

STATES OF JERSEY

Health, Social Services and Housing Scrutiny Panel

TUESDAY, 30th MARCH 2010

Panel:

Senator A. Breckon (Chairman)
Connétable D.W. Mezbourian of St. Lawrence
Deputy D.J. De Sousa of St. Helier
Deputy G.P. Southern of St. Helier

Witnesses:

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)
Deputy J.A. Martin of St. Helier (Assistant Minister for Health and Social Services)
Deputy E.J. Noel of St. Lawrence (Assistant Minister for Health and Social Services)
Mr. R. Jouault (Acting Chief Officer)

[13:00]

Senator A. Breckon (Chairman):

Just for your benefit we are recording the proceedings, mostly for our own benefit so we can refer to it in the future and within 4 to 5 days you will get a copy of that. So if you say 16 when it should have been 60 you will be able to change anything like that. Anyway, thanks for coming and welcome. I think you know everybody but just for the benefit of the tape. My name is Alan Breckon. I am chairing the hearing today. On my left is the Constable of St. Lawrence, Deirdre Mezbourian. On my right is Deputy Debbie De Sousa and my far right is Deputy Geoff Southern. For the benefit of the tape, Anne, can I ask you to introduce yourself and your team for the record.

The Minister for Health and Social Services:

I am Deputy Anne Pryke, Minister for Health and Social Services and on my right ...

Deputy J.A. Martin of St. Helier (Assistant Minister for Health and Social Services):

Judy Martin, Deputy for St. Helier and Assistant Minister for Health.

Deputy E.J. Noel of St. Lawrence (Assistant Minister for Health and Social Services):

Eddie Noel, Deputy for St. Lawrence and Assistant Minister for Health and Social Services.

Acting Chief Officer:

Acting Chief Officer.

Senator A. Breckon:

Just to confirm, you have not got anybody else to come?

The Minister for Health and Social Services:

No.

Senator A. Breckon:

Okay, thanks for that. I think everybody knows the procedure. As I say you cannot malign anybody or say anything you know to be untrue and, in general terms, it is fairly relaxed. It is an opportunity really for us to ask a number of questions and at the end there will be an opportunity, if there is anything that we do miss, if there is anything you want to say to us about what you may be doing, then there will be that opportunity at the end to any of you. Can I start by saying, Anne, as a matter of record, you have been the Minister for nearly a year and perhaps you could start by telling us what you believe you have achieved in that time and also what you see as your priorities and challenges in the future?

The Minister for Health and Social Services:

It is not quite 11 months, but coming up to 11 months and suffice to say it has been very challenging, very busy months. I would like to put it on record too that I am very pleased that I have had the support both of Deputy Martin and Deputy Noel. As you know, Deputy Martin has got responsibility for children and that has worked well, and Deputy Noel, with his links in Treasury, has got more responsibility for the finance side of things. That said, I think the most important thing, as I said, it has been a difficult year. A lot of things that I felt have been ongoing for quite a number of years that had not been addressed, so there was a great deal for our team to sort out. One of the highlights, I think, has been one of the low lights but turned out to be one, which I am very pleased about, was first of all having to deal with the Business Plan and, as you are aware, back in June/July time that was a very difficult procedure due to the proposed cuts and ... anyhow, things were overturned and we moved forward from that and pleased that we have had significant investment in all areas across Health which was needed, and I am grateful to the States for their support on that with the extra funding, especially for Williamson, as well as the nursing staff review, because that was essential to make sure that we ended up with ... we need a sustainable hospital, but also having some funding for a sustainable hospital programme as well. The highlights kind of going on from that really has been the Verita report and the ongoing commitment of the management team as well as the whole hospital in putting forward the recommendations ... tackling the recommendations and going forward with all of those and more recently having Andrew Williamson back to put his implementation plan into place. As we know Children's Services have had many difficulties in the past but with the extra funding and the Children's Plan and also the focusing, I think one of the highlights too has been kind of re-jigging the Corporate Parent into a much more focused and a much more policy group of the Children's Policy Group under the 3 Ministers and driving ahead, which we are doing with the Children's Plan. That is a bit of it in a nutshell.

Senator A. Breckon:

You have touched on a number of things there. There is an issue about funding, which is going to come back, and also Williamson and Verita and business planning

issues. Can you just give us some idea where you see any of these in priority? I mean, what for example would be the effect of the comprehensive spending review?

The Minister for Health and Social Services:

I very much welcome the comprehensive spending review because we need to know what we are actually all spending the money on and how we can make efficiencies, because I am sure in any big organisation there is always some efficiencies to make. But also, importantly, where we see that we will need extra funding for. But we need to go through that procedure and the staff are very well in line to tackle this and using it as a step forward. I am very much aware it is not an easy process. It is not an easy process for any single person but it is something that we have to go through with a view of asking what service are we doing? Why do we need to do it? As well as what extra funding we will need in the future?

Connétable D.W. Mezbourian of St. Lawrence:

If I could come in there. Minister, you said you have been in post 11 months so not too long for you to remember what you said in your election speech in the House, which was that if you were elected you would sit down with senior management to discuss priorities to identify short term, medium and long term priorities. I think that is what the Chairman was trying to get at with his first question. Would you like to tell us, following that meeting with your senior management team, what did you identify those priorities as and, to come back again, how will their implementation be affected by the C.S.R. (comprehensive spending review).

The Minister for Health and Social Services:

It is not quite as easy as it made out to seem because there were so many different issues to sort out and the immediate short term issues, as you know, has come up with the Verita and the serious case review, sustainable hospital, as well as looking at the management structure. We have had a great period of change over the last month and not necessary to say that the Chief Executive Officer resigned, and with the appointment of the new Chief Executive Officer I am very much aware that we have not done much long term strategic thinking and that is something that we will ... I know needs to be done. Some of it has been done but there is still a great deal of work to do on that. Does my team have anything to add on that?

Deputy J.A. Martin:

I think a lot of what the management structure and everything else will ... and it is about the spending review, is the main things at the hospital are can we sustain doing them with the budget we have got safely and implement all of Verita. So, it is a bigger piece of work than I think Anne even realised when ... it is a big piece of work. There is going to be some hard decisions to make.

The Connétable of St. Lawrence:

To come back to your question, it seems relatively simple to me. You have got short term priorities and I think you mentioned that Verita was to get that out of the way, that had already been commissioned before you arrived, so you have dealt with that. But if you are running the department you must have a strategy and you must therefore have priorities and so I will come back to my original question. What are they? Because surely that is what you identify first of all and I see the Acting Chief

Officer nodding. What are your priorities? How are you going to implement them and will the C.S.R. affect those priorities? Will you have to reprioritise?

The Minister for Health and Social Services:

You mentioned that we dealt with Verita, in fact it is an ongoing process. It is not a case of the Verita report is out and that is it, let us move on to something else. The recommendations left for the hospital across all areas are quite challenging, need to be put in place not only with management, there are clinical areas and, as I said, all across the hospital. So it is very much still ongoing. The same with Williamson. We have got the money. The most important thing now is to make sure that those are implemented, all the recommendations whether with Verita or Williamson, are put in place and take a step forward. That is one of the important challenges I think for medium term is to get that up and running. It is not a case of once they are out, that is it, we can move on to something else. Another priority is to make sure that the hospital is sustainable for the future and a lot of work is going to be done on that and is being done, and having the extra funding to make sure that happens is an important step.

The Connétable of St. Lawrence:

But you do have priorities?

The Minister for Health and Social Services:

Well, Williamson implementation, the Verita, sustainable hospital. As we know Rosewood House and Clinique Pinel, it is a lot of things really. It needs to be refurbished, it needs to be brought up to date. That is going to happen hopefully.

The Connétable of St. Lawrence:

Just finally, we all have priorities in what we do everyday, there are some things that must be done and some things that we do not necessarily need to do. So, how will the C.S.R. affect your intentions for the way the department is going to be managed within the next year, say?

The Minister for Health and Social Services:

I think at this stage it is ... I cannot give you a categorical answer because we are just at the beginning of the process of it and it is going to take time but it is ... we need to go through it and it is a very important thing that we do to identify that.

Deputy G.P. Southern of St. Helier:

How far have you got with the comprehensive spending review; are we likely to see repeats of last year's attempt at cuts? Are we going to be cutting patient transfer services? Are we going to be cutting Grand Vaux Family Centre?

The Minister for Health and Social Services:

Do not remind me of that.

Deputy G.P. Southern:

Or have you got some different approach that will produce different answers this time?

Acting Chief Officer:

Can I take that because I am just leading a process when we come out of here, looking at the C.S.R. Two differences, I think, this year to the last year's approach of 2 per cent, is recognising that the 2 per cent we are looking to find in 2011 is part of a much larger set of savings. Each department has been tasked with finding 10 per cent over 3 years. That is £18.7 million off the Social Services budget. We recognise that over the 3 years we probably need about that amount of money again in additional investment and other services because of demand.

[13:15]

So that is a significant amount of money that somehow Health and Social Services has to find. So the task that we are looking at, although we are tasked with looking at 2 per cent for 2011, we are actually looking at much more than that and that is obviously very difficult. The reason we are looking at more than that is because we will need to find, say, 4 per cent so that potentially the Assembly can consider taking 2 per cent from Health and Social Services and then maybe another 2 per cent we would reinvest into other areas. How we are doing that is looking at patient safety and efficiency in running those 2 things together. So, what has happened in the last decade is we have been providing more and more and more services out of a constrained, small hospital and that may not be safe. We may need to reconsider everything that we do and look at changing the eligibility criteria for certain procedures, so there may be some procedures that we currently do on Island that we should not do on Island. There may be some procedures that we currently provide off Island that should be on Island and we will be looking at those in terms of safety and efficiency, so there will be potential for whole service changes.

Deputy G.P. Southern:

Either that service is needed, whether it is on or off Island and comes with a cost or you are talking about stopping doing certain services. Surely you cannot save £18 million by delivering something in a different way whether off or on Island.

Acting Chief Officer:

No, there will be a range of different aspects which will deliver £18 million over 3 years but you are quite right, you could not take out 10 per cent off the budget and not stop the service. But I would not like to identify what they are at this time because I do not have that information before me. But there are significant elements of that which are, for example, procurement. We think that we could save between £1.3 and £2.5 million in changes to procurement. All of the easy wins have already been achieved so these are quite big asks, but there is still potential to save between £1.3 and £2.5 million if we change the way we procure. We do a million transactions a year with something like 2,500 suppliers so there are opportunities for better leverage in that process.

Deputy G.P. Southern:

At what stage will we be looking at what potential cuts in services are likely to be in the total package? You are saying you are reviewing it over the 3-year package.

Acting Chief Officer:

The 2 things to say about that is one of the other differences between this year and last year's, we are using all of our staff to feed back information about this, so we have

got something on our intranet which asks people to click a button if they can identify something to improve patient safety or click another button if they can add something to make an efficiency. So we are getting some really very good frontline ideas about efficiency. They are not huge sums of money necessarily but they all add up. So that is the first thing we are doing and we are collating that information as we go. In the coming fortnight we are having a meeting with all the senior management team and all the union representatives to look at what we consider 10 per cent cuts look like in the service, and to work with the unions to identify what they consider to be appropriate as well. So we do not want to go into this blindly. We want to go at this fully informed in the first place.

Deputy G.P. Southern:

Can I just take you on to probably the largest element of whatever your bill is, is staffing. You are very heavily resourced in terms of staffing and you have major problems with recruitment and retention. Can I ask what initiatives you have got in hand to ... what considerations are you doing to increase and improve your recruitment and retention rates?

Acting Chief Officer:

We have got significant problems recruiting across all areas of Social Services; nursing, even local healthcare assistants, but nursing, middle grade doctors, social workers, across the board. So, significant problems. Currently 47.38 full time equivalent registered nurses are vacant. That is 6.9 per cent of the total registered nurse workforce, so that is a significant slice of business.

Deputy G.P. Southern:

That is well over 5 per cent which has been used as critical.

Acting Chief Officer:

Yes. 47.3 registered nurses, that is 6.9 per cent of the total registered nurse workforce.

Deputy D.J. De Sousa of St. Helier:

So you are nearly half the force down?

Acting Chief Officer:

No, 6.9.

Deputy D.J. De Sousa:

Sorry.

Acting Chief Officer:

So nearly 7 per cent of the workforce are currently vacant. You will always work with about a 2 to 3 per cent vacancy rate with such a large workforce, but as better services to run above 5 is undesirable, shall we say. That obviously has, in itself, a lot of costs associated with it, in terms of agency costs, bank costs, overtime costs and similarly in doctors, that is locum costs, so if we can address that vacancy rate and push it down and address overtime and again improve efficiencies. So sometimes by reducing our demand for workforce we may be able to fill up a lot of these vacancies. One of the other strange aspects that sit underneath us is that ...

Deputy G.P. Southern:

Can you just do that again for me; reducing our workforce we can fill some of these vacancies.

Acting Chief Officer:

If you are in a position whereby you can close a ward because the business was run elsewhere then those nurses could be redeployed to those vacant posts.

Deputy G.P. Southern:

Where is this “elsewhere”?

Acting Chief Officer:

It might be out with Health and Social Services. For example, we would recognise that any day of the week there may be 30 or so patients who are probably ready for long term care of some description so if we could move those patients more quickly out into nursing or residential setting, then you could free up acute beds, reduce the number of acute beds you run and therefore redeploy those nurses that are there into the vacant posts, as an example. Where were we going?

Deputy G.P. Southern:

We were going to discuss the issues of improvement and retention and what initiatives you have got in hand to improve the rate. So if we can improve, right, what have you got planned?

Acting Chief Officer:

I mean the other issue is obviously about growing our own nurses. We have recently had 7 nurses who are locally qualified just last week, 4 in mental health and 3 general adult nurses. So that is a process. Obviously we cannot do too ... you cannot just put a load of new recruits in, but there is obviously a requirement to grow our own and we are looking at that from the medical staffing as well by having more trainee doctors in, because some of them stick in terms of once they come as a student and like it they stay. Having that educational grant is quite useful in terms of nursing and medical staff vacancies. There is a whole raft of initiatives which are underway currently, particularly around nursing because that is the area of most concern. A lot of that is around pay and conditions, a piece of work which needs to be done with the S.E.B. (States Employment Board) and that is what we are currently negotiating at the moment.

The Deputy of St. Lawrence:

One of the additional things we are doing under conditions, is we are looking at the Health property portfolio for its staff to see how we can improve the standard of the property our staff live in, as part of the contingent policy. That is a piece of work that is going on in conjunction with Treasury.

The Minister for Health and Social Services:

When I started my training the average age, I think, was 19, 20, 21 so staff were happy to go into a small room or bedsit or whatever, but now the average age of people coming into training is something like 38. Am I right? Something like that, 38, 39, and it is usually they have had a change of career, they tend to have a family

with them so obviously we need to change and make sure our housing stock is changed.

Deputy G.P. Southern:

An ageing workforce by in large. You have been talking about improving terms or conditions in order to make Jersey an attractive place for skilled workers to come to. Then you are talking about more expense surely?

Acting Chief Officer:

That is exactly where I was going before but I lost my train, which was one of the issues, the vacancy ... one of the pressures which increases vacancies ... and the Minister, as she was saying, very successfully got additional funding for 2010 for additional nursing posts, so £1.1 million was invested in more nursing posts to address the skill mix issue and obviously if you have got more posts that means a lot more vacancies. So while we have actually been recruiting more nurses, we have been developing the establishment of nurses at the same time. That was the other point. If you ask a nurse in a ward what they want they say: "Give me more people around me to work with" and that is what the staffing skill mix review was about and that is where the investment is about making sure that the right skill mix was on the wards. That has been a drive this year and will continue to go over the next 3 years investing in more nursing posts and getting the skill mix right.

The Minister for Health and Social Services:

But there are also other issues. When you ask the nurses it is not ... I mean it is a very important one. It might seem a bit strange but we always think it is pay, obviously that is an issue too, but it is actually having more help or support, more trained nurses, more healthcare assistants on the wards too.

Deputy G.P. Southern:

Absolutely. It has to be made an attractive place to come to though, with a 6.9 vacancy rate in nursing people take one look and say: "I am not covering that lot."

Acting Chief Officer:

Some people ask what the vacancy rate is.

The Minister for Health and Social Services:

You have also got to think about putting into the mix too, kind of children's allowance, housing, so it is not just one thing, it is a collection of things which we all need to look at and which we have brought forward to the States Employment Board at the end of last year.

The Connétable of St. Lawrence:

Coming back to what Richard said about employing locums. All the members here saw the email last week which was addressing the poor language skills of a locum that is possibly there now. How are you going to address the problem of locums with poor English language skills?

Acting Chief Officer:

Can I just say one word about that? We know that there is a system that works because on several occasions we have had locums come in and they have been sent

right back again. So there is quite a lot of vigilance around that. I think it was a written question to the Minister about some of the issues that were around the tests that go on. It is not a unique issue but you have to be alive to any temporary member of staff about their ability to operate within the environment, and obviously language skills is one aspect of it. It is a delicate bit of territory that.

The Connétable of St. Lawrence:

How are you dealing with it then? I do not remember reading a written answer.

The Minister for Health and Social Services:

I did put out a written answer or perhaps I just sent it back to ... yes, because it was answered. It was answered in the questions without notice.

The Connétable of St. Lawrence:

So are you happy as Minister that the problem will not arise again? We have just heard that there are checks and balances in place; can you give us an assurance that you will not have locums working within Health and Social Services who do not have a good grasp of the English language?

The Minister for Health and Social Services:

I can never ... it would be totally wrong, I think, to give that 100 per cent assurance because I cannot.

The Connétable of St. Lawrence:

Are you satisfied with the processes that are in place?

The Minister for Health and Social Services:

With the processes that are in place, but like all processes, they can always be looked at and reviewed and tightened up.

The Connétable of St. Lawrence:

Is there any chance of that happening?

Acting Chief Officer:

I think the issue is there are processes that occur with respect to people and their language ability across the European area and there are moves at the moment to look at whether, not from Jersey but across the board, and whether further checks about English language learning can be imposed. We adhere to those common standards but, as the Minister says, as you would expect, when you carry out an interview you will have an understanding of what somebody's abilities are but when they are face to face with you on the ground there may be issues. It may not just be language. There may be other issues. But the point is, I am satisfied as Acting Chief Officer that we manage those appropriately on the ground because I am aware of having received a number of locums that we have not been satisfied with, we have sent them back. That tells me that people are ... I mean most of these things, the checks and balances happen face to face and people feeling able to challenge. There is evidence of people are not making ...

The Minister for Health and Social Services:

Sorry, just to pick up that email. I mean, that was challenging so in some ways it shows that the procedure is working because we are challenging that.

Deputy D.J. De Sousa:

I am aware that we are already half an hour into an hour long agenda and we have got quite a lot to go through, and we have only really touched on the hospital and staffing levels. The Minister has mentioned Williamson, the Corporate Parent, we know we have had this C.S.R. review as well. Are you fully satisfied at the current staffing levels within Social Services and convinced that social workers who are newly recruited will remain in employment within the States?

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The Minister for Health and Social Services:

If I answer the general question about Children's Policy Group, I think Deputy Martin can follow up about the actual social worker. I think with the Children's Policy Group I think I need to get rid of the Corporate Parent name because that is long gone and we are much more focused with the 3 Ministers, and I would like to think that was quite evident with the serious case review which, as we all know, was on Friday, and that we are determined and focused to look ahead to implement the Children's Policy Plan. That is going to be a new thing for Jersey. A lot of other jurisdictions and other places, authorities do have a children's plan so in fact in some ways we are behind, but we have started and we have got someone identified to write the plan so it is beginning. So if Judy wants to talk about the ...

[13:30]

Deputy J.A. Martin:

Yes, social workers in keeping them and getting them. If you were a social worker and you had a choice, I mean that is where I think we are different from the hospital. Would I want to work in Hackney or would I want to work in Jersey and given everything would be the same I think I would choose Jersey, but we have spoken to Andrew, it is quite clear in the SCR, we need to support social workers. We need to know that their managers are supporting them. They are training all the time. They need to know that they are not out there on a limb Friday night, a case is brought in and there is nowhere to go. Apparently we have lost social workers because of that. They have moved sideways and they have been very good social workers. Andrew, even now, as we speak, is over, he is re-interviewing them and saying: "If this was in place and that is in place would you consider going back to what you are actually trained for and you are very good at?" So, that is what will happen.

The Connétable of St. Lawrence:

How are you dealing with workloads for social workers?

Deputy J.A. Martin:

I asked this again of Andrew because, and he did not say it at the briefing the other day, but Laming was put in after. He never had Laming and Andrew, who is now implementing his own report, which is you write a report and now we have brought him back to implement it, he is still sort of working out the workloads because he can have one case, a workload or imagine 2 cases that were under review and you could have 10, I think Deputy Breckon mentioned it the other day. So if you have got those sort of cases you cannot just go on your own, it recommends that you have at least the

social worker and a family support worker. These are all things. So, he is not worried about Laming. Again, looking at some of these particular issues, it is nothing you can cut down the middle and say: "Right, we have got 20 social workers, we have got X amount of cases, they will have 6 each and that will be brilliant" because it does not work like that. So, I am not too bothered about it. It was his recommendation. I asked Richard the other day and he said it was put in because between the Williamson report, the implementation plan, Baby P died. Laming then came out blaming compliance so, as I say, there needs to be more and more of the kind of cases that we are doing, the social workers, everything needs to ... he needs to drill down and he has not got an answer yet. I am not saying there will not be even more social workers because they are in the plan anyway, but whether they will have to be Laming compliant I am not too fussed at the moment.

Senator A. Breckon:

It was mentioned we are running against the clock, as it were. I would just like to move on. I wonder if you would like to comment about the Alcohol and Drug Service and if there has been an increase in demand and if there is pressure on services and where we are with that and also the use of agencies, people like Silkworth Lodge and things like that. I wonder if you could just tell us a little bit about where you think we are with that.

The Minister for Health and Social Services:

There will always be a need and there is always need to relook at that service unfortunately. I mean they do work very well with Silkworth Lodge and I think, just to confirm, they have referred quite a few people through the Silkworth House rehabilitation, and that has been quite successful. But also what it has brought to light, and a side track slightly, is the legal highs. I think that has been an important bit of work which they have done and also kind of liaising with the Drug and Alcohol Services.

Senator A. Breckon:

In general terms, are we coping with people that have problems with dependencies? I mean are the services able to meet the needs?

The Minister for Health and Social Services:

How long is a piece of string really?

Senator A. Breckon:

I know you mentioned Silkworth but does somebody have to wait 10 weeks to go into Silkworth because somebody with an addiction then 10 weeks is too long. What are they going to do in 10 weeks?

The Minister for Health and Social Services:

They would still get that support from a Drug and Alcohol Service. I mean Silkworth, as we know is a charity and they do do extremely good work. I cannot remember how many beds that they have. I have been there but I cannot remember how many beds that they do have. But also is improving the services in A. and E. (Accident and Emergency) as well with the ...

Senator A. Breckon:

What about things like needle exchange and methadone programme? Where are we with that sort of stuff? Is it escalating or is it levelled off or is it decreasing?

Acting Chief Officer:

These are very successful schemes in Jersey. I think the important thing, both with your last line of questioning around social workers to children ratios, and also people requiring alcohol and drug services, that there is some safety in numbers and it is about reducing the numbers of people who require the service rather than increasing the numbers of people providing it, so that means a good alcohol and drugs programme, and that also means reducing the number of vulnerable children, not increasing social workers. That is possibly where we need to be focusing ...

Senator A. Breckon:

Yes, preventative service.

Deputy G.P. Southern:

Can I come back into funding issues around Williamson and you will notice on that chart in front of you 3 red lines where funding was withdrawn when the implementation plan came to the States: (1) refers to advocacy services, which is supposed to be starting this year and what progress we made with that with the funding in place; (2) refers to next year and covering the services which tend to be run out of the Bridge, which are very important. That was withdrawn at the time. The third one looks at blaming compliance, but we will drop that for the moment. You have already mentioned that. But those 2 threads: one, funding or the services that are being done at the Bridge or through the Bridge and the second one on advocacy.

Deputy J.A. Martin:

This is what will be covered in the Children's Plan because there are lots of things out there and charities who do work, and they do fantastic work, but we do not know, we need to be more with the service level agreement, we need to know that they are also ... I mean there is a sticking point at the moment, I will not go into detail, about the way they see a part of the Bridge funding and the way June Thoburn saw it, and I would imagine Andrew Williamson would see it as well. They cannot just expect us to give money for things that they want to do when they have got their own way of doing it. It has not been cut. This is going to go in. They might get more money. When Andrew has been and visited and find exactly what everybody does and they pull the plan together, I mean they are visiting everybody, the new lady Natalie. So they may well get more money because I know what they do is great down there. Can it be improved? Is there something up the road that does the same? Probably not. So that has not been cut. The advocacy one, now we have asked Andrew to look at it again because to me it just seemed one that ... it was either you or Debbie putting in an amendment when we were going to do it to ...

Deputy D.J. De Sousa:

Geoff put it in because I was away.

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Deputy J.A. Martin:

Which, you know, I have ... as far as we have got with Greenfields and the 2 children's home, we have interviewed about 14 people who are all - more than that - but 14 will be the new board advocacy for children in care to talk to. I think where

Deirdre comes from, from like a Children's Commissioner, it is every child. So that is the second stage. But, I said this last year, you asked me the same question and I want Andrew to do as much as he can in the budget. If something maybe has to be trimmed somewhere I want advocacy in there, and I have told him that.

The Connétable of St. Lawrence:

How much input do you have? Whose decision is it? Whose decision will it be, if you are saying you told him you want it, are you able to insist that it is there? You are the Assistant Minister with responsibility ...

Deputy J.A. Martin:

Well, I have assisted. I am saying it will be there, yes, in some form. It might not necessarily be ... it will be there and it will be a good stab at what you were looking for. I re-read what you wrote in your Early Years and what they do, but a Children's Commissioner, and I do not know how they do it in every other place, but it says one person with a good heart, listens, knows when to speak, confident, but to cover the whole of Jersey. I mean, to me it is another department. It cannot just be one person independently. Maybe I am seeing it wrong.

Deputy D.J. De Sousa:

While we are on Children's Services, you do not like the name Corporate Parent and you are saying Children's Policy Group, that is made up of yourself, Education and Home Affairs. It has been brought to my attention that it was an officer at Housing that first raised the issues with the family involved in the serious case review.

Deputy J.A. Martin:

I think you are muddling 2 cases. You are muddling 2 cases.

Deputy D.J. De Sousa:

Am I?

Deputy J.A. Martin:

Yes.

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Deputy D.J. De Sousa:

Okay then.

Deputy J.A. Martin:

I do know the case you are talking about, but that is a lot further down the line.

Deputy D.J. De Sousa:

So, Housing have raised an issue with the department about a family they were concerned about, so what is the department and the head of the Children's Policy Group doing to take on board what other groups of Ministers are telling you?

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The Minister for Health and Social Services:

I think one of the important things which was brought up on Friday too, and I think that is something that we would highlight in all the internal management review, is the importance of training and the importance of making sure that people know in any offices across any agency they know where they can go with that information, but

also importantly, what happens to that information because feedback is important to any agency, housing, schools, youth club or whatever, and that is something that Andrew and I brought up yesterday, and I know they are going to do some training programmes, continue that with all agencies in the future with the Children's Plan.

Deputy J.A. Martin:

J.C.P.C. (Jersey Child Protection Committee) are doing that. It should be everybody and, as we discussed yesterday, I said if someone does have ... whoever has the contact with the child or even an adult in social services, they do not need a run-around, they need a dedicated line. After that they can be run ... but, yes, we have got your complaint. Then the person answering the phone needs to know where that goes. I have known people who: "I deliver Meals on Wheels, I have got a concern and I have phoned the others, passed to him." We cannot do that anymore. There needs to be, that is it, you know. Then after that it can be distributed out and feedback straight away. Well, as soon as something has been done because a lot of that in the SCR was: "Well, I told so-and-so, so I thought something was being done" and it was not. So there was a breakdown all the way.

Deputy D.J. De Sousa:

How do your services find with the States whistle-blowing policies and procedures within your department; do you think they are adequate?

The Minister for Health and Social Services:

I think they are adequate. I have not seen any evidence to say that they are not, but ...

Deputy G.P. Southern:

Verita said there was an atmosphere of fear in the hospital.

The Minister for Health and Social Services:

They did say somewhere that they ...

Acting Chief Officer:

They commended the hospital for having a whistle blowing policy.

Deputy G.P. Southern:

Nonetheless the fear element would suggest that it was not being very effective.

Senator A. Breckon:

There was an allegation that it was a culture of fear.

The Minister for Health and Social Services:

As I said, I walk around the departments, not only the hospital, but Children's Services and children's homes as well as the other ... Sandybrook and St. Saviour's as well as the group homes, and I would like to think that if there was I would have picked it up. But if someone knows different then please let me know.

The Connétable of St. Lawrence:

Following Verita, Minister, you said that you intended to change the culture at the hospital. You told us that you walk around. That is probably one way of dealing with

it. Have you put any processes in place to change the culture? What priority is this? Are you coming back to the low, medium and long term?

The Minister for Health and Social Services:

I think that was one of the recommendations that goes across kind of corporate as well as clinical and a lot of it is culture change, and I task the department to put a lead person under each recommendation and which they have started to do, because as I have said, Verita are coming back in 6 months, now 5 months, to make sure that some of these recommendations are either in place, will be put in place or, for one reason or another, going to be delayed for whatever.

The Connétable of St. Lawrence:

Are you satisfied that progress has been made on changing the culture?

The Minister for Health and Social Services:

I am satisfied that the progress ...

The Connétable of St. Lawrence:

It is a big job.

The Minister for Health and Social Services:

It is a big job.

The Connétable of St. Lawrence:

And it is not an easy thing to deliver.

[13:45]

The Minister for Health and Social Services:

Because you cannot change culture overnight. But we are beginning that process.

Acting Chief Officer:

The key component of culture is communication, so the staff are both communicated to and they have an opportunity to have their voice heard and that is why very early on when the Chief Officer was hired, his first action item was to bring in a temporary communications officer to improve that communication, which was poor in such a broad and diverse department. So we now have a monthly team brief so that all staff know what is going on in the department, what is changing, who is new, who is leaving, what new initiatives are under way. As I said, in terms of the intranet we have, there is an opportunity where staff can anonymously submit their ideas about improving patient safety, improving efficiency. So they can literally, with the click of a button, they can type whatever they like and submit it and there is no way of us knowing who they are. I think that is part of it. As you quite rightly pointed out, you do not change a culture overnight.

Deputy G.P. Southern:

Can I take us on to why the strategic aims **[Interruption]** ... New Directions: where New Directions have delivered so far and what remains to be done, Minister?

The Minister for Health and Social Services:

New Directions. Where do we start with New Directions? It is a huge, huge piece of work and it is still in the process of but we hope to have some sort of launch of New Directions in a couple of months' time. It was too huge to begin to tackle so we have brought it right down to the most what I see in this moment in time, it is not going to be the be all and end all of future Health and Social Services, but looking at the end of term strategies, care of the elderly as we now put the children's plan into that. So it is having the overall ethos. I must say, on a bit of a health warning, some of it will need to go into the comprehensive spending review because there is a price tag attached to some of the strategies, as we always knew that there would be.

Acting Chief Officer:

The New Directions strategy itself is incorporated into the Business Plan for 2010 and is also incorporated into the Strategic Plan for 2009 to 2014, so if you go through the Business Plan you will see elements which are just straight out of New Directions. For example, on page 21 of the Business Plan, item 7: "Begin to tackle childhood obesity", that is straight out of Health for Life about being upstream and throughout the document you will find those pieces. But, as the Minister says, the whole of the strategy has a huge price tag to it and it has to be considered in the context of the comprehensive spending review.

The Minister for Health and Social Services:

New Directions, the theme, is like an ethos. It is what sits underneath it. That is the most important.

Deputy G.P. Southern:

Can I take you on to another social policy framework of May 2007 which recommends that all major policy initiatives that impact on social issues in Jersey should be assessed against the aim and key principles of a social policy framework. Is that practice taking place?

The Minister for Health and Social Services:

Social policy framework comes under the remit of the Chief Minister's office.

Deputy G.P. Southern:

Are you aware that that sort of assessment against the aim and key principles of the social policy framework are taking place, since you are in charge of a lot of that social policy?

The Minister for Health and Social Services:

Well, some of that is social policy but the social policy framework I think is much wider. But, yes, I like to think that the answer to this ... but a lot of the elements like end of line strategy are very much on health orientated or hospital orientated.

Deputy G.P. Southern:

But you are suggesting it has gone to the Chief Minister. I will look forward to that in a fortnight.

Senator A. Breckon:

Another big subject you touched on earlier. You said you sort of were doing your walkabouts, and I did the same as well, long term care and old age psychiatry as well.

I should say I did have a session with Lesley Wilson about a month ago just to find out what pressures were on the system when I visited, with some friends of mine, wards at St. Saviour's just to have a look around, as a visitor, not in any official capacity. But I did get the impression there is some pressure, to say the least, on the services. I wonder if you would like to comment about where you see that going and what the pressures are with working, as you are doing, and also with Social Security and Housing and anybody else really to try to get a way forward.

The Minister for Health and Social Services:

If you have been up to Rosewood House and Clinique Pinel you know what the place is like. I am pleased there is hopefully going to be a bid in the fiscal stimulus to revamp them, for want of a better word, and there are plans in place to look long term at what we do with the old age psychiatry, whether ... those 2 buildings are not fit for purpose, even with the revamping that is in line. It is improving it but not long term.

Deputy G.P. Southern:

It will not be fit for purpose even after you have revamped them?

The Minister for Health and Social Services:

The buildings.

The Deputy of St. Lawrence:

Not in the long term. We need to build a new facility which is, again, another piece of work that is going on with Property Services and Health and Social Services.

Deputy J.A. Martin:

With Housing, I mean me and you, and I think round this table and Housing have a totally different conception of sheltered housing and how good it can be, and funny enough we were meeting a trust, I will not say where, but if we could get that property and get the right services in I could give you 116 one-bedroom flats for sheltered housing tomorrow. They are there, built, people living in them. Fantastic facilities I have seen and Roy has seen as well. These are things we need to be doing and the Minister for Treasury and Resources was outside, I worked with him after, so we know we have not got ... but if we can keep people in good sheltered housing, lift access, people in the facility, nurse, a community room, you know, great, they stay a lot healthier for a lot longer because they are in a community and they are in town.

Deputy D.J. De Sousa:

These are not the people that are at Rosewood House.

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Deputy J.A. Martin:

No, no, but Alan said ...

Senator A. Breckon:

Long term care.

Deputy D.J. De Sousa:

These are those with mental health issues, with Alzheimer's, dementia and that sort of thing.

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The Minister for Health and Social Services:

It is looking right across the board. It is looking at ... the idea really for the future has to be looking after ... keeping people as long as we can in their own environment.

Deputy J.A. Martin:

Which that comes in the middle. They may not be able to live in their own home. But in a good sheltered facility they can live longer until then they have to go on to ... it is another step in the process. We do not have ... I cannot think of one we have over here what I call proper sheltered, gated ...

Senator A. Breckon:

What happened is there was actually a Scrutiny review into this and by June last year there were recommendations that Ministers work together. That was Health, Social Security, Housing, Planning and others to make this happen and nothing did. So the question is then why not really? The recommendation was there. I mean, you were not there, Anne, at the time but somebody was.

Deputy J.A. Martin:

I mean Terry has come around, after the bashing that he ... subject to money I presume. I mean it is flattened now. Anne Court will be sheltered ... 7 per cent of it to 80 per cent will be sheltered. I would like 100, I think it should be 100, but, you know, it is not built yet, but he has come around to doing it.

Senator A. Breckon:

What about the pressures on things that Debbie has mentioned there, Alzheimer's and dementia and people living longer with these challenges. How are we going to deal with that then? Obviously it is an expensive service.

The Minister for Health and Social Services:

It is an expensive service and it is something that we could feel to deal with and with ageing demographics it is going to be even more important so that is why ... it is trying to give people more support at home; sheltered housing as well as looking at the type of care that they have in Rosewood House and Beech Ward. It is fair to say that we do run at 100 per cent capacity on both of those units.

Senator A. Breckon:

Can you just confirm that you do the clinical assessments for Social Security, so you would say that somebody would have this treatment and earn the money for those care plans; is that how it works?

Acting Chief Officer:

Are you talking about in terms of residential care placement?

Senator A. Breckon:

Yes.

Acting Chief Officer:

We would provide the assessment to identify what their clinical needs are and that is a piece of work that has gone on with the Jersey Care Federation, Health and Social Services, Social Security Department, which you were alluding to before, about using

a common assessment tool because in the past there was no common language to use and now we have a common assessment tool, which the family also put information into as well which enables everyone to agree this individual's needs are best met in this type of setting and then that is translated into benefit by the Social Security fund.

Senator A. Breckon:

But as Judy says, this is one avenue we do not, which is maintaining people at home to the greatest extent because if we are using, say, Family Nursing Services then we may be leaving people vulnerable so there are things that we still need to do, which is not ... it is housing and ...

Acting Chief Officer:

Also there needs to be an investment in telemedicine as well. Not just people to keep people at home but proper adaptations to people's homes so that they can remain in their homes as long as possible. That has got to be a win-win for everybody.

Deputy D.J. De Sousa:

Can I just ask the Minister, are we literally going to the strict 2.00 p.m. finish?

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The Minister for Health and Social Services:

I am because I have got another meeting afterwards, sorry.

Deputy D.J. De Sousa:

Can I ask a really important question? Sorry to take you right back to the beginning and we were talking about your speech when you were elected as Minister. You did mention in one of your answers to Montfort Tadier that ... he asked you some questions about the care leavers and in your answer you went on to say that you were appointed a trustee of Haut de la Garenne Trust and that you had met with the care leavers at the back end of the year and that you fully supported the Care Leavers' Association and that you would be in touch with them and keep in touch. Where are things on this? Have you moved on? What work has been done?

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The Minister for Health and Social Services:

We still are in touch with the Care Leavers' Association. I do not know whether you are in touch with them? Are you?

Deputy D.J. De Sousa:

I have been to a few of their meetings.

The Minister for Health and Social Services:

Perhaps we will talk afterwards.

Deputy J.A. Martin:

Yes, there are things you need to know but ...

Senator A. Breckon:

They have been in touch and they asked ... and I gave them a copy of the report and I pointed out that we did say in the Scrutiny report that we supported care up to the age of 20 and support up to 25.

Deputy J.A. Martin:

It is not a problem like that. It is nothing like that. It is just ...

Deputy G.P. Southern:

Can I ask 2 quick ones before we finish? Where are you with Brig-y-Don, have we got the contract signed there? Is working going on and in place; what is happening there? Secondly, have we given up on the reciprocal health agreement with the U.K. (United Kingdom) or not?

The Deputy of St. Lawrence:

It is a quick one on Brig-y-Don, we are due to pass a contract with the Royal Court on 9th April.

The Connétable of St. Lawrence:

For what?

The Deputy of St. Lawrence:

For a lease.

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Deputy D.J. De Sousa:

How long?

The Deputy of St. Lawrence:

It is going to be in excess of 9 years which is why we are going to ... it is a 9-year lease with a 9-year extension.

Deputy D.J. De Sousa:

So 18 years.

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The Deputy of St. Lawrence:

Therefore we have to ... with an option for 9 years extension. Therefore we have to go to the Royal Court.

The Minister for Health and Social Services:

After that it will be full steam ahead to refurbish and hopefully within 9 months, a year.

Deputy D.J. De Sousa:

Is it going to be kept as a younger children's bay, for the younger children in care?

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The Minister for Health and Social Services:

That has still got to be ...

The Deputy of St. Lawrence:

It is going to be a 67 bed unit as per Williamson.

Deputy D.J. De Sousa:

I am not on about the number of beds, 67. I am on about the age group, for the users of the facility.

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The Minister for Health and Social Services:

Because fostering and adoption has worked quite well. We have got some high figures for that so I think that is something that we would look at nearer the time and see how it fits in with the other 2 homes, because the other 2 homes are [Aside] ... yes, I will come back. The other 2 homes need some work done to them as well and the Williamson recommendation was that we have 6-bedded units rather than bigger ones.

Senator A. Breckon:

Just a final one: is there a time for the new Chief Executive Officer?

The Minister for Health and Social Services:

Yes, there is. I am pleased you came over last week and had whirlwind meetings with various members of staff and another personnel, and his starting date is 1st June.

[14:00]

Senator A. Breckon:

Very good.

The Minister for Health and Social Services:

Gong back to reciprocal health. Yes, it has not been forgotten. It is still on my radar and work is being done, we are looking at negotiations with that. I have not forgotten it. Definitely have not forgotten it.

The Connétable of St. Lawrence:

What priority is it? Short term, medium term or long term?

Acting Chief Officer:

Next fortnight.

The Connétable of St. Lawrence:

Very short term.

Senator A. Breckon:

I should declare an interest here, all will become clear tomorrow.

Deputy D.J. De Sousa:

So, Anne, when can you fill us in on that other bit you were just intimating?

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(Portugal)

The Minister for Health and Social Services:

When we go off. It is nothing ... I feel personally that it should not be recorded because we have not got their permission to.

Senator A. Breckon:

I think it has been useful session anyway. Thanks to everybody. The thing is ...

The Minister for Health and Social Services:

Can I bring one thing up?

Senator A. Breckon:

It is a massive area so we were not able to cover everything obviously.

The Minister for Health and Social Services:

Huge. I know this came through about the Care Law in the last couple of days, the registration of ...

Acting Chief Officer:

Regulation of Care.

The Minister for Health and Social Services:

Registration of agencies within the community plus the hospital. Anyhow, it is all here in timelines, et cetera, and I just really wanted to see where Scrutiny ... but obviously ... but it is where you feel ...

Deputy J.A. Martin:

We are going to leave this with you.

Senator A. Breckon:

It was sent on email, was it?.

The Minister for Health and Social Services:

It was sent on email.

Deputy J.A. Martin:

Sorry.

Deputy D.J. De Sousa:

I cannot access mine at the moment.

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The Minister for Health and Social Services:

It is just suggestions where you could fit in but we want to know where you would like to fit in.

Senator A. Breckon:

Was that sent on an email, was it?

The Minister for Health and Social Services:

It was indeed, but I can leave you that copy.

Senator A. Breckon:

Was it sent office to office, was it?

Acting Chief Officer:

Tracey has it to send, I think.

The Minister for Health and Social Services:

It came back to ministerial on Monday and I thought as we were meeting here it is a good opportunity to say that it is going to be quite long and drawn out. There is a timeline, it will not come to the States unfortunately until 2012, because it is more complicated than first thought. But whether we take elements out of it or not, it could

be up for discussion and I would not mind your comments on that really to see which way. It is very important.

Senator A. Breckon:

Thank you.

[14:02]