



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

THURSDAY, 24th JANUARY 2013

Panel:

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

Witnesses:

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)
Ms. J. Garbutt (Chief Officer)
Ms. R. Johnson (Assistant Director, Ministerial Support)
Ms. R. Williams (Director of System Redesign and Delivery)
Mr. R. Jouault (Managing Director, Community and Social Services)

[12:31]

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

Okay, shall we begin? Good afternoon and thank you very much for attending our quarterly hearing, which is predominantly designed to focus on Social Services because we appreciate you have a very large department with a lot going on. We will start with our introductions, perhaps. I am Deputy Kristina Moore, Chairman of the H.S.S.H. (Health, Social Security and Housing) Panel.

The Deputy of St. Peter:

Thank you very much. We do not have any members of the public present today, but I will remind members of the media and all those in attendance ...

The Deputy of St. Ouen:

Yes, we call them public.

The Deputy of St. Peter:

They are the public, members of the media ... about mobile phones and our code of behaviour, if they could all observe that, with the exception of the director assisting redesign who we know has to be on call and so we will forgive her if her telephone rings. Okay, so if we could kick off, we are interested to know firstly when your department's business plan for this year will be published, please, Minister.

The Minister for Health and Social Services:

Thank you for inviting us. I know Constable John Refault just put on record he is at a funeral and might come on later, and my other Assistant Minister, Deputy Judy Martin, is ill. As for the business plan, I think we are starting the process of putting that together.

The Deputy of St. Ouen:

When is it likely to be completed, Minister?

The Minister for Health and Social Services:

I think we have a set timetable to fit with all the other business plans, but I am not too sure what that is.

Chief Officer:

Yes, sorry, if I could, Minister, it is in its final drafting stages at the moment and then it will be submitted into Cyril Le Marquand House for it to be collated into all the others, so I would imagine it would be a matter of weeks.

The Deputy of St. Peter:

One would assume that it is largely focused around the considerable work you have with the reform of Health and Social Services?

Chief Officer:

Yes, indeed. As you yourself have alluded to, we have a very broad range of functions within the department and obviously each of those functions has its key objectives, which are set out in the business plan, but the White Paper implementation is obviously a key part of that.

The Deputy of St. Ouen:

You did also say, though, that there was a lot of matters that were classed as business as usual that need to go on alongside of the developments with regard to the redesign of the health services. Are there any particular issues, Minister, that you are planning to address within that category in the coming year?

The Minister for Health and Social Services:

What, as business as usual you mean?

The Deputy of St. Ouen:

Mm.

The Minister for Health and Social Services:

Well, business as usual will continue. For example, one of the business as usual which we are just going to launch is the screening of 60 year-olds in the plexiscope in the endoscopy unit, so that is one thing. That is a service improvement that is being classed as business as usual. It all depends which area that we want to look at. Improving services going forward is obviously important, too, and a lot of it can be linked to the White Paper.

The Deputy of St. Ouen:

Within the business as usual category, are there any particular priorities, apart from obviously the one you have mentioned, that you want to see progressed over the coming year?

The Minister for Health and Social Services:

Linked in perhaps to my priorities, if I just take public health really, one of the things that I am very keen to bring forward is the regulation of care. Hopefully, that work is just coming to a point when it has come to me, it is going to go to the C.M.B. (Corporate Management Board) with a view of coming to the Council of Ministers in the next month, 6 weeks or so, and then hopefully it will be lodged and go forward to the States for debate on the principles. I am very, very keen on that because part of that is beginning to register practitioners who work in the community and there is no register as such. The emphasis on this 3-year term, especially the White Paper, is the community. We need to make sure on one side of the arm that there are procedures and legislation in place to protect people that are in the community receiving care.

The Deputy of St. Ouen:

Are you aiming to mirror the general governance that exists around the Health Department staff within the private sector? Is that your aim?

Chief Officer:

It is actually the other way round. There are some quite old pieces of legislation that cover nursing and residential homes, for example. They do not relate to the hospital services and clearly that is not right going forward. There should be clear standards and regulation for all aspects of services provided to the public, including those that we directly provide and those that are provided by other sectors. The Regulation of Care Law will actually update all of that so it is applicable to everybody. It is a very, very sizeable piece of work, which will take a number of years to roll out.

The Deputy of St. Ouen:

Does the same issue apply ... sorry.

Deputy J.A. Hilton:

As far as the Regulation of Care Law goes, currently the Health Department are regulating the private sector. Who will regulate the Health Department?

The Minister for Health and Social Services:

Well, that is another big arm of work that needs to be done because that is a very important question. We have started looking into that because Guernsey is in the same boat and the Isle of Man as well, so we have just started a new trial. In a meeting that we had last month we began to just tease out how that is going to work because it applies to them.

Deputy J.A. Hilton:

Are there any aspects of the Regulation of Care Law with regard to C.R.B. (Criminal Records Bureau) checks that are causing you any concern or are you confident that when the law comes into being that the Health Department plus the private providers are going to be able to produce those checks, especially where foreign workers are concerned ... European Union workers, sorry, or indeed people from other countries whose criminal record checks might not be up to the same standard as the U.K. (United Kingdom)?

The Minister for Health and Social Services:

Well, I think we have those set protocols now, if I understand. I am sure, Richard, you will correct me if I am wrong, but those who ... you are quite right, in some European countries they do not have the equivalent of the C.R.B. checks so you cannot check them because there is nothing to check against. But when you appoint a practitioner it is not just on the C.R.B. check, it is the whole person, what they have been up to, their service record, where they have been in the last years, and taking references. If they do not have a C.R.B. check and you are concerned about it, well, you would not employ them.

Deputy J.A. Hilton:

Okay. So are you saying ... what I am trying to tease out is are you going to enforce this as it should be that everybody who works in the caring community should be subject to that check, or are you saying that certain individuals who come from countries where it is not so sophisticated will be exempt from providing a C.R.B. check?

The Minister for Health and Social Services:

It does not ... I have not had any people coming to me on that particular issue, but that is something that I can go back and re-look at and come back to you.

Deputy J.A. Hilton:

Can I just wrap this issue up by asking if you can provide us with information with regard to the private sector whether they do actually enforce the spirit of the law currently or whether there are private companies supplying community care who are not actually ...

Chief Officer:

We can certainly ask our registration and inspection manager to deal with that. I would suggest perhaps it is something you would like us to come separately with the Regulation of Care report that we are producing and have more time to talk it through because it is a very, very detailed piece of work.

Deputy J.A. Hilton:

Okay, thank you.

The Deputy of St. Ouen:

I would just like to touch on one other subject briefly with regards regulation. We are well aware of the work that has been undertaken with G.P.s (general practitioners) to improve governance and accountability with regard to that particular group of people. Again, can we expect that similar governance arrangements will apply to the health staff?

The Minister for Health and Social Services:

Regarding consultants?

The Deputy of St. Ouen:

Yes, the G.P.s.

The Minister for Health and Social Services:

Yes, that would apply.

Chief Officer:

The governance processes for consultants are very well developed and have been developing significantly in recent years. In a sense, what we have put in place for G.P.s helps them to catch up and have a similar level of governance to that which exists in relation to consultants.

The Deputy of St. Ouen:

But does that include locums and the general doctors and other staff that practise in the hospital?

Chief Officer:

Yes, any professional staff will have codes of conduct and regulations and standards which are all governed by their professional bodies and obviously we have local systems in place to check those out. Obviously, if there is a problem then we have local resolution and we can go to those professional bodies as well.

The Deputy of St. Ouen:

Right, so in this case we are expecting the G.P.s to step up to the mark rather than necessarily look for the staff within the Health Department to meet a particular standard?

Chief Officer:

Well, staff in the Health Department meet particular standards that are set out. What this allows ... it is not that G.P.s do not meet standards, I would not want that to create the wrong impression at all, but this creates a process around it which allows them and us to be clear that there is a system and that will help them when they are approaching their revalidation.

The Deputy of St. Ouen:

That will be across the board?

Chief Officer:

Yes.

The Deputy of St. Ouen:

Thank you.

The Deputy of St. Peter:

You mentioned regarding the Regulation of Care Law that you have been in discussions with Guernsey. We know that you met your counterparts in Guernsey towards the end of last year. Are there any other work streams that you might be working with them and, indeed, the Isle of Man on as we move forward?

The Minister for Health and Social Services:

Plenty with Guernsey and I think we go across the board. We are working very closely with the C.S.R. (Comprehensive Spending Review) team. I think the Guernsey Comprehensive Spending Review team or the equivalent are over this week I think some time looking at joint areas of work, so it is very close. As you know, we have been looking very closely at the air ambulance and that work is progressing extremely well. I will leave it at that because it is at a very sensitive point. I know Richard does quite a lot of work with the looked after children and in the training within our children's service, too, and also some of the placements, but I am sure there is lots of ... in all areas it is important to work as closely as we can with Guernsey.

The Deputy of St. Ouen:

What discussions have taken place with regards to the provision of hospital services as we look to the future and the need to redevelop our hospital and so on and so forth?

Chief Officer:

We have ongoing discussions with Guernsey, both in specific terms particular specialties where we may both be looking at whether we need to recruit a particular consultant and we might be able to share that recruitment so that it makes a viable role. So we are having those sorts of conversations. We are also looking at whether we can do commissioning of off-Island services together and actually combine our resources and combine the expertise. The director of service redesign does have a meeting with commissioning colleagues from Guernsey later this week, so we have very close links. There is a lot of debate. The thing that sometimes mitigates against doing joint work around the hospital is that even sometimes when you put our population and Guernsey's together you still do not create a sufficient mass of people to actually be able to develop certain services, but we do have a very close and cordial relationship with them and there is a lot of exchange of information and support given each way and where we can work together we do.

The Deputy of St. Ouen:

Training of nurses, is there much cooperation in that area?

The Minister for Health and Social Services:

Our chief nurse has been in negotiations and there is not so much training of nurses but more ... or it is training of nurses but not training of student nurses. It is more training of nurses to continue their continuous professional development.

The Deputy of St. Ouen:

Am I right in saying that Guernsey actually currently operate a training and recruitment process for people who are interested in pursuing a career in nursing and they offer a training course specifically within the hospital that allows them to actually develop and grow their own?

Chief Officer:

Yes. We do something similar. We are actually in the middle of market testing that to get a provider going forward.

[12:45]

The Deputy of St. Ouen:

Right. Again, are you co-operating with Guernsey? Are you looking at what Guernsey do?

Chief Officer:

We have shared our specifications with Guernsey and there has been some discussion. I do not believe that Guernsey with their English partner are bidding for the work, but that is obviously an issue for them to decide. We have a clear specification of what we are looking for and I am aware that we have had some very good bids put forward by a number of very well known and well respected training institutions in the U.K., the aim being to do more training on-Island with that academic partner.

The Deputy of St. Ouen:

When do you plan to roll this out?

Chief Officer:

I do not have the specific details with me, but again I am very happy to get you an update on that.

The Deputy of St. Ouen:

Roughly? This year? Next year?

Chief Officer:

We expect it to be this year, yes.

The Deputy of St. Ouen:

Thank you.

The Deputy of St. Peter:

Has any consideration been given to legal drafting? I know that Guernsey recently introduced a new Adoption Law, for example, and that would be an area where work is required on our behalf.

Managing Director, Community and Social Services:

There is some drafting time this year for some regulatory changes around reciprocity of care orders with the U.K., so there are some minor amendments in the Adoption Law. But there is a working group that is working under the strategic framework for children which is looking at all the legislation relating to children's issues and bringing that back to the Child Policy Group quarter 2, I think, is it not?

Assistant Director, Ministerial Support:

Yes, quarter 2.

The Minister for Health and Social Services:

But also within Environmental Health there are some regulations, some law drafting, coming up and, yes, we are working very closely because the environmental lead officer - I cannot think what her exact title is - she goes cross Island, so she is doing the same piece of work in Guernsey as well as in Jersey, so that is good.

The Deputy of St. Peter:

Thank you.

Deputy J.A. Hilton:

Just one question on fostering and care applications. Are you satisfied that the courts are giving you a good service with regard to timescales, the length of time it is taking to actually deal with these cases?

Managing Director, Community and Social Services:

I think working with the courts has shown a dramatic improvement in the last 12 months. There has been some really good work with the courts in terms of assessments and placements, so yes.

Deputy J.A. Hilton:

Okay, so you do not have any concerns at the present time about the length of time children are possibly spending in care before their cases are being dealt with?

Managing Director, Community and Social Services:

I am not aware of a trend which is concerning.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Peter:

We are grateful that you shared the *Action for Children* report with us and we are wondering when you plan to publish it.

The Minister for Health and Social Services:

Sorry, when do we intend to publish it?

The Deputy of St. Peter:

Publish it.

The Minister for Health and Social Services:

The action report again is coming to the C.P.G. (Children's Policy Group) to be part of the service improvement plan, to be added into the service improvement plan on Friday, tomorrow, and if it is all agreed there it will be released on Friday afternoon.

The Deputy of St. Ouen:

Why the delay in releasing the report when you received it late last year, October last year?

The Minister for Health and Social Services:

No, it was released October time, I think. The Children's Policy Group had it and then it went to its meeting in December to look at how the action is put into the service plan, and this is what is going to come to the C.P.G. tomorrow.

The Deputy of St. Ouen:

Presumably, the report has not been able to be changed or amended because it is an independent report?

Chief Officer:

Yes, absolutely.

The Deputy of St. Ouen:

Is it just your intention that you wish to provide a range of actions that are linked to the report?

The Minister for Health and Social Services:

Yes, because it is important in any report ... it is all very well just putting a report out and it can get lost, it can get buried, it can be put on a shelf and dust collected on top of it. It is important that any report ... and I think you would challenge me on that to say: "What are the actions that are going to come from it?" It is all very well having this report, so we felt and the Children's Policy Group felt it important, too, that the actions needed to be put alongside the report. Otherwise it is just another report.

The Deputy of St. Ouen:

We are very keen obviously to see those actions and equally see the report published because a lot of the recommendations that we identified and noted in our respite review were subject to consideration of a further report undertaken by ...

The Minister for Health and Social Services:

Yes. Well, all being well I hope it is going to be out on Friday afternoon.

The Deputy of St. Ouen:

Great. Thank you very much.

The Deputy of St. Peter:

If we can touch briefly on our report as well regarding respite, we recommended that the demand for respite was collated and understood so that research could be carried out. Has that been started now?

Managing Director, Community and Social Services:

That work is now under way and led by Richard Mills, the director of the National Autistic Society. The group has met on 2 occasions since we last met and they have also met with voluntary groups. The next meeting for them is to meet with parents and young people themselves and to bring back that information. Simultaneously, the Education Department are also now doing quite a lot of work in this area, which our officers are taking part in. So there is quite a lot of cross agency work looking at need and how that need is met by both Health and Social Services and also by Education, Sport and Culture.

The Deputy of St. Ouen:

If I have understood you correctly, you have just said that you brought in an independent U.K. body to help undertake the work. Why is that necessary when surely we only have 100,000 people on the Island, and I do not know the number of children, but it should be relatively easy within the existing resources available and the information that is held at Education to gather that

information quite quickly rather than necessarily go into some sort of further, more complicated, complex method of achieving the same result.

Managing Director, Community and Social Services:

We are seeking expert leadership from the Director of National Autistic Society because we think that level of expertise is what is required to give good evidence-based information on which to base the allocation of resources.

The Deputy of St. Ouen:

When will that work be complete? When will be able to know exactly how many people we have that need support?

Managing Director, Community and Social Services:

Well, I think that will be an iterative process. We will continuously be identifying different groups of children and young people who need different services, so we will be starting gathering that information this year. The information will be informing decision-making both in Education and in Health and Social Services this year and also will be informing some of the final pieces of work around the full business case for short-break services for children. A lot of the investments that come out later on in the year will be based on the evidence that is gathered this year.

The Deputy of St. Ouen:

But in fairness we were told when we conducted our review the information is there, readily available because we have to educate all children. So all the schools and all the special needs facilities and support that is provided by Education identifies these youngsters quite quickly in the process. Furthermore, we have obviously all the support that Social Services and the Health Department provide prior to the age that they actually even arrive at school. So I am struggling to understand why we cannot or it is not easy to actually produce: "Right, this is the group of people." I accept that you may not capture 100 per cent but you could easily be close to 90 plus. What is the difficulty?

Managing Director, Community and Social Services:

I think the difficulty is that when you are talking about complex needs - included in the title - that actually is a wide range of children with a wide variety of different needs. So just coming up with a number and saying: "There are 100 children with complex needs" does not tell you anything. Saying what those needs are and how those needs might be met on-Island, off-Island, in what kind of services, is actually the kind of rich information that is required to allocate resources. That is the kind of information they are looking to have back.

The Deputy of St. Peter:

A level of need was identified regarding holiday care. I think you were tasked to undertake some discussions with Education. What is happening there? Has there been any movement?

Managing Director, Community and Social Services:

Yes, we have had preliminary discussions with the Assistant Director for Education and he has come back and told us what the current provision is in terms of what is available via Mont à l'Abbé School. We have also had discussions with him about other holiday club provision, which is generic services for holiday club provision, and whether that might be available for young people with complex needs as well. Again, that is something they will be bringing into their work that they are currently undertaking looking at this specific area in Education, Sport and Culture so it is on their agenda and also, as I say, will be a feature of the full business case around short break services. So we may well see investment going into that direction from the White Paper.

The Deputy of St. Peter:

Is that likely to be seen this year?

Managing Director, Community and Social Services:

Yes, this year.

The Deputy of St. Peter:

Thank you. While we are on that topic, has there been any progress regarding the Heathfield site?

Managing Director, Community and Social Services:

Yes, quite protracted but we are just about within the funding envelope that we have available to us to develop the services this year that we want to create at Heathfield and at Oakwell. So those are the 2 pieces of work that we really want to move on with in 2013. I cannot give you specific timeframes with regard to Heathfield, but it is my intention to try and achieve all the adaptations for Heathfield to create independent units for adolescents with autistic spectrum disorder needs hopefully ... I think if I said by year end I would only fail, but certainly by 2014 we want to be able to bring those services online.

The Deputy of St. Peter:

How many adolescents will it be designed to accommodate?

Managing Director, Community and Social Services:

We are currently looking at 3 units of provision there.

The Deputy of St. Ouen:

Is that simply meeting the current need?

Managing Director, Community and Social Services:

That is meeting the ... yes, I suppose it is absolutely meeting the current need that is currently off-Island and being provided for on-Island in other settings.

The Deputy of St. Ouen:

So if, for instance, another difficult situation developed we would still be required to support people off-Island because we would not have the necessary facilities on-Island?

Managing Director, Community and Social Services:

I think we have to recognise that there are a number of individuals that we probably are best placed providing for off-Island. What we are looking to do is bring forward some provision on-Island that has never as yet been available. I am also working with Autism Jersey to look at some rather exciting developments over the coming years at the Le Geyt site and also you might be aware they are starting their hub in town. I think they are opening that in ...

The Minister for Health and Social Services:

A couple of weeks.

Managing Director, Community and Social Services:

... a couple of weeks' time. So it is not just about these 3 units. It is about a whole wide range of services to support children, young people, and through transition into adolescence and into adulthood.

The Deputy of St. Ouen:

So these could become permanent accommodation homes for certain individuals, could they?

Managing Director, Community and Social Services:

They could do.

The Minister for Health and Social Services:

I think one thing that we have to also look at is we have to be as flexible as we possibly can because what is right for some young people today might not be right for the next group of young people tomorrow or next year or the following years. Because we are only talking about a very small number, but a very small number with very complex needs.

The Deputy of St. Ouen:

I appreciate that.

The Minister for Health and Social Services:

So it is trying to be flexible, as flexible as we possibly can, and as Richard said, there will always be some children who we unfortunately cannot meet their needs and they will have to go off-Island.

Managing Director, Community and Social Services:

In the last few months I think we have had some really exciting and interesting work with Education, Sport and Culture and Autism Jersey to provide some very innovative on-Island provision for young people, and also now jointly funded off-Island provision for adolescents with autism. So I think there is much better cross-organisational working in this area.

The Minister for Health and Social Services:

But I think also there is better recognition as well of identifying children who are on the autism spectrum at schools and with our service, too, so if we can get it earlier then we can address their needs earlier.

The Deputy of St. Peter:

Have you seen a rise in the number of cases, diagnoses?

Managing Director, Community and Social Services:

Well, there is certainly better identification going on and Jersey always has a feature, besides the small numbers, you can have 6 in one year and nothing the next and that is very much a feature of it. But I think Deputy Reed would tell us that we should plan for that and that is quite right and we should be able to identify them early and work with our partners in Education to make sure that the right provision sits within the year groups as we go through.

The Deputy of St. Peter:

I was going to ask you if that subject formed part of your discussions with the National Director of Autism, Richard Mills.

Managing Director, Community and Social Services:

What aspect?

The Deputy of St. Peter:

The planning and predicting ...

Managing Director, Community and Social Services:

Yes, it does but actually I think more interestingly with our partners in Education in talking about the children that we are seeing in the child development centre, making sure that we are working collaboratively with them to make sure the provision is there in the early years and that we are gearing up services as they go through the ... not just within the schooling but also outside of schooling so that we are providing a holistic approach to the management of young people with complex needs.

The Deputy of St. Peter:

Thank you. Deputy Hilton, did you want to ask a ...?

Deputy J.A. Hilton:

I just wanted to ask you a question around training provided for staff at Eden House with regard to children with severe autism. You use a company called Tutela?

Managing Director, Community and Social Services:

Tutela, yes.

Deputy J.A. Hilton:

The company is not accredited as a training provider.

Managing Director, Community and Social Services:

I am not an expert in this area. There is one other provision of training into that area, but I would say that Tutela is a service provider that we use. I must say the service we have received and training we have received has been excellent.

[13:00]

Deputy J.A. Hilton:

I am just curious that the Health Department would use a company that was not actually accredited as a training provider by the British Institute of Learning Disabilities.

Managing Director, Community and Social Services:

Well, I am not aware of that but I would say they do come highly recommended.

Deputy J.A. Hilton:

Is it a local company?

Managing Director, Community and Social Services:

No, they are U.K. based.

Deputy J.A. Hilton:

It is a U.K. based company. How long has the Health Department been using this company to provide training?

Managing Director, Community and Social Services:

I am not aware of that. It is a number of years and, as I say, it is not the only training that we provide for the staff at Eden but I must say they have ... we were just discussing the training needs this morning with different areas of staff across community and social services and that was actually identified as an exemplar of excellent training provided to a group of staff, so I am interested to hear you say that.

Deputy J.A. Hilton:

Well, it is in your report.

Managing Director, Community and Social Services:

I am interested that that should be ...

Deputy J.A. Hilton:

Oh, right. I just wanted to raise it because it is actually in your report and I was curious as to why you would use somebody who was not accredited.

Managing Director, Community and Social Services:

I will find out and get back to you on that.

Deputy J.A. Hilton:

Lovely, thank you.

The Deputy of St. Peter:

You have mentioned some successful discussions with Autism Jersey. What other partnerships are you entering into with third sector providers to innovate your services?

Managing Director, Community and Social Services:

I do not know whether you want to talk more broadly about ... do you want to talk about specifically in community social services or ...?

The Deputy of St. Peter:

Yes.

Managing Director, Community and Social Services:

Okay. Well, there are a variety of different third sector organisations. Yes, it is a bit “where to begin” with that. We work closely with all providers in Jersey and in relation to the White Paper we will be working with a number of them to bring forward partnership proposals as to how we might meet the specifications set out in the full business case, so with a variety of them. I am not sure whether we can go into specifics right now.

The Deputy of St. Peter:

No, that is fine, but I presume now you have the third sector coordinator - I mean the community and voluntary sector coordinator - on board he has joined the steering group, I believe, yes.

The Minister for Health and Social Services:

Yes.

The Deputy of St. Peter:

That is working successfully I imagine?

The Minister for Health and Social Services:

Yes. I was just reflecting on an email I sent back to the chair of the voluntary and community sector on how themselves have developed over the last couple of years, because it was only I think a couple of years ago that they were all very much individual and we sat down at that evening at The Bridge and they were given some money to be able to begin to work together. So, yes, they are working exceptionally well together and I think they had a showcase on Saturday. I think it demonstrates how well they are working together and also learning from each other because there were some voluntary groups that did not realise the level of what they do do and what they do provide on Jersey. So that work is going well. I meet with the chairman - I had a session with him one Saturday - and the chief executive officer is on your steering group, so there is some good involvement there.

The Deputy of St. Ouen:

What efforts are being made to extend the agreement period, in particular the funding that supports some of these organisations?

The Minister for Health and Social Services:

Can you just expand on that?

The Deputy of St. Ouen:

Well, for instance, correct me if I am wrong but I believe that, for argument's sake, Brighter Futures is currently reliant on some form of funding from yourselves and it is based on a 12-month arrangement. That is very difficult for both the organisation and those that work in it because obviously if they want to provide ongoing services having certainty for only 12 months is difficult to say the least. I just wondered what consideration is being given and what work has been undertaken to look at reflecting now a 3-year plan as determined in the Medium Term Financial Plan, which would mirror the ...

Director of System Redesign and Delivery:

We have been working for at least the last year with a whole range of voluntary and community sector organisations to understand what services they provide, how they can work better with us, and also to look at being clearer in the documentation that we agree with them about what they provide and, importantly, what we do as well as what the voluntary sector do to try to really cement some really good two-way relationships that feel like they are more two-sided. So these service level agreements, which is what the documents are called, are developing. They are much more clear and they are much more reflective of a more partnering, more two-way approach now. We are working with all of the organisations this year about the metrics that we gather to show Islanders exactly what it is that we are getting for taxpayers' money and the value, really importantly, the value that the voluntary and community sector are providing in all of the great services that they deliver for Islanders. We are also looking, exactly as you say, Deputy Reed, now that we have 3-year funding through the Medium Term Financial Plan, which we only had at the beginning of this year, to those longer term arrangements, longer term service level agreements, to give a bit more surety and certainty about the longer term funding.

The Deputy of St. Ouen:

Let us just take, for instance, Brighter Futures. I am not being selective but when, for instance, could they expect to have a greater certainty around the funding over a period of time?

Director of System Redesign and Delivery:

With all of the voluntary and community sector organisations that we have direct agreements with, we are actively working with all of them now, having meetings with all of them now, about the service level agreement document, what they will provide, what we will pay, over how long, and the metrics that we will collect both in terms of quantitative numbers and, importantly, qualitative: how does it feel for Islanders to be receiving these services and how does it feel for staff to be involved in them. That is happening with all of the organisations that we are working with.

The Deputy of St. Ouen:

Over what time?

Director of System Redesign and Delivery:

We are already engaged in those discussions now.

The Deputy of St. Ouen:

When are you aiming to complete that work?

Director of System Redesign and Delivery:

As soon as possible.

The Deputy of St. Ouen:

Again, roughly?

Director of System Redesign and Delivery:

Definitely by the end of the first quarter this year, but as I say, we have been engaged in those discussions for some time now and we are hoping to get to that agreement as soon as we possibly can do.

The Deputy of St. Ouen:

One last subject, linked to the comment you just made, regarding value for money. You talk about measuring outcomes and how you do that and I absolutely support the idea. I just wondered what work had been undertaken by the Health Department to actually measure the outcomes of all the services that you currently provide. Can I ask that question? What efforts are being made and when are we likely to see that work provision?

Director of System Redesign and Delivery:

When I talked just then about all the services that we deliver, that includes our services, the Health and Social Services delivered services, as well as the services that are delivered by a whole range of other organisations. So, again, that work is ongoing.

The Deputy of St. Ouen:

Right, so by the end of this year can the public expect to see some information which will provide a base line of what we are doing, how we are doing it, and demonstrating the outcomes that we are achieving in 2013 that can then be used to monitor how effective we are in delivering those same services a year later and so on?

Director of System Redesign and Delivery:

That is the intention that we are moving towards, yes.

The Deputy of St. Ouen:

Oh, great, good.

The Deputy of St. Peter:

If we could just move on, could we have a brief update on any work that has been taking place with Social Security looking at the long-term care?

The Minister for Health and Social Services:

I know it has been work in progress. The officers have been actively engaged I think for many months with Social Security and I have just literally come from a ministerial oversight meeting looking into the long-term care. Very complex issue.

The Deputy of St. Peter:

Are you reaching any conclusions yet?

The Minister for Health and Social Services:

I do not think it is for me to say at this moment in time.

The Deputy of St. Peter:

Okay. Any idea of a time line when we might hear?

The Minister for Health and Social Services:

I think that is a question you will have to ask the Minister. I think it would be totally unfair for me to comment on that.

The Deputy of St. Ouen:

Can you just inform us who sits on the ministerial oversight group?

The Minister for Health and Social Services:

Who was on ...?

The Deputy of St. Ouen:

For this particular subject?

The Minister for Health and Social Services:

The one today?

The Deputy of St. Ouen:

Yes.

The Minister for Health and Social Services:

It was the Chief Minister, the Minister for Treasury and Resources, obviously the Minister for Social Security, the Assistant Minister for Treasury and Resources, Assistant Chief Minister, myself and ... oh, and Assistant Minister for Social Security as well.

The Deputy of St. Ouen:

So it sounds as though they are guaranteed to get a good result quite quickly then?

The Minister for Health and Social Services:

All I can say it is a very complex issue and we need to make sure that the funding is there not only for the next 5, 10, 15 years but for further ahead, too.

The Deputy of St. Peter:

Okay, thank you. We will move on. The vulnerable adults policy group, which is being created and combined with the children's policy group ...

The Minister for Health and Social Services:

No, they ... carry on.

The Deputy of St. Peter:

Hm?

The Minister for Health and Social Services:

I will answer your question when you have asked it.

The Deputy of St. Peter:

We have a little confusion I think and we are hoping that you can shed some light. We noted over the weekend the announcement regarding the independent safeguarding standards agency and their work sounds very similar to that of the J.C.P.C. (Jersey Child Protection Committee). We were wondering how they are both defined and how this fits into the creation of the vulnerable adults policy group as well, if you could talk us through this.

Managing Director, Community and Social Services:

Yes, I will happily pick that up. There is quite a difference actually. I would be very happy for some literature and information about the I.S.S. (Independent Safeguarding and Standards) to come to the Scrutiny Panel so you can see that. We had an opening on Friday. The Bailiff attended at the opening of the service. They provide independent reviewing officers to look at the work of the children's service. They operate outside of the children's service. They directly report to me and they provide some counterbalance so that when we are looking at social work case work around child protection issues or any social work issue with regards to children, they are there to make sure that the standards that we set are met and that case strategy meetings are held on time and that if children are based on-Island or off-Island that those placements are reviewed properly and they will provide that independent review of the service. So it is quite a different role from what the J.C.P.C. has, actually, but obviously they will be working very closely with the independent chair.

Deputy J.A. Hilton:

So the independent reviewing officers, there are 2 and they are based off-Island and they are coming in?

Managing Director, Community and Social Services:

No, they are based on-Island. They have new offices at Britannia Place. That is what we were opening last Friday. So they are on-Island but they will go and visit a child if a child is placed off-Island. They will go and visit that child and make sure ...

Deputy J.A. Hilton:

Who are they contracted to?

Managing Director, Community and Social Services:

Health and Social Services, but they do not report into the Director of Children's Services.

Deputy J.A. Hilton:

Okay. I just assumed when you said independent reviewing officers that they would not have been part of Health and Social Services, that there is some sort of conflict there.

Managing Director, Community and Social Services:

No, there is not. We have a variety of different functions and you will see the J.C.P.C. and the independent chair is absolutely independent of the Minister and will report to the Minister, but this independence is independence from the children's service itself and provides me with that counterbalance to make sure that the service is being run correctly.

Chief Officer:

I believe it is one of the key recommendations of the Williamson report to bring this service into place.

The Minister for Health and Social Services:

They will feed into a part of the national equivalent or national grouping of what they will call themselves.

Managing Director, Community and Social Services:

Absolutely. The support that you might be referring to is from the 2 ... the direct support they get from the 2 leads for Scotland and England in terms of Ofsted and I.R.O.s (independent reviewing officers) in Scotland. It might be best if I just forward you ... there is some very good literature that has been brought out about what the service is and is not. I can make sure that is available for you.

The Deputy of St. Peter:

Thank you. Right, so that takes us on to the J.C.P.C. There is an appointment process going on, I believe, with the chair's contract.

The Minister for Health and Social Services:

The independent chair?

The Deputy of St. Peter:

Yes.

The Minister for Health and Social Services:

Yes. That is where I am going a bit later on to finish interviewing the present incumbent. His contract comes to an end at the end of this month. We went through an advertising and procurement procedure. I am very pleased to say we had 26 candidates, most of which were very high quality and we are extremely pleased. So we have been in the process of interviewing. It will be an independent chair and they will oversee the children's part of it and then there will be a separate multi-agency, which is a multi-agency but they will also be doing the equivalent of the vulnerable adults policy group.

The Deputy of St. Ouen:

Who made a decision to extend or expand the children's policy group to include vulnerable adults?

The Minister for Health and Social Services:

We are not expanding the children's policy group. It is the children's policy group stays as the children's policy group in its own right and there will be the equivalent of a vulnerable adults policy group.

Managing Director, Community and Social Services:

It is simply mirroring the safeguarding arrangements we have for children and mirroring those arrangements for adults that currently do not exist.

Chief Officer:

The only joint-ness is that the independent chair who hopefully will be appointed and their support staff, their back office staff, will service both committees and both sets of safeguarding arrangements. So there is a joint-ness there but there are 2 completely separate groups with the right Ministers, et cetera, on them to drive forward the children's policy and the vulnerable adults policy.

[13:15]

The Deputy of St. Ouen:

Who has determined the role and responsibility of this new individual? Because obviously this vulnerable adult protection is new, very new.

Chief Officer:

It is new to the Island. It is not new ...

The Deputy of St. Ouen:

No, well, new to the Island. We have not even really noticed any particular strategy that supports the protection and provision for vulnerable adults.

Assistant Director, Ministerial Support:

Perhaps I could explain what we have been doing. You are absolutely right that when it comes to safeguarding of vulnerable adults we are behind the curve and we recognise that. A decision was actually taken by the Council of Ministers in October that we needed to set up a vulnerable adults equivalent to the children's protection committee and also a vulnerable adults equivalent to the C.P.G. so that the actual ministerial policy group cuts across policy for all vulnerable adults. So that decision was taken by the Council of Ministers. In terms of the role and the description and the responsibilities of the joint independent chair, who is the joint independent chair for children's protection and vulnerable adults protection, their role description was developed through some

research done looking at similar roles within the U.K. and also through consultation with key professionals in Jersey who are working around the areas of both adults' and children's safeguarding.

The Deputy of St. Ouen:

Who led this work?

Assistant Director, Ministerial Support:

The children's policy group led the work because at the time there was not a vulnerable adults policy group, but we did it in consultation with the shadow members of the vulnerable adults policy group because we have pulled together a group in name with some terms of reference, albeit it is not meeting, it is not functioning yet until the new joint independent chair is in place, which will be imminently. We have the final interview this afternoon.

The Deputy of St. Ouen:

One last point is when we will be likely to see a strategy that supports the provision and protection of vulnerable adults?

Assistant Director, Ministerial Support:

Well, I cannot give you an exact date for that. What I can do is I can tell you that we already have developed draft terms of reference for a vulnerable adults protection committee and for a vulnerable adults policy group. The vulnerable adults protection committee is meeting as a shadow committee at the moment until the new joint independent chair comes in place, and as soon as that person is in place we will be working with them and the politicians sitting on the vulnerable adults policy group will be working with them to look at developing a coherent multi-agency strategy for moving forward to identify potential risks to vulnerable adults and look at how we mitigate those potential risks.

The Deputy of St. Ouen:

What assurances can you give us that actually what is being created - and, as you say, you are already bringing people in to deliver certain work - is actually appropriate when we do not have the strategy in place?

Assistant Director, Ministerial Support:

The shadow vulnerable adults protection committee and the terms of reference and the role description for the joint independent chair are based on about 20 years worth of experience in the U.K. of what does and does not work with regard to the protection of vulnerable adults. So this has not been an exercise where it has been developed in a darkened room. It has been

developed based on the experience that they have had in the U.K. of the issues and challenges associated with the protection of vulnerable adults. It is important to understand that while we do not have a multi-agency vulnerable adults protection committee in place at the moment, and while we do not have a vulnerable adults policy group in place at the moment, that does not mean to say that on a day-to-day basis services such as social services and such as the police have not been putting in place appropriate measures to safeguard vulnerable adults. What we have not been doing is doing it in a coordinated manner across different agencies, and that is what we are looking to rectify.

The Deputy of St. Peter:

Okay, thank you. Deputy Hilton has a question.

Deputy J.A. Hilton:

At a previous hearing, we asked some questions around an incident that happened while a child was in the charge of staff at Maison Allo. This incident happened in St. Brelade. Can you tell us what has happened since then? You declined to answer questions at the time because there was an inquiry going on and I wondered what progress had been made.

Managing Director, Community and Social Services:

I am reluctant to speak on individual cases so if I am hesitant it is only because I am just trying to make sure we do not identify any individuals. Can I just say that in that particular case we carried out our own investigation of the events. We met with the provider who was providing the care at the time and the parent, and also the parent's advocate, to talk through that report, look at any recommendations for the service and to ensure that they would take on board those issues, and that is where it is.

Deputy J.A. Hilton:

Did you accept the recommendations that were given in the report and have they been implemented?

Managing Director, Community and Social Services:

They were our recommendations that we were providing to the provider, so we would recommend that if this was our service this is what we would do. So it was in a partnership of explaining to them what we considered to be the appropriate actions. As far as I am aware, they were happy to take on board those recommendations. I have not received any suggestion that that is not the case.

Deputy J.A. Hilton:

Was there any disciplinary action taken against the member of staff involved?

Managing Director, Community and Social Services:

A disciplinary process was carried out by the provider. I cannot tell you what the outcome of that was.

Deputy J.A. Hilton:

Are you prepared to share with us the recommendations that you made to the provider?

Managing Director, Community and Social Services:

Possibly if we were to do that ... I think to do that we would have to do 2 things. One, it would have to probably be in confidence because it is detailed information about the individual and, secondly, we would probably need the consent of the provider themselves. But I would have no problem whatsoever providing the report we prepared.

Deputy J.A. Hilton:

What lessons do you feel that your department and the provider have learnt from this incident?

Managing Director, Community and Social Services:

I think it shows that actually we carry an awful lot of risk when we are managing looking after children with complex needs. Actually, there was many positive points in the report we prepared for them about how they were positively managing that risk. Mistakes do happen and it is important that those mistakes are recognised and that some of the solutions to make sure those things do not happen again do not have to be costly, they just need to be understood. I think certainly sharing it with the parent and the parent's advocate was a very positive experience for all parties, so I am glad we were able to broker that.

Deputy J.A. Hilton:

Are you satisfied that the actual training in place that is being provided by the provider is adequate?

Managing Director, Community and Social Services:

I would rather decline to comment on that at the moment as that is a current issue for the registration inspection, so I think I would probably need to leave that.

Deputy J.A. Hilton:

Okay. In your opinion, the parent and her legal representative are happy or satisfied with the outcome of the report?

Managing Director, Community and Social Services:

It is my understanding that they were very satisfied with the quality of the report and the recommendations that were made.

Deputy J.A. Hilton:

Are you satisfied that adequate steps have been put in place that this incident hopefully will not be repeated again or a similar incident would be repeated again?

Managing Director, Community and Social Services:

I think that is a question you would have to ask the third party provider themselves. It would be for them to ensure that those steps ... certainly we would be hopeful that they would take on board our recommendations, but nevertheless it would be for that committee themselves to determine how they use their resources.

Deputy J.A. Hilton:

But as far as your department is concerned, you are satisfied that you have a service level agreement provider; you are satisfied to leave that in place?

Managing Director, Community and Social Services:

I am.

Deputy J.A. Hilton:

Are you prepared to release the report to the Scrutiny Panel?

Managing Director, Community and Social Services:

With the consent of the third party provider and the parent, yes. Obviously, in confidence that would be, yes.

The Deputy of St. Peter:

Thank you very much. We might turn now to a slightly more health focus if we can, but we have agreed this previously and we thank you for your letter, which we received yesterday afternoon, which we have had some time ...

The Minister for Health and Social Services:

The full business case you mean?

The Deputy of St. Peter:

Yes.

The Minister for Health and Social Services:

Which is Health and Social Services.

The Deputy of St. Peter:

This is true. We have not had much time but we have been able to digest some of the information that you have provided to us. One question to start with. We noted on 2nd January you signed a ministerial decision - this is not quite into the full business case as yet - transferring £300,000 from Social Security to begin work on the primary healthcare changes. Can you explain how this money will be used and what you anticipate will happen this year?

The Minister for Health and Social Services:

As I understand it, it was to use to begin ... the primary care part of the proposition was to look at primary care, opticians, dentists and general practitioners, and that is the money to begin to look at that work.

The Deputy of St. Ouen:

Is this a cost for outside consultants, work to be undertaken by an independent body or ...?

Director of System Redesign and Delivery:

As the Minister says, we were charged by the Council of Ministers with bringing back proposals for a sustainable model of primary care to the States by September 2014. There is an awful lot of work that is needed in order to do that. It is a very, very complex system and we need to make sure that we bring back proposals that will get it as right as possible and avoid as many unintended consequences as possible. It is also critical that we do that absolutely jointly hand in hand with all of the primary care providers, G.P.s, dentists, optometrists and pharmacists. It is a very large and complex piece of work and it is critical that we get that right, as right as we possibly can, working with people. That means that we do need both the capacity to do that piece of work and also the deep subject matter expertise and knowledge to do that piece of work, particularly around dentists, optometrists, pharmacists. For that reason, we do need to identify some experts to come in and work with us in order to progress that piece of work. When you look at those timescales, bringing a proposition to the States by September 2014, having gone through a consultation and engaged as many people as we can and the various States processes, including

our own ministerial oversight group, means we really need to get on with that work now and it needs to be all but complete by the very beginning of 2014 in order to then take it through a proper consultation and take everybody's views as we possibly can do on that. So where we are right now is we have the scope of work which we are discussing with the ministerial oversight group to agree that scope of work and then to be able to get on with it. There is a lot of enthusiasm within primary care to get on with that piece of work and that is absolutely right and that is what we are hoping to do.

The Deputy of St. Ouen:

So just to be clear, the £300,000 is being spent on outside consultants to come and undertake this piece of work to deliver the results that we are looking for?

Director of System Redesign and Delivery:

It is but building on work that we have already done. So, for example, not redoing all of the work that we have done in the past 2 years around primary care and not redoing all of the work that we have done around the integral role of primary care within our new system.

The Deputy of St. Peter:

Are you continuing to work with the members of the primary care body who attended ...

The Minister for Health and Social Services:

Yes.

The Deputy of St. Peter:

Yes, okay. Your experts, are they clinical experts or a mixture of clinical?

Director of System Redesign and Delivery:

We have not got to the point of appointing those experts yet because we have to agree the scope and make sure we go through a proper process to appoint absolutely the right people, the right people that will work with us, that will come to Jersey and work with us or who are already in Jersey. It is critical that they understand the Jersey system and they understand the interactions of the Jersey system, but it is also critical that they do have that deep subject matter knowledge because a generalist who knows a bit about health and social care could not really understand the issues that dentists face, for example, within the Jersey system. So it will need to be a mix of skills because clearly for the complexity that we are looking at the funding streams need to be right, the types of services need to be right, the role of those professionals within the whole system needs to be right, so it is multifaceted and so it will need a number of different approaches but all brought together. Absolutely critically, it has to be done with the primary care practitioners in Jersey and it

has to be absolutely appropriate for the Jersey system and for our new health and social care system going forwards.

Chief Officer:

I think we would be very happy to share the scoping document with you so that you can see the complexity of the piece of work.

The Deputy of St. Peter:

Thank you.

Chief Officer:

I think it was only as we started to draft it and looked at all the elements of it that it became so obvious just how detailed it would be and how critical engaging the practitioners themselves will be. It has been discussed this week at the steering group. We do have G.P. membership of the steering group and we have agreed that that scope will be shared with the primary care body and obviously with other representative bodies for dentists and optometrists and others.

[13:30]

The Deputy of St. Peter:

Okay, that is great, thank you. For the sake of clarity, we noted 2 different groups being referred to in the latest documents we have seen, H.A.S.S.M.A.P. (Health and Social Services ministerial advisory panel) as well as the ministerial oversight group, and we wanted to just check whether they are one and the same or whether they are 2 different bodies and who composes them.

The Minister for Health and Social Services:

The ministerial oversight group is as it says and the composition of it has not changed all the way along, I do not think. I do not think so. The H.A.S.S.M.A.P. group, which is the Health and Social Services ministerial advisory panel, is the group that I set up back at the end of 2009 purely to advise me, be an independent group who have medical and community social services background to advise me. As time has progressed they have worked well together and also we are looking ... because we are at the stage of how we can use their role going forward with the White Paper. So there are 4 members on the board and I can quite happily give you their names and their C.V.s (curriculum vitae).

The Deputy of St. Ouen:

Can you just tell us the membership of the ministerial oversight group, please?

The Minister for Health and Social Services:

Membership is the Chief Minister, the Minister for Treasury and Resources, the Minister for Social Security ... myself, Assistant Minister ...

Director of System Redesign and Delivery:

And the relevant Chief Officers from those departments and Assistant Treasury Minister.

The Minister for Health and Social Services:

And Assistant Treasury Minister, yes.

Chief Officer:

If I could just add in terms of the role of H.A.S.S.M.A.P., one of the points that was raised during the States debate on P.82 and which we received separate representations on, both I think from primary care but also from the third sector voluntary community sector, was a desire to see some independent oversight of the implementation of the White Paper as it went into its commissioning and procurement roles. I think that was a very valid challenge in terms of clearly as a department we have both a provider role and we have a commissioner role and it is important to have some clear water between those but it is also important to have some clear oversight of it. There was some discussion about whether some sort of independent board could be set up. Clearly, the legalities around the role and function of the Minister and, indeed, my role as an accounting officer means that you cannot delegate those decision-making functions to another body, but we could look at perhaps using H.A.S.S.M.A.P., who are a group of independent experts, to take on an additional role to give that oversight and assurance and make a recommendation to the Minister for her consideration. We have had some discussions at the steering group about that model, particularly taking note of the G.P. representatives' interest in that. The sense was that this would be a good way forward, but obviously what we will do is supplement the membership probably by another member who would come from a primary care background, possibly a recently retired G.P., for example. We would go out to advert for that because that was how the other members of the H.A.S.S.M.A.P. were originally appointed, but because we have work ongoing we would look at perhaps adopting somebody on to that group for a period of time with the relevant background to provide that primary care external independent oversight and assurance. So it is a way of trying to move that issue forward within the constraints of obviously the way that we have to make decisions within the States.

The Deputy of St. Peter:

That would be a permanent body to see through the future?

Chief Officer:

Yes.

The Deputy of St. Peter:

With a seat that lasted a certain number of years?

Chief Officer:

Yes.

The Minister for Health and Social Services:

But also that group have the background as well because they have been part of the KPMG Green Paper and the White Paper, too. They very much challenged me and the officers all through the steps so they all have the background, which is important to how we got there.

The Deputy of St. Ouen:

Presumably, it would be the ministerial oversight group or yourself that will agree the process of commissioning and procurement?

Chief Officer:

Yes.

The Deputy of St. Ouen:

And sign that off first?

Chief Officer:

Yes.

The Deputy of St. Ouen:

Then share it with your ...

Chief Officer:

No, it goes the other way through. Ultimately, the decision on the commissioning process, a decision around a specification, what might go out to tender, what might not, ultimately that decision clearly rests with the Minister. The recommendations of how that might work will obviously be looked at by the steering group and then it will be looked at then by H.A.S.S.M.A.P. The H.A.S.S.M.A.P. will take all of that information and look at it and say: "Is it valid? Is it a robust process? Has it been fairly applied? Can we make a recommendation to the Minister to say: 'This process has been run properly, the specification is sound, we can see that there has been a

proper evaluation of the bidders, and we would recommend that you accept bidder A to provide service Y'."

The Deputy of St. Ouen:

Oh, okay, right, so the actual ...

Chief Officer:

So then the Minister has all of that information with her in order for her to make her decision.

The Deputy of St. Peter:

We see that your full business case process has been delayed somewhat because of the illness factors before Christmas and that was the primary reason, I think, which must be a setback obviously for yourselves but perhaps has some positive aspects as well. We would like your consideration on that timing.

Director of System Redesign and Delivery:

There are 2 factors in play in terms of the timescale. The first one, as you quite rightly said, was we did have a challenge around norovirus that really impacted on us for about a month. Due to infection control we were not able to hold any large meetings, so some of the planned workshops that would have happened in December quite rightly for infection control purposes needed to be rearranged for some time in January. That is one factor. The other factor, and again it is responding to feedback that we have received, it is important that we get the right services to meet the pressures and the challenges that we know are facing Islanders. It is important that we do that quickly because we know the pressures and challenges are impacting now, but it is also important that we do it at the right pace. It is important that we take people with us on that journey so there is a balance between doing things perfectly and doing things quickly. That is the balance that we are trying to meet here. We have been charged by the States in the debate last year to introduce a set of services within a set timescale and we are absolutely still going to do that, but we do need to make sure that we are listening to the views of all of the stakeholders that are working with us, whether that is staff within Health and Social Services, whether it is G.P.s, whether it is voluntary and community organisations representing Islanders and delivering services themselves. So the other thing we have looked at is there are a set of service developments that are relatively complex and we need to take a bit more time working with a whole range of people to consider those services while also getting on and delivering the ones that are not so complex. So the adjustment of the timescales comes from 2 areas: firstly, because we were hit with norovirus before Christmas and, secondly, because we have to listen to what people are saying to us. If they are saying: "We need a bit more time to talk about this, to build a consensus on that level of detail" we have to respond to that. We cannot just plough ahead regardless.

The Deputy of St. Peter:

In your understanding, is there a key issue around which the anxiety is formed or concern is formed that has caused people to ask for more time?

Director of System Redesign and Delivery:

The programme of change that we have embarked on is absolutely unprecedented here. Change is often quite challenging. It can be quite difficult to deal with and we have to make sure that we give people enough time to work with us and enough time to talk with us so that we are all comfortable with the services that we know we need to deliver for Islanders. I think that is the crux of it. There is a huge amount of enthusiasm and commitment and everybody is committed to making available the right services to meet Islanders' needs, but we have to make sure we do it at the right pace, particularly in a programme like this that is absolutely unprecedented, very ambitious, absolutely needed, which is why we had almost unanimous support last year at the States, but it is that balance of doing things perfectly which is ... it will never be perfect, that is not life, doing things as close to perfectly and doing things fast.

The Deputy of St. Peter:

What are you doing to offer people that opportunity to have their voice heard in the process?

Director of System Redesign and Delivery:

We have engaged with people all the way through and let us remember this is a programme that has been ongoing now for 2 years. It started back in November 2010 with looking at what are the needs of Islanders, what are the pressures everywhere in the system, what are the pressures on the hospital; therefore, what are the priorities; therefore, what do we need to do about it: the Green Paper, consultation, White Paper, consultation, the States debate, working together with people to develop the outline plans and then the detailed plans, which is very different than sitting in a darkened room and writing a plan down. We have tried to engage people and have people work with us and listen to their views all the way through to give people ample time to get comfortable with what are the priorities, what are the needs, what do we all need to do about it to deliver these really great services for Islanders, but also to recognise the really great services we provide for Islanders right now. So we are not throwing the baby out with the bathwater. We are adding on to and enhancing the really great services that are already being delivered. We have been listening to people and where people have said, for example: "You talk a lot about tendering and we do not know what that is, we are worried about that. Is it overly bureaucratic? Is it going to take a long time?" we said: "Okay, we will put on some training sessions for you." So we have 3 training sessions. We arranged 3 training sessions for the voluntary sector, for example, one on a Saturday, one on an evening and one during the day. Because we also heard that people said: "We cannot really make it during the day." Great, we will do one on a Saturday and we will do one

on an evening as well to help people to understand in layman's terms, not in technical terms but in layman's terms, what do we actually mean. What are you worried about? How can we work with you? How can we explain to you better in layman's terms what it is that we are trying to do and what this might mean for you? So we are trying to listen. When people say to us: "We have a worry about this" we try to work with them on: "So what do we do about it together?" and then put those things in place.

The Deputy of St. Peter:

How appropriate do you think the tendering process is in Jersey where in some cases we have only one service provider, for example, at the moment?

Director of System Redesign and Delivery:

That issue is exactly part of the independent oversight process that the Chief Officer and the Minister were just explaining. So for each of the service areas that we are going to develop we now have a specification that says exactly what will the service look like in the future, what is it that we need for Islanders in the future. That will then go through the process that was just discussed and a decision will be made on whether those services should be tendered or not. There is a set of criteria around that that again are going through that independent process to say: "Yes, they are the right criteria for making the decision." Recommendations get made, judged by that independent body, who recommend to the Minister for each of those services should we tender or not. If the answer is not, then we start to talk with whoever the service provider will be to comfort ourselves that the right services will be available and that we have the right metrics to judge the outcomes of those services as we go through. If the decision is yes, we should tender, then we put an advert out in the *J.E.P. (Jersey Evening Post)*. We let people know that that is going to start to happen and we say: "Tell us if you are interested." If only one person comes back and says: "We are interested" then we start a tender-light process. We do not jump through all the hoops unnecessarily. We then engage in those one to one discussions again. But if we have 6 or 7 or 8 people that say: "We are interested in that service" individually or together, then we need to have a robust but very transparent and proportional way to make the decision on who is best to provide these essential services for Islanders going forward. It might be the whole service or it might be parts of the service. Is that helpful...?

The Deputy of St. Peter:

That is very good to hear. No, it does help immensely actually, thank you, because we had become concerned I think from a disenchantment that we had had from a number of different locations and ...

The Minister for Health and Social Services:

I think also to stress, too, that an awful lot of people are involved. It is not only the voluntary and community sector, which as you know there are lots of organisations out there all engaging ... some are better than others because some will have more of a part to play, but there is also the G.P.s, pharmacists, et cetera. But there is also our staff as well, and so we must not forget that all the work ... and as Rachel said, it is a big change to get to understand that. Talking, continuing to talk, is important.

Director of System Redesign and Delivery:

The key message for us really is if you have a worry come and talk to us and let us work out together how we can help.

The Deputy of St. Peter:

Have you monitored attendance at your workshops? Because we have had information that suggests that maybe 200 people started attending one workshop, and I appreciate everybody's time is precious, but that attendance might have dropped to 30 in some of the workshops.

[13:45]

Director of System Redesign and Delivery:

Each of the workshops has had different levels of attendance. Sometimes it depends on the time of day that you have them, or indeed the actual day that you have them, the length of time, particularly with the ones that were rearranged. They were rearranged quite quickly so a lot of people were not actually able to make it. But we have also done things like we heard from the voluntary and community sector that many of them could not make daytime sessions so we put on extra sessions for the voluntary and community sector in the evening to engage them and explain to them what was coming out of the workshops and to take their views. So wherever we hear that there is a concern we try to work up the solution with the people who raised the concern. Cannot make it during the day; what shall we do? Do it on an evening. Do it on a Saturday. Yes, we will do that. But we need people to tell us what the concerns are otherwise we cannot work out the solutions.

The Deputy of St. Ouen:

What is the likelihood of some of the services that are currently provided by your department being put out to tender or being ... yes, exactly, put out to tender?

The Minister for Health and Social Services:'

At this moment I have no idea. Rachel might have ...

The Deputy of St. Ouen:

Well, I mean we talk about a tendering process and we talk about partnership approach. You seek to identify and provide services, value for money, and all the focus at the moment has been on current voluntary and community sector providers and others that are currently coming through. But equally, your department provides a whole range of services some of which obviously will be included naturally within some of this full business case specification. If you are going to a tendering process, are you suggesting that your department will be immune from that process?

Chief Officer:

No. If our department, if our community and social services department, feel that they would like to provide one of these service specifications they would have to go through the same process as everyone else, unless it is one of those situations where it is a type of service where actually legitimately because it is a very highly expert area where our department would be the only department that had those types of staff available and for safety and for governance issues they are the only people who could provide it, then obviously they would go through that test. But the test would be overseen by the H.A.S.S.M.A.P., so the H.A.S.S.M.A.P. are not going to sit there and say: "It is your department, it is fine, it can just have what it wants." It will be doing that test of are they really the only legitimate provider of this service and, if they are, they will recommend that to the Minister. If they think there are other providers who should be given an opportunity to tender, they will recommend that to the Minister.

The Deputy of St. Ouen:

So the focus will simply be on the Island rather than looking outside of the Island for other providers to come in?

Chief Officer:

It will depend on the service.

The Deputy of St. Ouen:

I come back to the question how will the tendering process take into account, even if you are providing a service, where ... will it include the opportunity for outside providers to come and tender for a particular service that you may be providing on the Island as the sole provider?

Chief Officer:

In some instances it could do if there was a strong reason why you needed to introduce an element of competition. That would have to be value for money and quality and all of those other things.

Director of System Redesign and Delivery:

But it also goes both ways, so the Chief Officer was just explaining around a service which maybe Health and Social Services provides at the moment or which Health and Social Services might want to bid for, for want of a better word, or ones that are already provided by them. It is exactly the same for the voluntary and community sector where there are services that are already provided by the voluntary and community sector ... sorry, services that could only be provided by one organisation in the voluntary and community sector for exactly that reason, the same decisions would be made around whether to tender it or not. So it does not only apply to Health and Social Services being a sole potential provider. It is anybody. The other thing that is important is that this tendering process we are talking about is for the new services that are in the White Paper. It is not for the whole range of existing services that are out there at the moment. It is for the strategic investment new services in the White Paper.

The Deputy of St. Ouen:

I understood a lot of the White Paper was about improving services rather than new and I suppose I come back to what are we talking about here? If you wanted to take a particular service and extend it to cover 24/7 I would not class that as new, I would class that just as you have already described, improvement. That presumably fits into the same category, does it, or are we talking about something different again?

Director of System Redesign and Delivery:

Where it is an extension to a service then that will ... well, if it is an extension to a service that has been identified and funded through the White Paper that goes through the independence process that we were just talking about, whether it is provided by Health and Social Services or G.P.s or anybody else. Does that make sense?

The Deputy of St. Ouen:

Yes, thank you.

Chief Officer:

It is a complex situation. We could debate it at length and we would be very happy to, but probably you do not have time to do that today.

The Deputy of St. Peter:

Time is of the essence. If we go back to our discussion about communication just a moment ago, I appreciate there is a slightly unfortunate position in that a letter from the primary care body has been leaked to the media and so you have apparently not seen it.

Chief Officer:

I still have not yet received it.

The Deputy of St. Peter:

Substantial parts of it have been quoted in the local media and we imagine that you must have a view on the elements that are being quoted because it is quite concerning.

The Minister for Health and Social Services:

I think it is fair to say that, as Julie just said, we have not received a copy. I have seen a leaked copy which you sent me yesterday and heard your comments and the comments I think that were made on Radio Jersey as well. As I said, we have not received a copy of a letter so it ... well, we have not seen the letter, not a copy. We have not received the letter, so it would be totally inappropriate for me to make any comment at this time.

The Deputy of St. Peter:

Well, you have seen quotes from the newspaper, though.

The Minister for Health and Social Services:

Yes, but I think it is very unfair until we actually get a copy of ... until we receive the letter that it would be totally wrong for me to make any comment.

The Deputy of St. Peter:

Is it your hope that the P.C.B. (Primary Care Body) and the other doctors involved will perhaps rethink and rewrite it?

Chief Officer:

I do not think we have any way of knowing. What I can say is the chairman of the P.C.B. did very kindly ring me when this story was on the front page of the *J.E.P.* to apologise for the fact that this had come out in the media in this way. It is still, as I understand it from him, a work in progress. They were taking soundings from their membership. We have discussed and I am more than happy, as I have always said to all of our stakeholders, please talk to us. Whatever these issues are come and talk to us about them because that is the way we resolve them. I think that is the right way forward and that is why we will be continuing to engage in ways that will work with them. We do have very regular evening meetings with G.P.s and we will do more of those and we will talk through these issues. I am sure between us we will find a resolution to them.

The Deputy of St. Peter:

Thank you. They are quite big issues about clinical responsibility and accountability that they are raising. You must have a view about and an understanding of where they are coming from.

Chief Officer:

I think what I would want to say is that we will never commission services that have not been fully reviewed, fully benchmarked and evidenced and that we are not confident are going to meet the needs of people in Jersey. We will not get to the point of commissioning them until we have those reassurances, and those reassurances will be given to us by an independent body of expert people who will know whether these are good and legitimate services that are being adequately planned to be implemented. The implementation will be against specifications which we will be looking at providing quality services at good value for money. I think with my accounting hat on, and I see that accounting as not just for finances but for quality of services and patient safety, that would always be the route that we would go down.

The Minister for Health and Social Services:

That is the whole purpose of the White Paper and the report and proposition that went forward on a background of 2 and a half years of work, intense work and consultation, focus groups, engaging not only with our staff but with all staff, with all people in the voluntary sector, opticians, dentists, et cetera. Because we need to look forward on how this Island is going to cope with the cost of healthcare but also making sure that the right services are in the right place at the right time for every single Islander.

The Deputy of St. Peter:

In your quest to get the best possible services moving forward, would you be prepared to let your timescale slip a little if you were confident that in doing so and giving more time to some aspects of the services ... because I appreciate that some of them can be done sooner rather than others which are more complex, would you be able to negotiate on your timescale, which, of course, you acknowledge yourself is quite tight?

The Minister for Health and Social Services:

As we said, it is quite tight but we have to continue to move forward. It is a big step for everybody about the tendering process, to name an example, and it is a case of engaging with everybody, listening. Nobody likes change, whether you do it tomorrow or put it off for another year, 2 years or whatever. It is engaging and listening to people's anxieties and concerns or whatever and addressing them and moving on from there. A lot of it is about communication.

The Deputy of St. Peter:

When will you be meeting next with the P.C.B. and the doctors?

The Minister for Health and Social Services:

Well, we met with the doctors yesterday and our monthly one must be coming up fairly soon?

Director of System Redesign and Delivery:

Yes, it is the same Tuesday of every month that we have the monthly evenings, but actually our primary care medical director meets with the doctors, actually this week almost every day. The primary care governance team, so the medical director and his team, are out and about meeting with G.P.s almost every day.

The Deputy of St. Ouen:

When do you plan to make your views on the comments that have been published in the media known?

Chief Officer:

When we receive the letter.

The Deputy of St. Ouen:

Right, so I am just thinking that we have obviously got presently the public aware of however ... whichever way the route that is being taken, but we have concerns raised by some certain individuals, albeit that it is a draft letter. At the moment, there has been no response from your department, although I would have thought the first thing one would have done is the day after pick up the phone, ask the individuals concerned: "Look, okay, we hear that this draft letter has been leaked or shared with the media which it should not have been. What are the issues? How can we deal with them?" and be rather proactive ...

Chief Officer:

Well, as I think I explained earlier, I had exactly that conversation when the chairman of the P.C.B. rang me to apologise to me for the way this had happened and, of course, we did touch on some issues. I have extended an invitation to him for us to meet and discuss things because I also believe you can resolve things better face to face than through the media and through letters. But as I say, I think until I have received the letter - which may change or may not change, I do not know - I do not think it is appropriate in the public domain to be debating the issues. I would rather speak to them directly about it.

The Deputy of St. Ouen:

But you would like to obviously put your side of the story to ...?

Chief Officer:

Absolutely, yes.

The Minister for Health and Social Services:

But I think until we have the letter ... as you said, our door is always open.

Chief Officer:

But I do agree with your point that I would not wish the public to remain concerned potentially for any length of time. Once we are able to receive that letter and have those conversations, I think we would be wanting to think about how we could respond more publicly to allay their fears.

The Deputy of St. Peter:

Okay. Given the time, I think we will draw an end there. We have covered a lot of ground which we thank you all for your comments, and we will close the meeting.

[13:58]