to prevent chronic diseases.
- That 20% of chronic diseases are categorised as “preventable.”
- Increasing health and care costs.

In summary, investment for public health in 2024 and beyond will establish an appropriate public health function similar to that seen in the rest of the British Isles. In 2019, a major review recommended that the public health function needed to be expanded to improve and protect Islanders' health and act as a “brake” to stem the rising demand in health and social care services. Failure to invest will leave the Island unprepared to deal with threats to the health of our population.

Figure 1: 2019 Structure Chart

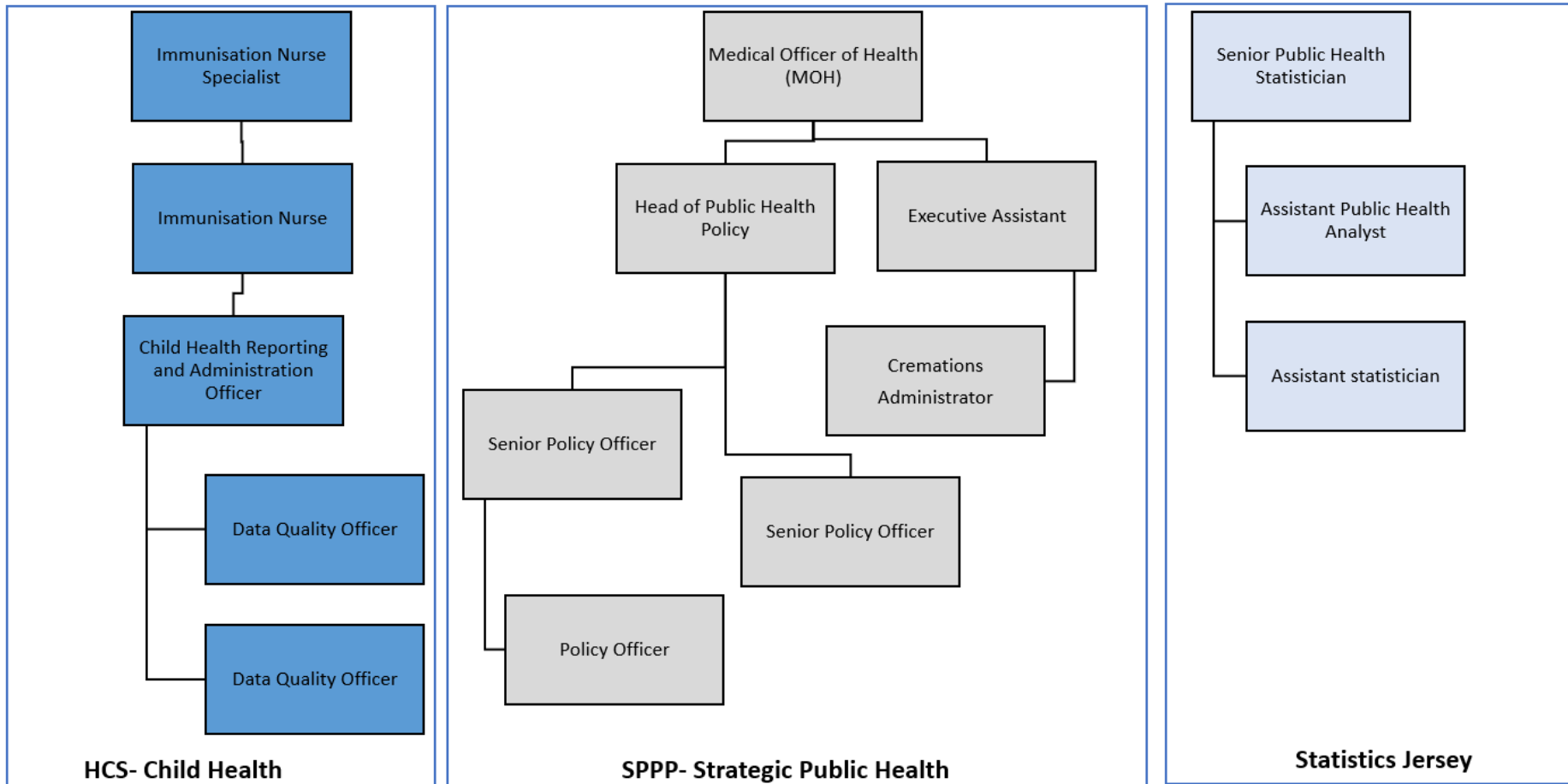


Figure 2: 2023 Structure Chart

2023

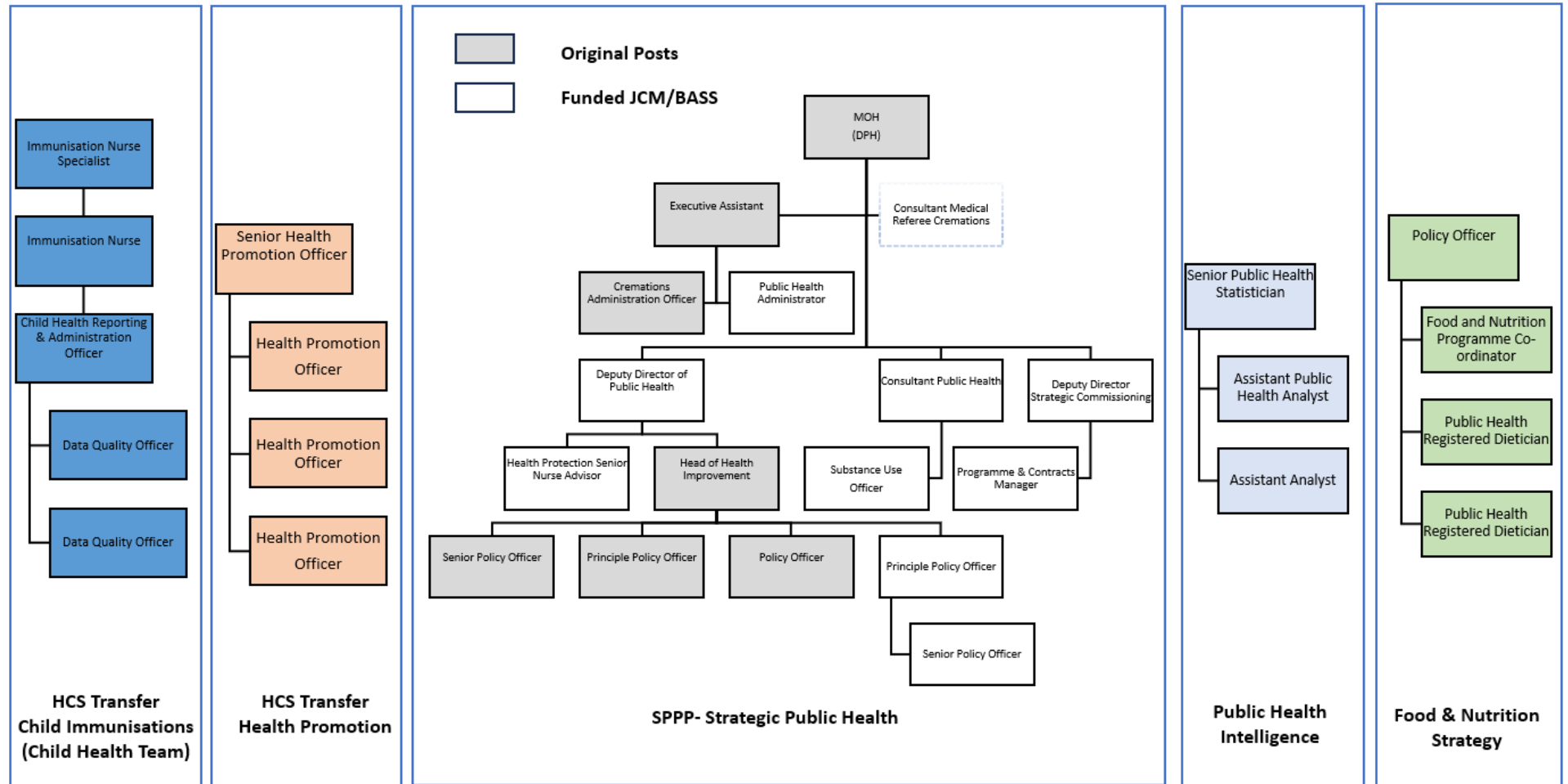


Table 1: Costs & Headcount

Strategic Public Health	2019	2020	2021	2022	2023* as of Sept
Pay	570,000	405,000	635,000	1,192,000	1,390,000
Non-Pay	60,000	40,000	220,000	537,000	317,000
JCM and BASS funds	0	0	-93,000	-835,000	-688,000
Total Spend	630,000	445,000	762,000	894,000	1,019,000
Total Headcount	7	3 (4) *	8	21	21

**4 of the 7 Public Health Staff from the 2019 establishment were seconded to deliver the covid pandemic emergency response.*

Food & Nutrition Strategy	2019- Pilot	2020- Pilot	2021-Pilot	2022	2023* as of Sept
Pay	22,000	2,200	0	200,000	178,000
Non-Pay	160,000	40,000	54,000	600,000	302,000
Total Spend	182,000	42,200	54,000	800,000	480,000
Total Headcount				4	4

Child Health Team	2019- HCS	2020- HCS	2021-HCS	2022-HCS	2023* as of Sept-PH
Pay	185,000	175,000	126,000	227,000	134,000
Non-Pay	760,000	706,000	656,000	833,000	627,000
Total Spend	945,000	881,000	782,000	1,060,000	761,000
Total Headcount	5	3	4	4	5

Health Promotion	2019- HCS	2020- HCS	2021-HCS	2022-PH	2023* as of Sept-PH
Pay	0	0	0	176,000	163,000
Non-Pay	0	0	0	24,000	7,000
Total	0	0	0	200,000	170,000
Total Headcount	0	0	0	3.5	3.5