

# STATES OF JERSEY

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

**FRIDAY, 28th SEPTEMBER 2012**

**Panel:**

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

Deputy J.G. Reed of St. Ouen

**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)

Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services)

Ms. J. Garbett (Chief Officer)

Mr. A. McLaughlin (Managing Director, Jersey General Hospital)

Ms. S. Turnbull (Medical Officer of Health)

Mr. T. Riley (Human Resources Director)

Ms. R. Williams (Director of System Redesign and Delivery)

Mr. R. Jouault (Managing Director, Community and Social Services)

**In attendance:**

Ms. F. Scott (Scrutiny Officer)

[10:33]

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

Good morning. Thank you for joining us this morning. I hope everybody is comfortable. I thank the members of the public and the press for being here as well and just remind you of our code of behaviour for members of the public, which I am sure you are all aware of and I thank you for following those for us. We will start by quickly going around the room and introducing ourselves for the record. I am the Chairman of the Health, Social Security and Housing Scrutiny Panel and I also have to give the apologies for Deputy Hilton who is unfortunately unwell today.

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

I am Deputy James Reed, panel member.

**Assistant Minister for Health and Social Services Martin:**

Judy Martin, Deputy and Assistant Minister for Health and Social Services.

**Director of System Redesign and Delivery:**

Rachel Williams, Director of System Redesign and Delivery, Health and Social Services.

**Chief Officer:**

Judy Garbett, Chief Officer, Health and Social Services.

**Managing Director, Jersey General Hospital:**

Andrew McLaughlin, Managing Director, Jersey General Hospital.

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

Deputy Anne Pryke, Minister for Health and Social Services.

**Assistant Minister for Health and Social Services Refault:**

Constable John Refault, Assistant Minister for Health and Social Services.

**Medical Officer of Health:**

Dr. Susan Turnbull, Medical Officer of Health.

**Human Resources Director:**

Tony Riley, Human Resources Director, Health and Social Services.

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

Richard Jouault, Managing Director of Community and Social Services.

**Ms. F. Scott:**

I am Fiona Scott, Scrutiny Officer.

**The Deputy of St. Peter:**

Thank you. Minister, if we could start by discussing children's services briefly. We would like to receive an update from you regarding the progress of the Action for Children report into respite services. This was due to be released over the summer and we were interested to know what stage the report is now in and when it will be released, please.

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

Thank you very much for inviting us here. As you can see, I have brought a big team here because the issues that you are looking at covering are quite wide and, as you know, Health and Social Services is wide indeed. So it is important to have a big team to make sure that you and the public get the correct information. Regarding the Action for Children report, yes, it has taken longer than I had anticipated and I am sorry about that because I would like the report to be out, too. We had a draft report back in June-July time and there were several questions that we still needed to ask of them. We asked for more clarification and we are still waiting for them to come back. I understand that the officer who did the report is going around U.K. (United Kingdom) at the moment, so it is difficult to pin her down, but pressure is being put on Action for Children to come up with the report. That does not mean to say that work is on hold until the report comes out. Work does continue and we are looking alongside their draft comments as well as recommendations from your scrutiny report to update the service.

**The Deputy of St. Ouen:**

Sorry, can you just explain, if you have received a draft report from an independent organisation on our respite, why there has been such a delay in considering the draft report and the publishing of it?

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

As I said, points needed clarification and we are waiting for them, despite us putting some pressure. I know one of Richard's officers has been back in touch fairly frequently with Action for Children. I am not happy about it because we need to have that report.

**The Deputy of St. Ouen:**

In your response to our review entitled *Respite Care for Children and Young Adults* you state that many of the scrutiny panel's recommendations are an endorsement of the plans contained within the White Paper and presented within the Medium Term Financial Plan. I think this response was dated 7th June, which is quite surprising because the White Paper was still in consultation and I think that the Medium Term Financial Plan was still in development. Saying all of that, could you tell us exactly how the Medium Term Financial Plan has and will provide for improvements in respite services following our review and the recommendations contained in it but, more importantly, how it will reflect the Action for Children review and the outcome of that if you still have not been able to sign it off?

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

Can I pick up on some of those points, Deputy? I think we can say that there was a thrust within your review about getting upstream of issues and not having to be reactive and being responsive to emergency issues and getting upstream and being preventative. Indeed that is where there is resonance with the White Paper, around early intervention services for children. I think we recognise, even from the Green Paper stage, there is a lot of emphasis placed on early intervention services and getting upstream and that is what the resonance is with the scrutiny panel's report. So there are elements within the Report and Proposition and in the Medium Term Financial Plan which put resources and services both into early intervention broadly for children and directly into additional resources for respite services. For example, the Minister for Treasury and Resources has made available this year £100,000 to improve respite services for children.

**The Deputy of St. Peter:**

How have those improvements been made?

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

There are 2 pieces of work specifically with regard to respite. Initially, in terms of the estate (so in terms of the bed capacity with regard to respite care) we have made some improvements at both Eden House and plans I received yesterday to significantly redevelop Oakwell. Those plans will be put before the staff and the parents who use Oakwell next week and those plans increase both the quality and the capacity of Oakwell. The Director of Children's Services is meeting today with a Maison des Landes to consider how we will decant next year when we have this significant refurbishment.

**The Deputy of St. Peter:**

Is that work contained within the children's homes £2 million allocation within the M.T.F.P. (Medium Term Financial Plan)?

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

We have £100,000 for this year and we will be looking to add additional funds from the other plans to enable that work to be done. We have not got the Q.S. (quantity survey) on that refurbishment yet. So we do not know the exact bottom figure, but I should think it will be significantly more than a £100,000 requirement to refurbish.

**The Deputy of St. Peter:**

But I think you have an allocation of £2 million for the next 3 years for children's homes and so I presume you will be using a percentage of that budget.

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

We will be making sure that those funds are used to their best ability.

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

But I think it is important to say that work is being progressed. It might seem a little bit slow but, having seen just the outline plan yesterday as well, it is a significant development and now the stage is to consult and just make sure that we have got it right. I am sure the parents will have their say in that as well.

**The Deputy of St. Ouen:**

Perhaps moving on a little bit, back in January this year an improvement plan was produced which followed an inspection undertaken by a Scottish authority on children's services and many recommendations were picked up from previous reports, going back many years in some cases, and actions were identified that should be delivered within set timescales. The question is are you currently happy with the delivery of the improvement plan and how do you monitor it?

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

You have got copies of both that we sent you, the improvement plan for the first quarter and second quarter, too.

**The Deputy of St. Peter:**

Yes. We are grateful for those but we were only given them this morning.

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

I think they were sent yesterday. Getting the information to you sometimes, when you ask late, is ... anyhow, we are always happy to give whatever information that you need. I think it is a very good working document which we have at the Children's Policy Group because it has itemised the 8 different reports that we have had going back to 2003. If you work your way through it you will see that it does give you an update in each quarter. So this comes to the C.P.G. (Children's Policy Group) and also their progress rating from light green to red, which is behind target. I am

pleased to say that there are not too many reds but obviously, as in any organisation, especially when it is cross-departmental, there will always be hiccups along the way.

**The Deputy of St. Ouen:**

We were pleased to receive a note that the Children's Policy Group is receiving quarterly updates on the published implementation plan but it does make us wonder whether or not it would be helpful to other States Members and indeed the public to be aware of the efforts that your department is making in the delivery of this plan and perhaps we would like you to consider publishing those quarterly reports, or presenting them to the States should I say, so that at least everyone in the States is aware of progress that is being made. Just picking up one point, though - and, as I say I have not had very much of a chance to read this document; it is the quarterly report, quarter 2 - on page 6 under the analysis, item 16 says: "Detailed plans for the development of professional fostering services have been developed and delivered as part of the work on the early intervention proposals that are part of the current H. and S.S. (Health and Social Services) White Paper." Now, at first reading I am extremely excited and pleased that at last we have a professional fostering service, but I am not sure that I have seen any evidence that indeed that is the case nor am I aware that individuals are being provided for within a professional fostering environment. So could you confirm whether we do now have a professional fostering service or is it still in development?

[10:45]

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

I think, going back to the point that you made about reports out to States Members and the public, that is something I will take back to the C.P.G. and take it from there. Regarding the professional fostering, it says: "detailed plans for the development of." So they are still working up those plans and obviously it will come at a cost and that cost has been included in the Medium Term Financial Plan.

**The Deputy of St. Ouen:**

I suppose that is the next question that I feel I must ask. With regards the services for children and the actions that are required within the implementation plan, are you confident that all of those recommendations and all of those actions will be not only delivered but provided for within the Medium Term Financial Plan and the budgets that have been allocated to your department?

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

Regarding the professional fostering, if you look on page 46 of the Report and Proposition it refers to the first one. It does say: "Additional support and financial payment for professional fostering." So it is very much there in our Report and Proposition.

**The Deputy of St. Ouen:**

Words are great, Minister. I suppose my question is how confident are you that you will be able to deliver on those words?

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

Well, I hope I will deliver and I am sure scrutiny and members of the public will hold us all to account because implementation is going to be the next stage when, hopefully, we get our money and work up for the full business cases.

**The Deputy of St. Peter:**

While we touch on this point, it is very interesting for us to note the stage of your work regarding the Report and Proposition. It has now come to the States. Obviously you have produced your O.B.C.s (Outline Business Cases) which are within the Report and Proposition. A person has been appointed to work on the full business cases and we heard last week that those are due to be complete before Christmas. What governance are you implementing within your department to oversee that process and to roll it out and make sure that each of the points is delivered? Obviously this will not come back to the States, if it is agreed by the States at the end of next month.

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

Yes. Indeed and that is very important because, as you said, this is implementing it and in this environment where you as scrutiny will hold us to account in the years going forward, but within that there is a governance system and that is towards the back of the Report and Proposition. I cannot find the exact page but it is there and it is important that we make sure that the implementations are done and we will continue to monitor it and make sure that we get the information back to say that the O.B.C.s and the full business cases when they are finished are actioned on and keep the pressure up. Do you want to talk about governance?

**Chief Officer:**

Yes. If I could just report to page 81 of the Report and Proposition there is a diagram there, which hopefully explains the governance processes which have been developed throughout the course of the production of the Green Paper, the White Paper and now the Report and Proposition. It is based upon a steering group which includes my team but also representatives from the primary body, from the hospital's clinical directors, from the community's clinical body. So there is a wide range of managers who are steering and they are reporting into the Ministerial Oversight Group which retains a level of ministerial oversight and that will drive forward our implementation, planning processes and the delivery of the full business cases.

**The Deputy of St. Peter:**

Do you see that as being a sort of adequate comparison with a health board that would be implemented in the U.K. with an independent chair and non-executives?

**Chief Officer:**

It is a different model. I think it very helpfully gives us political oversight, which I think is useful. This is a massive change for the States of Jersey, if it is approved on 23rd October, and it is a major transformation. Having said that, I think, in terms of delivering implementation, I have worked in those sorts of board models elsewhere and they work extremely well in terms of keeping focus. I think the challenge for us is to make sure the steering group and the Ministerial Oversight Group work well together and obviously my own Corporate Directors Team meets regularly and we take the responsibility for ensuring that if things are starting to fall off pace we are making remedial actions.

**The Deputy of St. Ouen:**

Just before we perhaps move away from children's services, we have been delighted to accept an invitation to Mont a L'Abbe school's parent evening next Wednesday and one of the reasons why we wanted to attend and have been asked to attend is to discuss progress since we completed our review on respite care earlier this year. I suppose my question to you, Minister, is what are we likely to hear from the parents at that meeting? Will they be satisfied with the progress made in the area of respite care and the services that surround them or is it likely that they might reflect a different view?

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



I would like to think that with more parental involvement they will see a change over the last couple of months, especially with the investment that we have had regarding respite. Also, I would like to think that some of them, or perhaps all of them, were going to be involved in the detailed plans of Oakwell going forward and how they are going to be involved and also informed of the transition as well. I do not know how much involvement they had, but regarding Eden House and the ones that would access Eden House, they should have seen a difference. I do not say that everything in the garden is going to be rosy but I would like to think that they have seen an improvement, definitely.

**The Deputy of St. Ouen:**

Have they been engaged in the developments with regard to the White Paper and specifically the early intervention-type programmes that you are putting forward that you say will support young children, vulnerable children and those with special needs?

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

Regarding the White Paper and the outline business cases, I am not sure that individual parents have been involved. Perhaps they have been involved if they have an organisation, perhaps through the autism ... I cannot think what that society is called.

**The Deputy of St. Ouen:**

Autism Jersey.

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

Yes. So through that way rather than individually.

**The Deputy of St. Ouen:**

Okay, thank you.

**The Deputy of St. Peter:**

As you mentioned the third sector, we were very pleased to see that a third sector co-ordinator has been appointed. That came to light in one of these documents that we received this morning. What meetings have been held so far with that person and what work is in progress now that the appointment has been made?

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

Right. Rachel does most of the work there. I mean there have been meetings with that person and, yes, I am very pleased that they have done. I attend the quarterly meetings that we have with the third sector, of which Jim Hopley is Chair of the Third Sector Forum. That will continue and that will continue with the co-ordinator as well.

**Director of System Redesign and Delivery:**

I am a non-voting member on the Third Sector Forum myself and we have put a lot of time and effort into meeting with individual third sector organisations. We are really pleased that the Third Sector Forum has appointed their Chief Executive Officer as the co-ordinator. I think that will start to really show a lot of benefit in terms of support for the third sector in totality. I have personally met that individual on a number of occasions and, as you are aware, we have a secondee from the Chief Minister's Department working with us for 6 months and she has also met with that individual on a number of occasions. In fact we have both met him twice in the last 5 working days to help to understand, from his perspective, what does the third sector need and want from us in order to work much closely with us going forward, in order to understand what the opportunities might be as part of the White Paper to make sure that we can really be mutually supportive and work together going forward. We have a good relationship with him and with the Third Sector Forum and we are looking forward to developing that even further in the coming months.

**The Deputy of St. Ouen:**

Equally, what efforts has the department made to identify areas where they believe particular third sector organisations could contribute to the development of services?

**Director of System Redesign and Delivery:**

As the Minister said, we have been having quarterly briefing sessions with the third sector and we invite all of the third sector organisations that have expressed an interest in Health and Social Services to those meetings. I have had individual meetings with a number of third sector organisations, as has the secondee from the Chief Minister's Department. We have had third sector representatives on every one of the outline business case working groups and we will continue to have third sector representatives on every one of the full business case working groups going forward in the next couple of months. We have been discussing with a range of third sector organisations and being really clear with them that part of this is what they would like to do as organisations. We are not going to force any organisation to deliver services

if that does not work for them. So we have been explaining to them that for some of them they are representatives of certain groups of Islanders. Some of them will want to deliver services with us in partnership and some will want to deliver services with one another in partnership. It has been really heartening to see those relationships start to develop, particularly between the third sector organisations, as they understand what opportunities might be in the Report and Proposition for them individually and collectively and as they start to get themselves ready to respond to those opportunities and start to work with us or continue to work with us to craft those opportunities and the service models going forwards.

**The Deputy of St. Ouen:**

I mean that sounds good and interesting but I would just like to ask you, with regards to the end-of-life pathway that one of the proposals that is contained in the White Paper, we have Hospice. That is a significant organisation on the Island that is not funded by the States that provides end-of-life pathways for certain groups of people. What discussions have taken place with them with regard to providing or extending the service to cover other areas?

**Director of System Redesign and Delivery:**

My understanding is that the hospice is part of the palliative care group that meets regularly anyway and, in fact, I met with the chief executive of the hospice just 2 weeks ago to continue the discussions about the Report and Proposition, some of the service models and what the hospice might want to do in terms of working with us going forward.

**The Deputy of St. Ouen:**

I understand that you are talking to them but you just explained earlier that you started and developed the White Paper. You identified 7 or 8 areas, developed outline business cases. You are in the process of doing 4 business cases, more detailed plans that will deliver those services. At the moment I am still to understand whether or not any concrete discussions have taken place with some of the main third sector organisations which one would expect could and should be included in any delivery within those 8 business cases that we are required and asked to fund over the next 3 years.

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

As we have said, a lot of work has been done, especially over the last 2 years when we started off with the Green Paper and then the White Paper. Going back to the Green Paper, we had a “You Collaborate” day where there were a lot of third sector organisations beginning the journey that we have all taken over the last 2 years. The third sector organisations themselves have come together as a group, which has never happened before, and within themselves, too, I can see that they are beginning to share with each other; share information: “Oh, tell us what you do”, which has never happened before. “Listen and Share” I think they call it. Going back to your point about Hospice and end-of-life issues, there is an O.B.C. with end-of-life issues, but it just does not stop at patients who have got cancer or motor neuron disease, which Hospice cares for and, I would say, cares for exceptionally well. Regarding other end-of-life issues like cardiac diseases or C.O.P.D. (Chronic Obstructive Pulmonary Disease) discussions will continue, but under Hospice’s constitution they can only look after patients who have cancer or motor neuron disease.

[11:00]

**The Deputy of St. Ouen:**

Just finally, when we finally get to see the full business cases that support these different areas of service, improvements in service that you are wanting to deliver over the next 3 years, how many third sector organisations are we going to see included in those plans?

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

All that wish to be included in those plans.

**The Deputy of St. Ouen:**

We are talking about specific delivery of services. How many are we likely to see included in the 8 separate plans? Are we likely to see one particular third sector organisation that is going to be identified or is there going to be more than one?

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

It is right across the board, from children to early intervention to adults and end-of-life. I cannot remember how many different organisations provide some sort of health care. I think 40-odd or something like that. More?

**Director of System Redesign and Delivery:**

More, yes.

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

More than that. Where their organisation fits into that outline business case they have been included and will continue to be included. So it is not going to be one organisation that will fit. That is not it. Various organisations will fit into an outline business case.

**The Deputy of St. Ouen:**

We will wait and see, I suppose.

**Director of System Redesign and Delivery:**

It will vary from service area to service area. If we are looking at adult mental health, for example, there will be a different number of third sector organisations interested in that than the number of third sector organisations that are interested in advocating or delivering services to older people. So we need to make sure that we have got the right organisations involved as we work up the plans and work very closely with the organisations to make sure that they are aware of the opportunities, which they are now, and that they are ready to respond to those opportunities if that is what they want to do.

**The Deputy of St. Ouen:**

Right. So the full business cases will identify the partners that are likely to be involved in delivering the services?

**Director of System Redesign and Delivery:**

It will identify the partners who have been involved working with us to produce the detailed plans. There are 2 ways we could do this. We could either sit in an office and write some detailed plans and not involve anybody or we can do it working with a whole range of people. We are doing the latter.

**The Deputy of St. Peter:**

But I think what Deputy Reed is wanting to know in this instance is at what point will your partners know that they will be engaged and can continue a relationship moving forward with them because at the moment there is some uncertainty as to who will be involved in which outline business case.

**Chief Officer:**

I think I understand the point that is being made. I think, in terms of engagement and going forward, we will be engaging with everyone who wants to engage with us. I think the question is will there be a business case for end-of-life care that says: "The hospice will do that and that is an enhancement to their service and Family Nursing and Home Care will do this." It may do. We have not written the full business cases yet, as you know, because we have been waiting for the end of consultation, et cetera, but it will depend. Where it is evident and there is only one possible option for delivering a service then I think you can name that organisation, whichever one it is: "They are going to do this for us and that is built into our plans and by September of next year you will see X, Y and Z." If there are 3 or 4 organisations who are all saying to us: "We think that is the right way forward; that is the right model; we want to be the ones providing it," then there will have to be a process to decide which one of those 4, or perhaps all 4 working together in combination, are going to do it. I think that is the way we will be going forward.

**The Deputy of St. Ouen:**

Thank you.

**The Deputy of St. Peter:**

That is very helpful, thank you. Now, I do think it is time for us to move on and talk about health issues because there are many and we were very grateful to the Director of the Hospital and the Director for Change yesterday for the tour we received of the hospital site. There are some capital allocations in the Report and Proposition, Minister, relating to the hospital. Of course, we know that there is a great deal of work and perhaps a very large investment to be considered in the long term, but are you confident in the short term that you have enough capital allocation to maintain your hospital?

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

That is a very broad question.

**Assistant Minister for Health and Social Services Refault:**

That is what they call a £6 million question.

**The Deputy of St. Peter:**

It is £10.6 million in the first year, £6 million in the second and £3.8 in the third year.

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

I am very much aware that we have had to work within the financial constraints of the Island and in the Medium Term Financial Plan there is a lot of money in one way or the other coming to Health and Social Services. Regarding the capital funding, yes, there is that money coming to us and I am sure Andrew, the Hospital Director, can explain to you where it is going to be used if it is approved. Is it enough? Andrew has got a shopping list and will continue to have a shopping list but I really want to make sure, whatever the decision of where we are going to put the new hospital, that there still needs to be significant investment into this present building and that will come at a cost and you need to be clear on that because business as usual still continues. Standards change, technologies change, needing more equipment, et cetera, and that requires space. As we know, we have not got many single rooms and that is a problem with infection control, et cetera. So whatever the end result of the new hospital, significant investment will still need to be continued in that present building and that is going to be a difficult thing for States Members and the public to understand; why you are investing in this present one when you are going to invest in somewhere else.

**The Deputy of St. Ouen:**

I am interested that you mentioned “new hospital”. Is it the case that the decision has already been made that we are not going to refurbish and redevelop our existing hospital but create a new one somewhere else?

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

No. When I said new I meant “new”, wherever that is going to be. As you know work is being done, a feasibility special analysis. That work is being done and some information will come out before the debate, but no decision has been made yet whether it is new build or refurbishment onsite. That work is still continuing. What I meant by new is “new”.

**The Deputy of St. Ouen:**

I do notice that in the capital projects in the Medium Term Financial Plan for 2013 the sum of £350,000 is being allocated to: “Replacement General Hospital feasibility.” So I presume that is a study. Perhaps of more concern is that under capital projects 2014 we have got the replacement General Hospital planning section and £2 million has been allocated to that. Now, I understand that work needs to be undertaken but I

am struggling to get my head round these significant sums being spent rather than spend it on direct improvements which we know exist now.

**Managing Director, Jersey General Hospital:**

The £350,000 allocation was for the pre-feasibility study. That is the work that is already going on at the moment, in the final stages, to inform the debate and that looked at what we would need to do what we currently do to modern building standards in terms of space, what ideally we should have in terms of adjacencies, what sites could potentially be available on the Island to build a hospital of that scale and how they compared to one another in terms of the various risks and benefit that would fall from building on those sites. That was intended to be presented into the public domain hopefully before the debate is taken forward so that people can have an informed debate. That is the pre-feasibility study. The feasibility study for which the £2 million allocation is in plan is for the preparation of detailed specifications and plans for the new hospital and, while it is a huge amount of money, it is not an unusual amount of money because by spending that money upfront you then do not need to have it loaded on to the cost of the purchase of the hospital itself because effectively you say: "This is what we want. We want you to tell us how much it will cost to build that for us, how long it will take and then we can review those proposals." If we just go out with a very bland statement of: "We want a new hospital," and we have not specified exactly what we want, we really cannot compare what comes back. So it enables us to be fully informed as to what it is we are purchasing before we go forward if it is decided that that is what is done at the end of the debates that are going to be held over the next 2 years. It is very important that we are a fully-informed customer in this process because this is probably going to be the largest capital sum the Island has ever spent. We are talking about hundreds of millions of pounds to build a new hospital or even to refurbish the existing hospital onsite and, because it is the only one that will be built in our lifetimes, there is not anybody here on the Island who has ever purchased a hospital before. So we need to ensure that we are a fully-informed customer in that process to get best value for money.

**The Deputy of St. Ouen:**

I was quoting from capital projects that have been identified in the Medium Term Financial Plan for 2013. From what you just told me, that feasibility study, that first £350,000, has already been spent.



**Managing Director, Jersey General Hospital:**

I am not sure it is £350,000. We have carried out the pre-feasibility study. That was an allocated budget that was in 2012 that was, I believe, held by Treasury. So that money was already in the plan and that is the budget that that pre-feasibility study was let against. The £2 million, if that is the figure that is in the plan, is a nominal sum. We do not know exactly what it will cost until we have gone out to tender, but that is an order of magnitude that you would expect for a full specification for a fully functioning hospital and, assuming the decision is made to proceed following the R. and P. (Report and Proposition), that piece of research would be let next year.

**The Deputy of St. Ouen:**

Thank you for that explanation. I will not dwell on it. I am still confused about exactly what the £350,000 is going to be used for, for this feasibility study, following that discussion we had. Not now, but can you provide us with information about what that money will be used for? We do not need to discuss it now.

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

We can clarify it.

**The Deputy of St. Ouen:**

Sorry, Minister, but I think it is better if we do move on. It will be quite simple to provide us the ...

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

I can clarify it. Andrew is quite right; the £350,000 is included in the 2012 Business Plan. Do not forget Health and Social Services, the States, includes Community Services and the £350,000 is for the feasibility of Overdale.

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

There is an Overdale feasibility study to consider what services exist on the Overdale site and what services exist on the St. Saviour site and I think it is important that, when you are considering what the General Hospital might look like, you need to understand what is inside those services and what sits out with those services in the community. There is an allocation for 2013 around Overdale feasibility and that might be what you are ...

**The Deputy of St. Ouen:**

No, we also know there is that sum allocated to Overdale but there is a separate sum. That is why I am saying if you could just provide us with details later on that would be great. Thank you.

**The Deputy of St. Peter:**

To move on, at our last meeting we heard about the concerns regarding a winter flu pandemic and the possibility that that could cause quite a burden on existing services. What strategy do you have in place to deal with an event of that kind?

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

Obviously there are strategies in place and it does start with prevention, so making sure that people in the community ... the strategy starts there and the M.O.H. (Medical Officer of Health), Dr. Turnbull, lives and breathes this.

**Medical Officer of Health:**

Thank you, Deputy. Just to take up the point of pandemic. A pandemic is a special sort of flu where a new virus comes into being that nobody is immune to and most of the people in this room will remember in 2009 there was a pandemic with the new H1N1 flu virus and we took very effective, stringent measures to prevent as much illness as possible to the point that we did not have a major overwhelming problem for the hospital. This year we are not specifically expecting a pandemic, although the H5N1 threat level is still at the same phase 3 from the World Health Organisation as it has been for many years. That refers to the bird flu virus that is still prevalent in parts of the world, particularly the Far East, which still has the potential to convert into a virus that could spread rapidly in human populations. We do keep an eye, through the authorities in the U.K. and in Europe and indeed the world, on other possible serious infection disease threats. I think what we probably need to talk about here are the typical winter infection diseases pressures and seasonal flu is the one that we take very vigorous measures to prevent as much as possible.

[11:15]

So we target people who, by virtue either of their age or their medical condition, are more at risk of getting serious complications if they catch flu. So that is looking at the over-65s; young children aged between 6 months and 3 years; pregnant women and people with certain medical conditions such as chronic heart disease, lung disease, kidney disease; people with immune system problems; people with neurological

conditions. If we protect as many of those people as possible with seasonal flu vaccine (it is changed every year to adapt to what is likely to be the prevalent seasonal flu strains) we are likely to prevent as much possible pressure on the hospital because of people with complications of flu. I think it is also very important to say that flu is not the only infectious condition that causes pressure on the hospital in the winter. There is another virus called R.S.V. (Respiratory Syncytial Virus) that causes just as much trouble in the winter as flu in terms of hospital admissions in people who are vulnerable and there is no vaccine to prevent. So that is just one of those things the hospitals will have trouble with every winter. The other significant thing that tends to happen in the winter is outbreaks of norovirus. That is the winter vomiting disease which, if it causes problems in your hospital, it can end up in ward closures and that sort of thing. Again, there are very good effective policies to prevent, as far as possible, the spread of norovirus which hinge on very scrupulous hygiene in the event of an ill person. Also advising people with the illness not to come anywhere near the hospital as hospital treatment is not appropriate at all. It is something that really lasts 24 hours or so. It is extremely unpleasant and fluid replacement by drinking little and often is all you can do. So those are the sort of public health messages that we put out when we know that norovirus is around but, again, there is no vaccine to prevent that. Just to summarise what I have just said, we go as far as we possibly can to prevent the preventable and we use other methods to pass out the right information to try to protect the hospital as far as possible from inappropriate admissions.

**The Deputy of St. Peter:**

Thank you. While on the subject of prevention and vaccines, will we be offering the whooping cough to pregnant women as they are doing in the U.K.?

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

Yes. We discussed that this morning.

**Medical Officer of Health:**

We did indeed. We have already been discussing that within the public health teams and the consultant microbiologist. We do not have a problem in Jersey with whooping cough outbreaks in the same way as the U.K. has. They have had a very serious problem within the last 12 months with outbreaks of whooping cough and children with serious illness. Our coverage of childhood vaccines is almost 100 per cent. So we do not have susceptible children in the community to the numbers that

they have in the U.K. We are going to look at their recommendations and consider what the implications are for Jersey but my own view at the moment is I think it is unlikely that we need to take the same measures as they do.

**The Deputy of St. Peter:**

Thank you. Going back to another issue we discussed in our last meeting, waiting lists, and we were interested to know if you had an update on any progress that has been made on this issue.

**Managing Director, Jersey General Hospital:**

Since last week?

**The Deputy of St. Peter:**

Yes.

**Managing Director, Jersey General Hospital:**

No progress since last week.

**The Deputy of St. Peter:**

Right. Could you clarify how and why waiting times are different for private patients and public patients?

**Managing Director, Jersey General Hospital:**

The public service is what we are there to deliver and we deliver the shortest waiting times we are able to within our existing resources while prioritising those patients that need to be seen quickly. So an emergency patient would always be seen immediately and other patients are seen in the most appropriate time. Private practice is a business and one of the things people pay for - using their insurance, using their discretionary income - is to be seen at a time and a place that is convenient for them. That is very different from the public service that is provided mostly free of charge at point of delivery using States funding. I might be missing the point of the question.

**The Deputy of St. Peter:**

No, I do not think you are at all. I think you have answered the question that we asked very fully. I guess there is always the question of what checks and balances

are there to ensure that people on the extended waiting lists do not wait too long and whether we are exceeding current limits that have been set.

**Managing Director, Jersey General Hospital:**

We have very comprehensive monitoring. You probably cannot see it, but there are pages and pages of data that is monitored on a weekly and monthly basis. We have a waiting list project team that largely consists of the consultants in the specialities which have the highest pressure of public demand and often the longest waiting lists as a result and that prioritisation and management of the waiting lists is a fundamental part of running a hospital and something we devote an enormous amount of time to.

**The Deputy of St. Ouen:**

Is basic information on waiting lists ever published?

**Managing Director, Jersey General Hospital:**

Yes.

**The Deputy of St. Ouen:**

Why I ask is that there seems to be constant criticism by some that the time from the period that they are diagnosed with a particular problem and treatment can be quite considerable. I just wondered whether or not (if, as you say, you have this comprehensive data) some useful measurements could be published perhaps on a reasonably regular basis so people would be able to go: "Oh, yes, there are improvements here. The waiting times are not as bad as some people are saying." It would help to enhance and perhaps underline the efforts that you are making as a department to meet the needs of our local population.

**Managing Director, Jersey General Hospital:**

That data is put into the public domain as part of the key performance indicators, reported quarterly as part of our annual performance across the whole of the States of Jersey.

**The Deputy of St. Ouen:**

Okay. Thank you.

**The Deputy of St. Peter:**

When we met in June you mentioned that you were going to Guernsey to meet your counterparts there. Could you give us an update on those discussions with Guernsey and any progress that has been made in sharing resources?

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

Regarding meetings, we have not managed to achieve it because I think Guernsey cancelled it and then I cancelled it last week because there was a presentation, but another date is in the diary. I think the Minister over there had an operation, too, which put him out of work for a little while, but we are going. There is a date set at the end of the month. So we are working on it and I have spoken to him a couple of times over the telephone and I know that the other officers speak quite regularly to Guernsey. There is continuing work going on and, Rachel, you have been in touch with Guernsey, and Andrew.

**Director of System Redesign and Delivery:**

I have got a telephone call with colleagues from Guernsey this afternoon and a meeting next Wednesday with other colleagues from Guernsey. As the Minister said, work is ongoing. We do have some existing joint work and we are looking forward to expanding that more. We have, for example, a joint appointment, which is the Head of Health Protection, which is joint between Jersey and Guernsey and, in fact, all the Channel Islands. We have joint pandemic strategy, which the Medical Officer of Health could outline, and we are actively pursuing other opportunities for joint work going forwards.

**Managing Director, Jersey General Hospital:**

Yes. We have regular contact with our colleagues in Guernsey and we are always looking for opportunities to make joint appointments or to share services where we have a critical mass between the Islands that we would not have if we were operating on our own to enable an Island service to be delivered.

**The Deputy of St. Ouen:**

We have heard quite recently that we seem to have made significant strides in recruiting nurses and I think it was mentioned the other day that out of 1,000 nurses we have 17 or 19 vacancies, which is extremely good. We would like to pick up on 2 other areas that have been continually flagged up. One is about retiring consultants and the fact that we are told that 60 per cent of the consultants are going to retire in the next 10 years. We would like to know what you as Minister are doing to address

that shortfall in staff and how that links in with the proposals to have a larger hospital and everything else that goes with it.

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

I think the first thing to say is that we do not just sit back and do nothing and I think that has been evidenced in the way that we have been proactive with recruiting of nurses and it is a success story, but I do put a little caveat that things go up and things go down. The same has been applied to consultants. We have had an excellent recruitment over the summer but Tony, our H.R., has got the exact figures.

**Human Resources Director:**

The current workforce is around 50 consultants. This year to date we have appointed 6 new consultants to the department; 4 of those were brand new posts through one way or another and 2 were replacements. So we replaced 2 consultants who have retired. What is particularly pleasing is each recruitment exercise succeeded first time round. We did not have to constantly go fishing or revise the offering. We work very hard with our senior doctors to shape the jobs and develop the jobs to fit what Jersey needs now and, as far as possible, future proof them for the services that we are planning in the new world that we are planning. So year to date has been good, 6 new consultants. We have 5 more in the pipeline which we will recruit over the next few months; 3 of those are brand new and 2 of those are replacements. My team is very much attuned to the labour market. I have got a very successful, experienced team. That is one of the reasons I think we have been so successful this year. They have strong degree of understanding in the specialties we are recruiting over the next few months and are confident that we will continue do well and get strong short lists and good appointments. If you ask me what the reasons are as to why we recruit consultants successfully at the moment I think there are several. Certainly first Jersey is a great place to come and live, work and raise a family and that is a very, very powerful message whenever we recruit in the U.K. Secondly, as I have said, I think I have a terrific recruitment team who know the market, know their job and they are very expert at what they do. Jersey has adopted the U.K. consultant contract and pay model, approximately, but the model that we have here is quite an attractive one. So pay terms and conditions are attractive to consultants in the U.K. All these things make it easier to recruit. What has been particularly compelling for me this year (and I meet almost every consultant applicant, not just the successful ones, before they go through the interview process) is how many of them have voluntarily, in those informal discussions, said: "Part of the

reason I am here is I really like what I read in your White Paper. I have done my research. Your plan here is so much better than what the N.H.S. (National Health Services) is doing in the U.K. with remodelling health care there. I want to be part of what you are doing here,” and doctors love nothing better than a new hospital. They love the opportunity to shape a new hospital and our doctors will be all over the architects and plans when we eventually start doing this. So doctors love shaping a new hospital and they love working in a new environment and they have all mentioned that as something that really rings their bells. A really good 2012 so far, we are expecting a good winter and we are going to have to keep this up because the momentum required over the next few years is significant, but we start from a good base line.

**The Deputy of St. Peter:**

Thank you for that. You mentioned that a number of new posts have been made in addition to replacement posts. Is that evidence of sub-specialisation at work? Why have these new posts been created?

**Human Resources Director:**

For example, some of them are in the Emergency Department and that is because Emergency Department medicine has evolved a lot in the last few years and the Royal College of Emergency Physicians has been developing new models with the U.K. and we are interested in those. Basically that is a model that has far more consultants delivering care than junior and middle grades. So we are increasing the number of consultants in emergency medicine because that is the skill set and the skill mix that is seen to be the most successful and we will need that for our new hospital. The new hospital will need a newly-configured emergency department. The other new post was in ophthalmology and that was again because of service requirements, anticipated activity needs and our model of care required additional capacity in ophthalmology. The replacement post was in trauma and orthopaedics and that is an area where we are very apprehensive about over-specialisation. In fact we found a really good appointment that really fits our skill mix and our team and our model. That is going to be challenging in the future we know, but this year we found a really good appointment. Going forward we have got retirements in several specialties and, as I say, we are confident that the labour market will be responsive over the winter to help us fill those. The new posts that we are recruiting to this winter are particularly in the community, in psychiatry. We have got 2 new



consultants in psychiatry and, again, that is to fit the model of our increased delivery of mental health care in the community with 2 new senior posts.

[11:30]

So they do fit our work plan. They do fit our White Paper plan. They do fit what we are gauging the citizens of Jersey will need from our medical workforce in the short and medium term.

**The Deputy of St. Ouen:**

I am certainly encouraged, again, to hear that the problems that were flagged up are being dealt with and we are recruiting, it seems, quite a number of new consultants. I would assume that these new positions are being funded within the current budget and they are without any reliance on future decisions to be made by the States.

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

Yes.

**Human Resources Director:**

They are all in the business plan.

**Managing Director, Jersey General Hospital:**

They have come from our original allocation and the growth monies that are allocated predominantly to the hospital every year because the pressure is there.

**The Deputy of St. Ouen:**

Right. So all the new posts that are being recruited this year are funded within current budgets?

**Managing Director, Jersey General Hospital:**

Yes, exactly.

**The Deputy of St. Ouen:**

Thank you.

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

I just want to point out, which is what Tony said too, that they are excited because of our strategy going forward. So we need to continue that pace. That is vital and the States needs to understand that and adopt it really with our Report and Proposition at the end of next month.

**The Deputy of St. Peter:**

On that advert I think we shall close. Thank you very much to all of you. It is 11.30 a.m. We will close the hearing, thank you.

[11:31]