

# STATES OF JERSEY

## Health, Social Service and Housing Scrutiny Panel Quarterly Meeting with the Minister for Health and Social Services

**FRIDAY, 8th JUNE 2012**

**Panel:**

Deputy K.L. Moore of St. Peter (Chairman)  
Deputy J.A. Hilton of St. Helier  
Deputy J.G. Reed of St. Ouen

**Witnesses:**

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)  
Managing Director, Community and Social Services  
Constable J.M. Refault of St. Peter (The Assistant Minister for Health and Social Services)  
Assistant Director, Finance, Health and Social Services.  
Deputy J.A. Martin of St. Helier (The Assistant Minister for Health and Social Services)  
Chief Executive, Health and Social Services

**Also Present:**

Ms. K. Boydens (Scrutiny Officer)

[12:01]

**Deputy K.L. Moore of St. Peter (Chairman):**

I welcome the public. Thank you very much for taking the interest and the time to be here. I think you are familiar of the code of behaviour for members of the public so I hope you will not mind if I just remind you that it is there on the wall and I am sure you have heard myself and plenty of other chairmen refer to them in the past. So if you are content I will not repeat them again. We will start by introducing ourselves from the panel side. I am Deputy Moore, Chairman of the panel.

**Deputy J.A. Hilton (Vice-Chairman):**

I am Deputy Jackie Hilton, Vice-Chairman.

**Deputy J.G. Reed of St. Ouen:**

Deputy James Reed, panel member.

**Ms. K. Boydens (Scrutiny Officer):**

Kellie Boydens, Scrutiny Officer.

**Managing Director, Community and Social Services:**  
Managing Director, Community and Social Services.

**The Minister for Health and Social Services:**  
Deputy Anne Pryke, Minister for Health and Social Services.

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

**Chief Executive, Health and Social Services:**  
Chief Executive, Health and Social Services.

**Assistant Director of Finance, Health and Social Services:**  
Assistant Director of Finance.

**Connétable J.M. Refault of St. Peter (Assistant Minister of Health and Social Services):**  
Last but not least, Constable John Refault, also Assistant Minister for Health and Social Services.

**Deputy K.L. Moore:**  
Thank you very much for being here today. Another thank you for your ministerial response to our respite review which we received yesterday and were really pleased with many of the comments. We feel that particularly between the 2 perspectives it has been a positive and constructive experience and I felt that came through in your responses in the whole. There were a couple of things I did want to refer to and I thought if you were happy to it is a good time, it is all fresh in our minds. There is one very minor point where we in our key findings raised the point of school holidays and the challenges that presented to families with children who have complex needs and on page 5 in answer to finding 14 you quote: “The Minister is fully committed to working with the third sector to look at options for early intervention and specialist support of the type likely to be required to meet these identified needs.” But on page 13 in response to a similar recommendation it says: “The delivery of holiday club provision is currently organised through Education, Sport and Culture. Discussion will take place with the S.C.&H. (Social Care and Health) assessor to address the adequacy of current provisions.” I was just wondering if you had an opportunity to contact the Minister for E.S.C. (Education, Sport and Culture) yet and if any progress has been made?

**The Minister for Health and Social Services:**  
I first want to say I am pleased that you are pleased about the response and also to mention it was a good review and I am pleased to say that most of these we have accepted, I think there is just a couple we have rejected and there is a few that we have commented on. The work and all the recommendations will be fed into the service improvement plan alongside the action for children review on the whole service, which the report of that should be out towards the end of June. Regarding the meeting with Education, Sport and Culture, I have not had as yet but it is something

that perhaps we can bring up in the next meeting of the C.P.G. (Children's Policy Group) in the middle of July.

**Deputy K.L. Moore:**

Okay, that would be very useful. We would be very interested to hear how those meeting progressed because, as we highlighted in the report, we feel it is quite an important issue and obviously the summer holidays are looming once again for families so it would be interesting to know. I presume there is no change planned for these forthcoming holidays?

**The Minister for Health and Social Services:**

None that I am aware of but whether E.S.C. are doing something else or not, I do not know.

**Deputy K.L. Moore:**

In another of your responses to our findings you said that you refute the suggestion any breakdown likely to be the result of departmental failure but I guess this is the key point where we did not see eye to eye. I thought it would be useful if we explained where we were coming from and try and work through why we do not see eye to eye on that.

**The Minister for Health and Social Services:**

So just to make sure we are on the same page, which ...

**Deputy K.L. Moore:**

That is a good question. I think it is quite early on. Page 2. We discussed this in our hearings at the time and really I just wanted to go over it again because when we discussed it we did not see eye to eye and I think the panel's view as that trained staff had an ability and we learnt that from the people we had spoken to that professionals were sometimes able to predict when certain individuals would present with difficulties reaching crisis points in their lives. Say at adolescence, which is seen to be a particular point of issue to many families. So have your minds as a department been changed or swayed at all with regard to that view of planning for potential crises rather than reacting to crises once they emerge?

**Managing Director, Community and Social Services:**

I pick up a few points there. The first point says as a department, as officers we are slightly uncomfortable about a recommendation that just identifies 2 families in such a small community. Not wishing to give too much information away, but we were quite aware in those 2 cases that there were many factors that were leading to the result of that breakdown, many factors around these particular families that should not be in a public facing report and could not be apportioned to the department as a range of issues but I do not think we should really say more than that in this setting.

**Deputy K.L. Moore:**

It is perhaps not those 2 specific cases ...

**Managing Director, Community and Social Services:**

The more general point.

**Deputy K.L. Moore:**

The general point, yes, of whether one can predict in a professional view that issues may arise and plan for those issues rather than reacting to them once a crisis has been reached.

**Managing Director, Community and Social Services:**

I think that is an absolutely fair comment and there are points in children's lives that are areas of concern. So particular transition points such as from childhood to adolescence, from adolescence to adulthood, but where those points occur on a year to a month to a week to a day perspective and where that particular crisis point coincides with other issues in the family in terms of family breakdown, housing issues, career issues and how they all coincide to create a crisis point is not easy to predict. So we should be creating services that are proactive in identifying transition points absolutely, but specifically being able to proactively do something about it rather than reactively I would concur with what we have put in the report, which is that is very difficult to do. Easy to do in hindsight, though.

**Deputy K.L. Moore:**

Yes, I can appreciate that. But you use the word "proactive" there and it is a very good word. It perhaps would be easy also to look at the number of crises that you do have to manage on a year to year basis and try and produce some work that looks at why these arise and what factors influence them and how we can alleviate them, perhaps working with the third sector, some of whom came up with some really excellent outreach programmes and easy to put together ... I am thinking particularly of the Autism Jersey work where they have put together a lot of free to access services and they have a lot of innovative ideas that might ease families along and help to minimise that risk. I appreciate that you can never remove any risk but I just wanted to pick up on that because I can understand that finding perhaps sounded harsh to your ears but that is why we had that issue and we would really support proactive rather than reactive behaviours.

**Managing Director, Community and Social Services:**

Absolutely, and there is a significant amount of proactive work that goes on at the moment and of course that proactive work results in non-crises but you do not hear about the non-crises you only hear about it when it occurs and we should be investing more in those areas, absolutely.

**The Deputy of St. Ouen:**

Just picking up on what is linked to this, is that during the review we recognised that there was no comprehensive data available that identified those that needed help. There were bits and pieces of information that was scattered around different departments but no one has gathered it all together. I am quite interested and would like you maybe to elaborate on one of the responses you made to do with that, number 3 of the findings, page 2, where you say that work is already underway across States departments and the voluntary sector to establish the current range of data collection. What do you mean by that?

**Managing Director, Community and Social Services:**

What we mean by that is that we hold a significant amount of information about all children and adults with a variety of different needs. Education, Sport and Culture

will also hold another set of data about children with different needs and a variety of different departments will have this information and how this information is shared and brought together is very important. None of us have a full picture so when a child, for example, moves to the Island with special needs and accesses a service then we will know about them. So bringing all that information together is something that is very important and it is right and proper that the panel alluded to that. This work is underway with ...

**The Minister for Health and Social Services:**

That is the assessment not the framework.

**Managing Director, Community and Social Services:**

Yes, and also the Children's Policy Group, that is the forum where that work will be co-ordinated.

**The Deputy of St. Ouen:**

What are the barriers to gathering that information together?

**Managing Director, Community and Social Services:**

A couple of barriers. Firstly to have a true and accurate picture of need you really require people to be willing to give you information, and we cannot make people give us information. So when we ask people what their needs are, if they tell us then we have got it and if they do not then we have not. We have no legislative framework to describe what a disability might be. So there is no legal requirement or disability register on the Island so there is nothing ...

**The Deputy of St. Ouen:**

But surely that would stop you ... we have the G.P.s (General Practitioners) supporting these young people, we have hospital consultants I presume that would be involved with many of them and therefore they are recording their particular issues and needs. Like you say, we have Education who is identifying educational and other matters, extending to the social issues that perhaps surround that child, so it is not as though the information is not there or that there is a lack of desire or the need necessarily to encourage individuals to provide additional information when it is there. Why can you not just bring it altogether and go: "Right, okay, now we have got comprehensive data on every child."

**Managing Director, Community and Social Services:**

I think that is a very good aspiration for the Island to work to

**The Deputy of St. Ouen:**

But what is the barrier to that? What stops you doing that like next week?

**Chief Executive, Health and Social Services:**

In some respects individual departments will all have different systems and their systems do not always talk to each other. So you may, therefore, have certain sets of information in one database, other sets of information in another and an inability to bring all databases together so you then need to create a separate database.

[12:15]

These are technological aspects to a problem. The other problem is some people may still be capturing things in hard copy, on pieces of paper as opposed to by system electronically. It really is something that the States as a whole should address. There needs to be an information strategy for the States under which these sort of cross-cutting requirements should sit because it would be fantastic for all departments if there was one database that created all of that information. It would make the job of departments working together to find solutions to the needs of those people much easier.

**The Deputy of St. Ouen:**

There is another project that you undertake at the moment within the department which appears to have created a comprehensive database that covers the needs of ...

**Chief Executive, Health and Social Services:**

That only covers health and social services, and we are now extending links into general practice, including there will be a possibility for a population database as part of that, but that is still in its early stages. But that does not, for example, incorporate education or housing.

**The Deputy of St. Ouen:**

Okay, it is not extending out beyond the department at the moment.

**Chief Executive, Health and Social Services:**

Exactly. Our first priority has had to be to create the systems that allow us to manage our patients and clients within the department but we would like those systems to talk to others but that needs to be facilitated by the central resources of the Information Services Department within the States.

**The Deputy of St. Ouen:**

Just to finish off, when do you hope or expect that you will be able to gather the information from the G.P.s centrally and include within your ...

**Chief Executive, Health and Social Services:**

I hesitate to answer the question because I am not the expert in the area and obviously we can go away and ask that question but the server that will allow that data to be captured by the G.P.s will be, we hope, operational by the year end. That is a project that is being led by the Social Security Department currently. Then the G.P.s obviously have to start capturing the data on that system. The ability for us to access the information and use it for public health purposes is part of the migration law so that is going through its processes and I am not sure that has got to Privy Council yet. So I would probably say that is several years away.

**The Minister for Health and Social Services:**

The system is from P.35/2010.

**Chief Executive, Health and Social Services:**

P.36.

**The Minister for Health and Social Services:**

It is the money that came out of the H.I.F. (Health Insurance Fund) for the G.P.s to set up a system for G.P.s to talk to each other and to get the beginnings of a data collection up and running but it is not going to happen overnight. That is just G.P.s.

**Deputy J.A. Hilton:**

Thank you. Could you give us a brief update on the tender process for young adults respite service currently provided by Highlands Residential, and when do you hope to announce this decision.

**Managing Director, Community and Social Services:**

I am sorry, I do not have that information with me but I can find out for you and bring it back to the table.

**Deputy J.A. Hilton:**

Okay. Leading on from that question can I just ask you, I know you currently run group homes as do Les Amis for adults with learning difficulties, have you any plans to open up homes to cater for young adults with autism and Asperger's Syndrome? I am not aware that you do that at the moment.

**Managing Director, Community and Social Services:**

One of the things we are looking to work with with Richard Mills the Director of National Autism U.K. (United Kingdom) in the development of further support for young adults with autism. Whether that extends to being accommodation is still in its early stages of discussion but I have had a recent meeting with Richard Mills on those very issues.

**The Minister for Health and Social Services:**

I think I have a meeting with Richard next month some time.

**Deputy J.A. Hilton:**

I think we are all aware that are young adults out there in the community who are currently spending a lot of time at Highlands Residential which might not be the best setting for them and long term it is something that really needs to be looked at. So I am encouraged to hear that you are in negotiations or are actively thinking about what you are going to do in the future to cater for that group of individuals.

**Managing Director, Community and Social Services:**

I think you identified in your report the less than perfect facilities we have within the community to support children and young adults with special needs and complex needs from autism and that is a significant issue for the current service delivery, but going forward over the next 5 years that reprovision of a fit for purpose facility has to be a priority of our service delivery.

**Deputy J.A. Hilton:**

Just leading on from that again, there was an incident involving a young child, which we are all aware of, that was in the care of Les Amis, I understand there is an inquiry looking into what happened and how the child came to be by herself and what happened consequently. Have you any idea when that inquiry might be complete? Are you satisfied that the inquiry that has been put into motion is adequate for the incident that took place?

**The Minister for Health and Social Services:**

Yes, and it would be wrong to comment any further than to say what you said, that there is an inquiry going on and as far as I am concerned I am satisfied and when that inquiry is finished and completed by whoever needs to do it then I will get the findings of it.

**Deputy J.A. Hilton:**

Thank you.

**Deputy K.L. Moore:**

If we could move on to a different subject. I appreciate this was not on your briefing. Long-term care funding has been in the news recently and I presume it must be quite close to the front of your minds as well given your plans for the White Paper and the consultation process you are carrying out with that. I wondered if you had any thoughts on the Minister for Social Security's decision to delay implementation of long-term care funding?

**The Minister for Health and Social Services:**

As you said, long-term care funding comes under the Social Security banner and it is a big issue, it is an important issue for Islanders as well as those in Health and Social Services delivering the care, but whatever needs to be done it needs to be right from the word go and I think from my point of view that needs to be paramount. We need to make sure that the funding stream, however it is put into place, and how it is going to be collected et cetera, there is going to be enough funds there not only for the next 5 years, 10 years but 20 years further down the line. If it is delayed, well it is going to be delayed by a year, it is unfortunate but I am sure the Minister will be able to tell you exactly the reasons why. He has good reason and I would support him because it needs to be right.<sup>8</sup>

**Deputy K.L. Moore:**

Have you been involved with those discussions?

**The Minister for Health and Social Services:**

Not a ministerial level, it is at department level.

**Managing Director, Community and Social Services:**

Certainly at an officer level we are involved. I chaired a group with Social Security to plan our preparations for the introduction of that law, and at an officer level I must say, as the Minister said, it is unfortunate because we all recognise the urgent need for a long-term care funding law it is such an enormous piece of work that the opportunity to get it right ... I welcome the extra 12 months. From my perspective the requirements to ... we have already developed a single assessment tool to assess need but the long-term care law means that we will not just assess these clients who come to Health and Social Services currently but all people requiring it, that is a significant step up in terms of assessment that is going to be required. Gearing our services so that we can carry out that assessment, we really welcome that extra 12 months to be able to assess all those individuals who are currently in residential and nursing care who are not known to us, who are private funders, who we are going to need to have

an assessment on so they can access that fund. That is a significant piece of work and we are regularly engaged with the department on that.

**The Deputy of St. Ouen:**

I hear what you are saying but I do feel rather disappointed that less than 12 months ago the States debated long-term care and prior to that significant consultation took place to determine how best to provide the long-term care. Solutions were identified and brought to the States for agreement and now we have a Minister who is new into the job and forget about what was decided, forget about the agreed timescale and how we are going to fund it, we are going to go back to the drawing board. One of the reasons he is giving is that he has been a member of the ministerial oversight group looking at Health and Social Services White Paper *Care for Each Other and Caring for Ourselves*. Minister, you have been involved in discussions with the Minister for Social Security because he is saying that part of the reason why he is delaying it and deferring it is because of discussions he has had with you. How would you respond?

**Deputy J.A. Martin:**

No, he says he is looking at it. He does not say that he had discussions. I questioned him in the States.

**The Deputy of St. Ouen:**

“I have been a member of the ministerial oversight group.” That was one of the reasons why he has delayed his decision. That is what he says in his statement. I would like to understand what ...

**The Minister for Health and Social Services:**

I cannot put words into his mouth because he has written it and I am sure at your next quarterly meeting with him you will ask that question.

**The Deputy of St. Ouen:**

Sorry, the question is that obviously he is on the ministerial oversight group, I presume with yourself?

**The Minister for Health and Social Services:**

Yes, it is a ministerial oversight group looking at the White Paper.

**The Deputy of St. Ouen:**

Looking at the White Paper.

**The Minister for Health and Social Services:**

Yes, which is redesigning Health and Social Services.

**The Deputy of St. Ouen:**

Can you tell us why he would choose to identify the reason as being on the ministerial oversight group looking at the White Paper to defer and review decisions that the States have already made.

**The Minister for Health and Social Services:**

It would be totally inappropriate for me to comment on a comment from him.

**The Connétable of St. Peter:**

I think if I may, Minister, just to add I am also a member of the ministerial oversight group before when I was a Treasury representative and I am still on that group now as the Assistant Minister for Social Services. The work that the Minister for Social Security has done with the ministerial oversight group has been purely to do with the White Paper and any detailed conversation with regard to the long-term care requirement has not been a feature of conversation within the White Paper with regard to Social Security bringing that forward. I do not know why he has tried to think it through in this response because I do not see any relationship one way or another.

**Managing Director, Community and Social Services:**

I am not wishing to second guess the Minister for Social Security but there would be some sense and logic to what he has said there. If you think of the enormous transition that has been proposed in the White Paper and the enormous amount of effort to reduce the reliance on residential and nursing care, and institutionalised care, by the introduction of immediate care and getting upstream of these issues and developing services in the community. I can completely understand that he might be wanting to see what the States make of that before setting a funding stream in place for something that may change dramatically over the next 3 years. I am second guessing but that is what I imagine he is ...

**The Deputy of St. Ouen:**

Obviously we will revert back to the Minister for Social Security for a more detailed explanation because it seems to me that ... and I am still struggling to understand why the Minister, who is obviously on this oversight group and discussing the vision of long term care and other matters, including funding which is linked to the White Paper, cannot give us some idea of why the Minister for Social Security has chosen to identify that as one of the reasons why he wants to review the current States agreed policy.

**Managing Director, Community and Social Services:**

I think you would have to ask the Minister on that issue.

**The Deputy of St. Ouen:**

Yes, I will.

**Deputy J.A. Martin:**

I did sit in last time when you had your quarterly meeting with the Minister for Social Security and you did push him very hard. He said implementation in 2012 or 2013 and you pushed him on a day and he was reluctant to give that date. Now, as we say, we cannot put words into his mouth but I know you pushed him a lot to get a date out of him.

**The Deputy of St. Ouen:**

I just remind the Assistant Minister that in fact the States agreed following recommendations made by the Minister for Social Security at the time - he is now the Chief Minister - that the long-term care package would be introduced by 2013 and obviously that is part and parcel of the deal. The reason why, as I recall, the Minister for Social Security was asked the question is that he has chosen to delay. We will get to the bottom of this because I am struggling to understand why the Minister still

cannot answer a question which is relatively simple as she has been party to the discussions around the White Paper. But that is okay.

**The Connétable of St. Peter:**

I think that is unfair, to be honest because ...

**The Minister for Health and Social Services:**

The devil is going to be in the detail and it is making sure that that is right because I know there is a lot of pressures within Social Security with Advance to Work, unemployment, et cetera, and this is a huge piece of work. What it takes it has to be right and it has to ... as I said, not only for the next 5, 10 years but further down as well. The funding mechanism has to be right.

**Deputy J.A. Hilton:**

Can I just ask you a question about the funding mechanism. How much discussion or indeed does this form the plank of delivering care in the community of funding through the long-term care, the funding that Social Security get through the long-term care to fund the care in the community provided by your White Paper if it is agreed by the States. How much is the Health Department relying on that fund to provide some of the services that you are advocating to do in your White Paper?

[12:30]

**Chief Executive, Health and Social Services:**

The urgent items that we have put forward for the first 3 years of the medium term financial planning round, as you are aware of from previous briefings, are largely services that we within the Health Department would fund either to directly provide or provide through other organisations like the third sector, like nursing in residential homes. For the time being the funding flows for that are being sought through our normal funding mechanism, which are from the consolidated fund through the medium term financial plan going forward. There will come a point in the future when there is a long-term care fund where there will be some of those services that it might be more appropriate for the funding stream to come from the long-term care fund. But that is not going to happen within the next few years because the services we are targeting are services that we would provide either directly or through commissioning them from someone else.

**Deputy J.A. Hilton:**

But eventually you will be looking at taking some funding from long-term care to provide the services that you want to do?

**Chief Executive, Health and Social Services:**

It would seem sensible because they will qualify the sorts of services that will be provided and the individuals receiving it will qualify for access to the long-term care fund. But as the Minister said in particular, the devil is in the detail of that and it will not be a help to us in the early years of implementation.

**Deputy J.A. Hilton:**

If the White Paper is accepted by the States, how confident are you that you will be able to provide the level of care required in the community and I am thinking

especially about the elderly, keeping the elderly in their own homes? How confident are you that you will have the manpower, you will be able to resource the manpower to do that?

**Chief Executive, Health and Social Services:**

It is a very valid question. It is one that we are already talking to Family Nursing and Home Care about, how we would start to implement that. What we are about to start doing is developing the detailed implementation plans to follow on from the outlined business cases which you are aware of. They will be very specific about what services, where is it at, who provides it, what type of staff, do we have them already, do we need to train people and therefore the timeline will develop from that. So I am quite confident if the money can be made available we will have the plan that will develop the service. Within that there will be challenges. Clearly we know that there are challenges around recruiting nurses, for example, but some of that is about looking at other different ways of providing support in the community. A lot of what people need to keep them safe and secure in their own home is not high level nursing, it is social care type support. It is the sort of support that parishes may give, third sector organisations may give. That is not to say it is a free good, because they should be remunerated if they are offering a service but they do have more scope on the Island, more access to resources in terms of people and time. So we have to be very creative, I think, in how we do it.

**Managing Director, Community and Social Services:**

It is not just quantity, it is also the type of provision that we were going to deliver in the community. So, for example, if it is not a nurse but you are having somebody, a support working, going into somebody's home to assist somebody to dress, that is a quicker thing to do than to get the individual to dress themselves. It is the latter, getting someone to dress themselves, that will maintain their independence in the home. So it is cheaper to do to somebody than it is to assist them to do it for themselves. It is the latter that we want to achieve so that is where the investment is. It is not just the amount, it is the quality and type of care that we provide.

**Deputy K.L. Moore:**

Going back to the chief executive's previous comments about fact finding and speaking to other agencies, we noticed yesterday in the *Evening Post*, there was an advert on behalf of your department asking for tenders for domiciliary care. Is that part of your information gathering or is that preparation to implement?

**Managing Director, Community and Social Services:**

As we look to work with private sector and third sector agencies to deliver care we are always looking to achieve value for money. Rather than purchases on an ad hoc basis, there are opportunities to put it all together and achieve economies of scale, and offer opportunities for businesses and third sectors to provide us with different types of domiciliary care, and that is what we are always looking in the market to gain that information about. What is out there? What are they offering? Simply looking at how they bill their time, for example, can make a significant difference to the value for money that we can achieve on behalf of the taxpayer.

**Deputy K.L. Moore:**

So what is the purpose of this tender process at the moment?

**Managing Director, Community and Social Services:**

To ensure that we are achieving best value for money the taxpayer.

**Deputy K.L. Moore:**

It is purely to continue a service that has already been provided. It is not an extra service?

**Managing Director, Community and Social Services:**

With recognition that this is a growing demand and growing services and we will need to have more of it so we need to make sure that the marketplace is able to cater for the demands going forward.

**The Minister for Health and Social Services:**

There is also, as we go forward, third sector organisations, whatever they are out there, thinking: “Well, let us start the process of talking, how do we see things going forward, how do they see things going forward” and have they got a part to play in that. Sitting back thinking: “Well, if we did this instead of doing that, we could tender for that.” We need to start somewhere.

**Managing Director, Community and Social Services:**

We have meetings with the Jersey Care Federation who are the provider of residential and nursing care and a lot of those homes are changing their offering as well in terms of not just providing what we traditionally know them as providing but providing that as a base from which they provide nurses and health care assistants out into the community, or respite care or other types of care from that facility. So it is important that we maintain the dialogue with them so that they are aware of the changing requirement going forward so they can play their part as well.

**The Connétable of St. Peter:**

Can I just add on to what you said a few moments ago is that the tender process is about getting best value for money but it is also about getting the right quality treatment at the best value for money. I think it is an important thing to recognise is get the right treatment and the right quality for our people as well.

**Deputy K.L. Moore:**

I think Mr. Jouault recently just mentioned growing demand and we were quite interested to ask about the KMPG report that obviously provided the basis for your White Paper ...

**The Minister for Health and Social Services:**

To the Green Paper.

**Deputy K.L. Moore:**

Yes, the Green Paper and subsequently I would imagine the White Paper. Obviously the census was produced in March of this year which gave a very different picture of our actual population now, and of course that must have had some significance on the information that KPMG were working through, because if you look at some of the figures that they were predicting for 2020, we have actually already reached that population level. So we wonder whether any work has been done yet to assimilate the

figures and the groundwork of that original document to look at the actual figures that you are dealing with.

**Chief Executive, Health and Social Services:**

The simple answer to that is no. The reason for that is the reason that we had a company like KPMG working with us in the first place, which is to have that capacity and capability to do statistical analysis, to do the economic modelling, which clearly as a department we do not have. I think the view we are taking at the moment is that the numbers are greater than anticipated. That means that the need for this change and the pressures that we are under are greater than we originally estimated. But beyond that we cannot be specific about what the change is and how it will impact, it simply means the urgency of getting on with the proposals is even greater than we thought it was.

**Managing Director, Community and Social Services:**

Most of the distortion in the census that I have seen from the information is around the working age population with some in the birth rate as well. I think we have to recognise that. We have to recognise for the majority of our work we are looking at the tail of the population in terms of the ageing demographic, and those people are already born and that bit of the data I do not think we will find significant changes. But as the chief officer says, if anything it only pushes it out a little bit more.

**The Minister for Health and Social Services:**

Yes, because we know that people who are accessing the most expensive healthcare is the 60 to 65 plus.

**Managing Director, Community and Social Services:**

There is not a lot of migration in or migration out in that area. The churn is around the working age population and that is the difficult ... there are elements of Health and Social Care where that is absolutely important but broadly speaking what we are talking about here in terms of long-term care it is predominantly the ...

**Deputy K.L. Moore:**

But as you quite rightly pointed out earlier, we need to get long-term care right for 20, 30 years hence and so it is important to understand the number of working population now because if they all stay then ...

**Managing Director, Community and Social Services:**

That is a big "if" though, there is a lot of churning in that population.

**The Minister for Health and Social Services:**

But it is that working population that will be paying taxes. Correct me if I am wrong, it is 3.8 to every person.

**Deputy J.A. Hilton:**

3.9 to every one person over 65.

**The Minister for Health and Social Services:**

That is going to drop to 1.8 by 2030, 2040. So that is another thing that has to be put into the equation because your working population is going to shrink, let alone that

we need a workforce for Health and Social Service. So there is quite a few challenges ahead.

**Deputy K.L. Moore:**

There are many, yes.

**The Deputy of St. Ouen:**

Just with regard to that, I know that the statistics unit is continuing to work on the census figures, have you been given any indication of when there will be a complete analysis of the census information that you could use to update your White Paper.

**Managing Director, Community and Social Services:**

We have a working group ... the model that sits behind KPMG work is called the Bailiwick(?) model and we have a user group that involves the statistics unit, and the first version change to the Bailiwick model is updating the census data, and that work is underway.

**The Deputy of St. Ouen:**

Do you know when it will be complete?

**Managing Director, Community and Social Services:**

I do not at this point in time but it is underway.

**The Deputy of St. Ouen:**

Just finally, are you concerned that any new analysis could have a significant impact on the proposals contained in the White Paper.

**Chief Executive, Health and Social Services:**

I think for the reason that Richard mentioned, the age groups that are being affected are not the ones that are driving the developments in the White Paper, which are the older age range. So we do need to update the model and, as has been alluded to, it is underway. I do not expect that will fundamentally change the types of service and the range of services. It may, over time, start to amend the amount of service but I think it will only amend it one way, which is to say we need more.

**Deputy K.L. Moore:**

While I fully appreciate that our primary focus today is social services, if you think about the acute services you provide, that day-to-day running and the fact that the hospital is already at capacity in many areas. The fact that we are already treating the number of people that was predicted to be here in 2020 must have some significance and helps to understand the pressures that the hospital, for example, is under.

**Chief Executive, Health and Social Services:**

Yes. As context I think you are absolutely right and that is why we do run under such pressure within the hospital. The solution over the next few years to help with the hospital in advance of any new hospital, wherever that might be, is to progress the projects in the White Paper and in particular the intermediate care and dementia projects where we will be offering different types of offering like the end of life care. If we can have more people who are currently in hospital treated elsewhere then we

will free up the current beds to do more. We need to do that because otherwise we will find it difficult to treat new patients coming in.

**The Minister for Health and Social Services:**

But also talking about that end of life, you know it is being able to give that patient and the family the option to be able to die at home with the proper services around them. That is one of my aims to achieve that. With the funding we can achieve that.

**Managing Director, Community and Social Services:**

That is a good example of the interaction the long-term fund is getting. That devil in the detail about where the funding sits for different things. When we need to move somebody, for example, out of hospital very quickly into their own home or into a facility so that they can die with dignity and not in an acute setting, that is not the place potentially for the long-term care fund to be starting to assess the means of an individual when they have days to live. We need to be quite fleet of foot and be able to provide funding. So we are having those discussions now about where funding best sits to provide different types of provision and whether end of life, for example, sits within long-term care.

**Deputy J.A. Hilton:**

Can I just ask a quick question about Overdale and the William Knott Centre? Are the services that you deliver out of these 2 establishments mainly aimed at elderly care?

**The Minister for Health and Social Services:**

At William Knott?

**Deputy J.A. Hilton:**

Yes, William Knott and Overdale.

**The Minister for Health and Social Services:**

Overdale is a big site and there are lots of different services.

**Deputy J.A. Hilton:**

All right, William Knott Centre then.

**Managing Director, Community and Social Services:**

What I would say is if you think of the general hospital as the acute facility, everything else is being community and social services, so the rest of the Island who is not in hospital care ...

**Deputy J.A. Hilton:**

It is basically up there ...

**Managing Director, Community and Social Services:**

Well, that is our hub and we obviously have a percentage which we are extending into or moving out of. So the St. Saviour site we are moving out of and Le Bas Centre we are moving into. So at William Knott we have speech and language therapy services there and we also have a bit of social work services there. We are currently in the process of developing a feasibility study to look at how our sites are used in the

context of the requirement to develop a new hospital but also therefore what the impacts are and what the interrelationships are with the services that are provided at Overdale. It is a very, very good site and it needs development.

**Deputy J.A. Hilton:**

The service has changed recently that you provided at William Knott Centre, were you planning on changing them or moving them?

**Managing Director, Community and Social Services:**

We are looking at the feasibility of ... William Knott is a very nice single level facility which has good children services within there with the speech and language therapy team, and we currently have some social work teams there.

**The Minister for Health and Social Services:**

And mental health.

**Managing Director, Community and Social Services:**

Yes, next door is Poplars and mental health. But we are looking at the feasibility of potentially bringing the child development centre, which is on the Overdale site a little bit further down the hill and co-ordinating it into William Knott, but that has not been completed yet.

[12:45]

**Deputy K.L. Moore:**

The medium term financial plan clearly has not been published yet but I know that work is progressing and reaching final stages. I wanted to ask a more general question, whether you are content with the allocations and the emphasis that has been placed on Health and Social Services in this 3 year budget.

**The Minister for Health and Social Services:**

As you know, the figures that we have put in our White Paper are going to be put into the medium term financial planning and it recognises that the service does need significant investment so obviously from that point of view I am pleased, but it also recognises that we do need to continue with our 2 per cent growth across the service anyhow and also acknowledges that we need extra funding for medical and nurse staffing. So from that point of view we could do with more. An insatiable appetite as someone said to me yesterday. An insatiable appetite for it but it is work underway and it has taken a long time to get to those points, because underneath all those outlined business cases is the right programme in place to back up all the numbers and a significant amount of work has been done.

**Deputy K.L. Moore:**

There are already grumblings in the background that all the money is going to Health so my question is really is how do you ensure and will you ensure that you secure the funds that you have already been allocated and it does not start to drift? Do you have good support on the Council of Ministers?

**The Minister for Health and Social Services:**

I have very good support and especially good support from the Chief Minister and the Minister for Treasury and Resources as part of the Minister's oversight group too, and they recognise that it was one of the strategic bubbles - I should not say strategic bubbles but it has been called that now - on redesigning Health and Social Services. As I have always said, time and time again, doing nothing is not an option. So we have to make sure we have the funds in place to do it and this goes a certain way to doing it.

**The Deputy of St. Ouen:**

You did suggest that you could with more funds. What areas would this apply to?

**The Minister for Health and Social Services:**

It is very difficult to say off cuff but other services you could do, it is more investment into our States especially but a lot of work has been done and will continue to be done with the estate side of it, the 2 feasibility studies. We have one going on with Overdale in the Community and Social Services side of things, but also a feasibility study to what we are going to do with the hospital, new or built or whatever. So that is an important piece work. It needs to be funded, it needs to be continued to be funded when we get to reaching a decision of what we are going to do and making sure that the planning stage is well funded and also the cost of any hospital, wherever it is going to be.

**The Deputy of St. Ouen:**

You mentioned the estate and the reviewing of the estate and the future requirement of Health. I suppose the question that is on everybody's mind is how long has it been known that your estate, the health estate, was not fit for purpose?

**The Connétable of St. Peter:**

To say it is not fit for purpose is a bit of a stretch because it is being used effectively. It is not fit for the future, and that is the big question we have to answer.

**The Deputy of St. Ouen:**

I hear what the Assistant Minister is saying but the Assistant Minister is perhaps being forgetful insofar as significant issues have been raised in recent months and significant monies spent on immediate upgrades to areas of the estate and I come back to the question that surely these matters must have been known about for some time. I suppose I am trying to understand and look for the reasons why these matters were not addressed at the appropriate time.

**The Minister for Health and Social Services:**

I think as soon as I became Minister I recognised that there was a need up at Rosewood House and Clinique Pinel for some investment and got that investment up and running. But these things do not occur overnight. I think it is a question that we should ask the States Assembly and previous Ministers, why there has not been significant continued investment because like with all these ... like with the hospital and community services, it is not just: "Right, let's just do it" "Okay, fine, we have done it we can move on to somewhere else." It is continual investment ...

**The Deputy of St. Ouen:**

One last question ...

**The Minister for Health and Social Services:**

Let me finish, the standard especially with an acute hospital have changed over the years and it is making sure that we keep up with those standards and also with the registration of care law. Again in all our community homes the standard is going to be upgraded there so we need to make sure all the homes out in the community reach that standard and that is going to be a significant investment in that as well. So it is a continual investment. You might have the once in a lifetime, once in a generation, investment in a new hospital but more important is that continuing capital investment that we need to make sure that we put in place for future years.

**The Deputy of St. Ouen:**

I absolutely agree with you. It is just that again, and maybe the question is directed to department officers as to why has the department not been bringing these matters.

**Managing Director, Community and Social Services:**

Can I answer from my perspective. I am very clear that in my time at Health and Social Services the issues of the estate have been brought up and put forward but the competing priorities has meant that where the line is drawn of what is completed and what is left undone for future years has been moved higher up the list. So when I look across Community and Social Services as you will have seen there are parts of the estate which we should be rightly proud of. Some brilliant facilities, some of them new, some of them are quite old and have been built very well and have been maintained very well. Some of them are very poor. I think the interesting point for us looking forward is I am guessing - and you might know this better than me - is that the reason that happened is because of a significant piece of capital, such as the incinerator taking the capital programme for a decade, has had to respond to enormous capital investment like the incinerator and all of the estate other areas have to respond as a result of that. We have to think about that going forward with the future investment of the hospital and what that might add to the capital programme. These are huge investments for an Island of this size to deal with and of course there are going to be competing priorities and consequences of such a big investment.

**The Deputy of St. Ouen:**

The final and add on question is that I understand the concerns and the issues that perhaps have stopped the estate being provided for in the right manner, do you believe, with the current proposals and matters contained or will be contained within the medium term financial plan that all of these issues, all of your concerns about your estate will be dealt with? Or at least identified.

**Chief Executive, Health and Social Services:**

Yes, I would concur with everything that has previously been said. I do not think there has been a lack of proposal brought forward. It has not always got to the level of priority it should have done for a variety of reasons in the past. I think that has changed in recent years and I am pleased to see that those schemes are coming through and are being delivered because they are essential to the ongoing functioning of our services. I think going forward there are 2 elements to it, one of course is the big element, which is to have a new hospital, and as has already been said that is a very expensive thing to have and I am very confident the Treasury are already working on what the funding stream might be for that. Similarly we have a lot of

schemes which are in the current capital programme that you will be seeing as part of the medium term financial plan. A number of those are about keeping the estate fit for purpose going forward. So long as those schemes go ahead and are funded then I think we can be reasonably confident that we will be seeing a general upgrade of the facilities that we can offer Islanders over the next few years. Of course that has to get to the point where it is agreed and the funds are made available. But equally I would agree with the previous comment, which is scattered throughout the community and indeed the hospital are some very fine examples of investment. The reason I think we did not have the total picture is because there was not a complete strategic review. I think it was the right thing to do to have the comprehensive work last year that led to the Green Paper. That came out of the Comprehensive Spending Review work but for the first really looked at said: "There is a dichotomy between saying we need savings and what we need to do to keep the services moving forward" and that allowed us to do the work with KPMG, it allowed to bring forward a Green Paper, it has allowed us to bring forward a White Paper. If we can take the White Paper to the right conclusion and get the right funding we can transform these services. So we are in a place where there is a strategic framework that I hope enables States Members to reach those conclusions that they need to reach. I think in the past without that strategic framework schemes were just individual things that ended up in a list that had a pecking order and as soon as the money ran out the schemes below just did not get funded. That is entirely understandable but with a strategic context of where we are going in the needs of Islanders it is less easy to lose schemes, and I hope that will be proved right later this year.

**Deputy K.L. Moore:**

Just to make a comment, there is a World Health Organisation document I am sure you have read that talks about how funding does not have to necessarily be increased to improve health services in modern times but just use more efficiency and effectively in different ways.

**Chief Executive, Health and Social Services:**

I hope you will allow me to respond to that. I think depending on which health system you are in that is a very valid comment. I am very well aware from the system I used to work in, which was the English N.H.S. (National Health Service), that there is a great deal of service redesign, system review, tightening of belts, looking to spend money differently because there is not extra money available to deal with the challenges of the future growth in the elderly population. It is much the same in parts of Europe, it is much the same in parts of the Antipodes, but you have to look at where they are starting from. If you look at the English/U.K. there were billions of pounds of additional resources pumped in over about a 10-12 year period. So they are starting here with a pot of money that looks like this which they can then start to spend differently. It was the same in New Zealand. It was the same in France and in Germany and in Denmark, and all of these places. In Jersey it was not the same. There was a level of investment going in but it was nowhere near the investment of funds so our starting point is very different and tightening our belts, we are doing that all the time. As a department we are committed to delivering our C.S.R. (Comprehensive Spending Review) savings and we will deliver them. That will have been over £7.5 million worth of savings out of a system that is underfunded. So we do what we can to become more efficient but if we want a safe, secure, affordable

service in the future for Islanders we will need to invest. Sorry, I got on my soapbox.  
**[Laughter]**

**Deputy J.A. Hilton:**

Very passionate. I think probably this might be the last question, just to wrap up. Recommendation 13 in the C.I. (Care Inspectorate) report talked about engaging of States Members, I think there was a feeling that States Members did not show enough commitment or understanding of the services that you provide children. I have to say from my point of view, and probably the panel members as well, that we were disappointed to see the lack of numbers that attended briefings and everything you tried to lay on for different people. It seems that there is very, very few people there. That must be extremely disappointing for you.

**The Minister for Health and Social Services:**

It is disappointing for me but I suppose I always go with a cup half full. At least 6 Members were there and so 6 now hopefully are more informed and understand the responsibility that the States of Jersey has. We have also done a presentation to the Council of Ministers on that so that is another 9.

**Deputy J.A. Hilton:**

So that is 15 Members out of 51.

**The Minister for Health and Social Services:**

It has highlighted to us the importance of doing it and to continue doing it so I envisage that we might do a repeat say next year and perhaps with a new States Assembly in 2014 it could be part of the induction. But you still not get ...

**Managing Director, Community and Social Services:**

We are also hoping to provide a similar day with regard service for the people, particularly leading up to the White Paper so if you have any ideas of how we could attract more States Members to that day, in a similar sort of format or whether we need to change it, we would be very interested to hear to your views because, as you say, it was quite a significant investment for the department to bring those people ...

**The Minister for Health and Social Services:**

Also from other department.

**Managing Director, Community and Social Services:**

For a multi-agency, yes.

**The Minister for Health and Social Services:**

The Police, Education, and I think that is one thing that did come across very clear is that Health and Social Services do not work in isolation. We work very closely and very well with Home Affairs, Police, Housing, Education.

**Deputy J.A. Martin:**

Can I just say, myself and Christine had already gone to an early invention conference on that day. Obviously I know the system and Christine is learning very fast, but this came out of the recommendation from C.I. that their surprise that the majority of

States Members and their lack of understanding. So it is disappointing but I do not know what else we can do really. We are offering tours and ... what do we do?

[13:00]

**Managing Director, Community and Social Services:**

We recognise that States Members are very busy but there is nothing like touching and feeling the service to some extent, going on those visits. So we think it is the right thing to do and maybe we just keep on chipping away at it really.

**Deputy K.L. Moore:**

We will try and come up with an idea for you but I think chipping away ...  
[Laughter]

**The Minister for Health and Social Services:**

Yes, because it is ... as I said, a cup half full, at least there were 6 there and the 6 good advocates are going to say: "Well, you missed a good presentation." But if you feel that we need to repeat it - not too soon, because it takes a lot manpower hours to do something like that - we will continue to repeat it.

**Deputy K.L. Moore:**

I think if you can Deputy Reed has one final question.

**The Minister for Health and Social Services:**

Just the one?

**The Deputy of St. Ouen:**

It is really something that we are hoping you could provide to us after the meeting rather than respond to it now but obviously with the Care Inspectorate report one of the primary recommendations was that outstanding recommendations from previous reports should be brought together, together with the recommendations contained in that report, an action plan drawn up and then it should have clear and realistic timescales and responsibilities. I know that that was the case and I know that a plan was produced and according to the information I have had the Children's Policy Group monitor this on a quarterly basis. I suppose really what I am asking for in a roundabout way is can you provide us with an update on those actions and whether they are on target or not?

**The Minister for Health and Social Services:**

Yes, the one you have there is all the recommendations put into one place.

**The Deputy of St. Ouen:**

That is the plan, yes.

**The Minister for Health and Social Services:**

Yes, all the recommendations there, and the recommendations from the scrutiny report and the action for children will be fed in and the Children's Policy Group have it on a quarterly basis.

**The Deputy of St. Ouen:**

I am just thinking that some of these actions should already be complete according to the timescale and really that is what I am saying that we would like to know is have those recommendations been put in place, what are the delays, what are the issues around them and so on and so forth.

**Chief Executive, Health and Social Services:**

The first quarterly review has taken place with the C.P.G.

**The Deputy of St. Owen:**

The report that was presented to the Children's Policy Group would be probably sufficient.

**The Minister for Health and Social Services:**

Yes.

**Chief Executive, Health and Social Services:**

No problem.

**Deputy K.L. Moore:**

You have been very helpful, thank you.

[13:02]