



**Health and Social Security Panel**  
**Quarterly Hearing**  
**Witness: The Minister for Health and**  
**Social Services**

Wednesday, 10th June 2019

**Panel:**

Deputy M.R. Le Hegarat of St. Helier (Chairman)  
Deputy K.G. Pamplin of St. Saviour (Vice-Chairman)  
Deputy T. Pointon of St. John  
Deputy C.S. Alves of St. Helier

**Witnesses:**

Deputy R.J. Renouf of St. Ouen, The Minister for Health and Social Services  
Deputy H.C. Raymond of Trinity, Assistant Minister for Health and Social Services  
Senator S.Y. Mézec, Assistant Minister for Health and Social Services  
Ms. C. Landon, Director General, Health and Community Services  
Mr. R. Sainsbury, Managing Director, Health and Community Services  
Mr. J. McNerney, Medical Director, Health and Community Services  
Ms. R. Naylor, Chief Nurse, Health and Community Services  
Mr. S. Jennings, Acting Head of Service, Health and Community Services

[16:01]

**Deputy M.R. Le Hegarat of St. Helier (Chairman):**

Good afternoon, this is the 10th June, it is just after 4 o'clock and it is the Health and Social Security public meeting with the Health Minister and officials from the Health Department. I am Deputy Mayor Le Hegarat of St. Helier, and I am the Chairman of this panel.

**Deputy K.G. Pamplin of St. Saviour (Vice-Chairman):**

Deputy Kevin Pamplin, Vice-chairman of the panel.

**Deputy T. Pointon of St. John:**

I am Deputy of St. John Trevor Pointon. I am a member of the panel.

**Deputy C.S. Alves of St. Helier:**

I am Deputy of St. Helier, District 2, Carina Alves and I am a member of the panel.

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

If I may introduce myself and our team. I am Deputy Richard Renouf, Minister.

**Assistant Minister, Health and Social Services:**

Hugh Raymond, Assistant Minister.

**Director General, Health and Community Services:**

Caroline Landon, Director General.

**Deputy M.R. Le Hegarat:**

I will ask that if anyone needs to speak in relation to the other officials if they want to come to the table and then introduce themselves at the time otherwise it will become quite confusing to the public as there are quite a lot of officials here. We have obviously given you a list of questions, however there is one thing that we wanted to ask because it had come to our attention in the last 24 hours and it was a matter which I raised with the Chief Minister last week. It is the matter of someone who has been recruited recently on a contract for £45,000 a year. What I would like to ask is what was the application process for that contract to be agreed? So effectively how was the application process worked?

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

Well, it seemed to me the application followed a standard process because I signed it and I recognised the form, so the actual application is governed by States employment board procedures. I do not know the detail of it but I recall that application, I was briefed on it and various people have to sign it off, I was one of those people and I was content with it.

**Deputy M.R. Le Hegarat:**

Was it a tenure process? Was the role put out, advertised in Jersey, was the opportunity advertised in the U.K. (United Kingdom)?

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

No, I do not believe so because it was purely a short term appointment to do a special piece of project work for the department, it is not a standing piece of work for which somebody is going to be required on a full time basis.

**Deputy M.R. Le Hegarat:**

So was there just one applicant, one person that was looked at for this role then?

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

Now, could I ask my Director General if she could add anything because I do not want to mislead inadvertently.

**Director General, Health and Community Services:**

Thank you Minister, so the answer is yes because we knew that we needed to react quickly to the C.&A.G. (Comptroller and Auditor General) report. When I came into post one of my immediate concerns was around the issues we had around the management of governance and risk which the C.&A.G. had identified and that we needed to be able to because of the nature of the service we deliver we needed to be able to effect that quickly. So the person that we have contracted to do this for a 6-month period, 2 weeks a month is a person who is skilled and experienced in implementing risk in government structures.

**The Deputy of St. John:**

For the public I wonder if we could clarify what the C.&A.G. is please.

**Director General, Health and Community Services:**

Sorry, I am not sure what that stands for.

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

Comptroller and Auditor General.

**Director General, Health and Community Services:**

That is it.

**Deputy M.R. Le Hegarat:**

Right, the obvious concern that the public have in relation to this matter is that we are as a government recruiting a large number of consultants and interims. The concern is that we are paying them significant daily rates and a significant amount of money in relation to accommodation and flights. Now what we would like as a panel and I am sure the public would like is that did we seek

to find if there was anyone local as in someone already in Jersey that was able to fulfil the criteria of this position?

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

It was a question I asked, I recall asking that, there was nobody local.

**Deputy M.R. Le Hegarat:**

What I am trying to get across is how do we know that there was no one local to do this job? Please clarify for me and the public how we know there was no one local to do the job.

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

It seems to me we are talking risk and governance within the health system. I would hope the health system would have been aware of anyone in Jersey who would have been able to do that role. There was no one known. I think I answered that question.

**Deputy M.R. Le Hegarat:**

So can you accept that the public are unhappy with the fact that we continue to recruit people as consultant on an incoming basis and excuse me for being quite straightforward and basic about this but we are recruiting people who are known already to people that we have recruited locally. So therefore people are nervous and we all as a panel can understand that someone is going to want to bring in potentially somebody that they know. However, from the public perception this is not what they want to see. So what they are seeing on a continual basis is people being brought in on contract earning significant amounts of money and basically we are not looking at how this looks to the general public.

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

Chair, the way you are putting your questions you are saying that the general public are not happy, the general public have significant concerns. I do not know what basis you have for saying that.

**Deputy M.R. Le Hegarat:**

Well, I think the thing is if you look at the media in relation to the consultants and I asked the Chief Minister questions the other day.

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

Yes, that is different.

**Deputy M.R. Le Hegarat:**

All I am saying to you as the Minister and to the Director General is the fact that we are continuing to recruit incoming consultants and there is a perception rightly or wrongly from the public that we are bringing in people from outside, how can I put it in the simplistic terms, friends of people that are already working here. So what I am asking you is what assurances can we make to the public that this is right and proper what we are doing?

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

Chair, because somebody has worked with somebody before they are not necessarily friends, they are professional colleagues.

**Deputy M.R. Le Hegarat:**

Yes, I appreciate that but what I am trying to get across to you Minister is is that when we looked at this, when you looked at signing that off did you consider what the perception of the public would be? That is what I am asking, the perception of the public.

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

Yes, I did.

**Deputy M.R. Le Hegarat:**

Okay, okay.

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

But we have significant need in the health service and in vast areas of the public service in Jersey which has not developed over the last decade or more in the way it should have done to provide a modernised public service. We need to catch up and risk and governance is one area in which we are not at an optimal position and we need to get there quickly.

**Deputy M.R. Le Hegarat:**

I fully accept that but all I am trying to say to you is what the perception of the public is. As an elected member from my perspective we have to be able to say to the public that we are doing the right thing. I think we need to be clear that we need to make sure of the checks and balances and that people are confident that people are coming in to do a job and they will do a valued job, that is not what we are saying here. All I am saying is that we need to be aligned to the fact that there is the public perception that this is what is going on. Because it is not just one position within the health service, it is across the board so I am just trying to make a point and I think this is a good opportunity to make that point, I did ask the Chief Minister last week about some of the concerns and we keep saying about saving, saving, savings, but we have to as elected politicians we have to reassure the public that we are spending their money as tax payers in the right manner and that we are looking

at all of the options that we have got available to us basically. So all I am saying is that I wanted to make sure that there is not anybody out there that we could have employed locally. So that is what I am asking the question for because there is that perception rightly or wrongly, but we need to make the public feel comfortable with what we are doing as a government or what you are doing as a government.

**Deputy C.S. Alves:**

Just to add to that, I do not think it is just locally, I think that there is a perception that we are pulling out individuals from a limited pool that tended to be from people having known other people in other professional settings and maybe there is that lack of tender process I suppose.

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

So this appointment did follow the agreed parameters for such a role, bear in mind this is only a part time role for a limited period to do a specific project. This is not a permanent post and in those circumstances it is important to get somebody in whose work we know we can trust. Now first of all Chair I absolutely share the approach you have just spent some time explaining, that we do need to give those assurances to members of the public that taxpayer money is being spent properly. I personally was assured having questioned the need for this role and I did so and I was personally assured. That is all I can say about my part in it. I think the Island must recognise that we are only a small community of 100,000 people, a small town in U.K. terms and we will always need to bring in expertise where needed. Indeed this panel yourselves will need experts yourselves and you will more than likely draw on expertise from outside the Island rather than somebody local because that is recognised. If we can show that these people are going to provide benefit to our health service, to the Island and will save money in the medium to long term then I think it is good that we can draw on their expertise.

**Deputy M.R. Le Hegarat:**

I think that will be the critical part is that when that work is complete in that 6-month period that any savings that have been made are then highlighted and shown. Because obviously what we have seen in recent times is that we bring people in as an interim 3 months, and then that is extended for 6 months, that is then extended to 12 months. The question I would have is are you continuing to extend someone's contract because you have misjudged the work level that they had or have they not performed to the level that you would have anticipated? I think the thing is with all of these positions we need to be quite clear and we need to be quite open and show what the benefits and savings have been. Because I think that is what so far we have lacked, we have not seen the benefits and we have not seen any savings and I think that is why people are quite nervous about what has been going on. It is because we have not seen anything. So I think I would ask the question that once that person has completed the role that we see what has been achieved.

Because so far with all of the people that have been brought in on an incoming basis we have not really seen anything and I think that is the critical point. We need to see what has happened with the money that we have spent and in fairness the £45,000 is not as significant as some of the others that we have been paying. But there are some significant amounts of money being spent over significant periods of time and if you bring somebody in for 6 months you want to see what they have achieved in that 6 months and if they have not achieved what they should have done then who is managing them and if they are not being managed properly then they need to be going. So what I would say is please provide us with some feedback of what that £45,000 plus all the other parts of it has achieved once that person has finished.

[16:15]

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

Right, we will note that and I am sure my assistant will put that down for 6 months' time. So it is not necessarily the case that the benefit here will be financial or in terms of pounds, shillings and pence savings but it will be a better understanding of risk and better ability to respond to it. Do you want to add anything Director General?

**Director General, Health and Community Services:**

So what we will present to you is an accountability framework, which we do not have in Jersey. We will present you with a fit for purpose risk register which we do not have in Jersey and we will provide you with absolute assurance through our quality and performance framework that we have a governance structure that works from ward to board so that we are fully sighted on patient care, which we currently do not have. So absolutely hear what you are saying Deputy and recognise the quite rightful challenge that you are putting definitely to me. This person is here for 6 months and at the end of that 6 months will be gone, we will not be making a substantive appointment because governance and risk should sit across the organisation and not be the repository of one person. We have not had anyone within the organisation who has been able to implement this framework or perhaps I am wrong, not not been able to but perhaps has not had the requisite skills and experience. For me coming in as Director General and doing an assessment of where we stood as an organisation I recommended to the Minister that we had an urgent requirement to be able to implement a risk and government framework quickly before we commenced any other pieces of work so that I could provide assurance to the Minister that the care we were delivering was safe. That is why we moved at speed, that is why we have the person in post. Happy to bring back to you in 6 months the results of that piece of work.

**Deputy M.R. Le Hegarat:**

Thank you, perfect. Because that way everyone will be happy, thank you.

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

If only we could all be happy.

**Deputy K.G. Pamplin:**

Right, we turn to mental health unsurprisingly. One of the recommendations from the mental health services review was to develop and publish clear objectives from which progress could be measured. In response to the recommendation you advised the delivery plan would be published on the government website by June, is it there?

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

So I understand that is in development and the final plan with relevant timescales and objectives will be presented to the Mental Health Improvement Board on the 26th of June 2019 and then publicised and made public.

**Deputy K.G. Pamplin:**

Any particular reason for the delay, recruitment?

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

Well, it is within June is that right?

**Deputy K.G. Pamplin:**

By June, we are in June.

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

Can I ask Mr. Sainsbury if he wishes to add anything as he sits on the Mental Health Improvement Board?

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

Of course, thank you, Rob Sainsbury, the Group Managing Director for the Department of Health and Community. You are right, we had hoped to get the report and all of the things we are doing round mental health improvement within a publicised area on our intranet and available on the internet as well for people. The timeline for delivering it is going to be the end of June, so we have got it scheduled for the next improvement board; we had a very, very busy schedule for the last improvement board which I have shared with the scrutiny panel. It was not possible to be able to do the full scale of that agenda and we had to complete our submissions for the government plan. It is a timing issue.

**Deputy K.G. Pamplin:**

Do you think there is a sense that things are picking up pace now though?

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

Absolutely, and I think that the work that we have undertaken within the improvement plan and that you can see from the outputs from the board demonstrate that we have made more significant improvement and plans for improvement this year than we have previously at pace from recruitment through to a capital estates plan which we have never had through to a model of care plan which we have never had and that is all part of our government plan.

**Deputy K.G. Pamplin:**

Sure, so what are the objectives Minister you expecting to be completed before the end of this year?

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

Well, to have plans for the relocation of Orchard House and the refurbishment of other premises, that has been agreed in the government plan, and that has gone forward to the planning committee, hopefully been approved so that we can start that work.

**Deputy K.G. Pamplin:**

What in your opinion is the most urgent matter for all of this?

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

I would say that that is because that is where we treat the most vulnerable people in our society in an acute setting and it needs to be fit for purpose.

**Deputy K.G. Pamplin:**

Are you convinced it has been treated with the urgency and speed that it needs?

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

I am.

**Deputy K.G. Pamplin:**

Is there room for improvement still?

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

I personally cannot see what more could be done at this stage though Deputy if you have any further ideas I would be happy to discuss them. But I know this occupies the Mental Health Improvement Board and is a high priority there and is being moved forward with the utmost rapidity.

**Deputy C.S. Alves:**

Okay. Minister why did you reconsider the appointment of a Minister for Mental Health?

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

To have a separate Minister for Mental Health I do not think would have been helpful. It would have ...

**Deputy C.S. Alves:**

No, sorry, because you assigned it to Senator ...

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

To Senator Pallett, yes.

**Deputy C.S. Alves:**

Pallett, so why did you reconsider? Well, I suppose you have not given it a Minister but you have given it a responsibility to an Assistant Minister.

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

Yes, which is a usual way of proceeding within a ministerial portfolio.

**Deputy C.S. Alves:**

It was just because I think originally you had said that you were not going to do that but then you reconsidered it.

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

Well, I think at one time I did not want to do it while you as a panel were considering mental health, and I knew I had to respond to that and I wanted to take part in that. But once again I thank you for the report that you produced, and once we knew that so much of what we wanted to do aligned with what you could see needed to be done I think the way was clearer then and then was the appropriate time to appoint Senator Pallett.

**Deputy C.S. Alves:**

When will Senator Pallett formally begin this role?

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

He has already begun, he is really getting to grips visiting lots of people and places and attending meetings. I think the formal appointment is just in the sausage machine working its way through but the paperwork has been prepared and agreed by me.

**The Deputy of St. John:**

It does beg the question though why is not Senator Pallett here today.

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

Yes, I should offer his apologies, he is out of the Island.

**Deputy M.R. Le Hegarat:**

Has the Mental Health Network and Citizen's Panel now been reconvened?

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

I understand the plans are that it is, perhaps Group Managing Director if I could ask you to come in?

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

Yes, we have made some changes to what is required within that. In the mental health awareness week that we had we had quite an open session with lots of members of the public in terms of what we needed to do round engagement. So it was from membership of the board through to the panel through to other engagements with the public around the mental health agenda we want a revised approach completely. So Karen Wilson is developing the framework for that, we have had a really good response to the awareness week, that has given us an awful lot of opportunity we think. Our head of the care group Miguel Garcia did open sessions that we felt were really good public engagement opportunities as well that we want to build on.

**Deputy M.R. Le Hegarat:**

So when do you think the panel will come to fruition?

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

Very quickly we should be able to do that within the end of June to the beginning of July, that would not be too much of a problem.

**The Deputy of St. John:**

We spoke last time when we met about training for the primary care group, G.P.s (General Practitioners) and you said at that time that the G.P.s maintain their own professional development relating to mental health. Have you any feedback from them about the level at which they are actively training G.P.s to cope with mental health difficulties?

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

I cannot add anything personally but if I can ...

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

We have not had feedback yet, I went through a letter that will be going to all G.P.s, we will put it first through the Group Medical Director to send out to all G.P.s and to our LNC which is basically asking for their current experience in relation to dealing with mental health issues. We particularly want to focus on one of our clusters which is undertaking a pilot around mental health support as well. That will then feed back into the improvement board, so we should be able to get that questionnaire out to them early July, we will get the feedback in then so we should be able to take it to the July improvement board at the end of the month. I think it will give us a good indication of what we need to do and what we need to set up to support them.

**The Deputy of St. John:**

Okay. We are just mopping up one or 2 things. Can you tell me whether you have had an opportunity to meet with Liberate Jersey as yet to discuss their concerns about developments for transgender people?

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

I was due to meet with them tomorrow but unfortunately we have had to postpone the meeting. So I intend to as soon as I can.

**The Deputy of St. John:**

So I will ask the same question next time we meet.

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

Yes, yes, please do and I will have met with them.

**The Deputy of St. John:**

Good, good, okay.

**Deputy K.G. Pamplin:**

So just to confirm as was discussed in our previous meeting and also confirm to my written question of the last state sitting that remedial work on Orchard House is due to be completed by the end of this year?

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

Yes, I understand.

**Deputy K.G. Pamplin:**

The relocation to Clinique Pinel is due to be completed by the end of 2020.

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

Yes.

**Deputy K.G. Pamplin:**

So does that mean the complete transfer of all inpatients?

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

Yes, I understand that to be the case.

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

That is our intention, yes, that is what we want to achieve.

**Deputy K.G. Pamplin:**

So how is that going to work in terms of minimising the impact to the patients already and the staff already in that side of the building? It is not as bad as Orchard House but will have some impact I am sure so how is that going to be handled and managed?

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

As in the Clinique Pinel element?

**Deputy K.G. Pamplin:**

Yes.

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

Yes, so operationally I think that will be a challenge. That is why we have got to do it in phases so we cannot take the entirety of all of the inpatients from Orchard House straight to Clinique Pinel. It has got to be done within stages, and one of the big critical factors is the intensive care element of the new bit of Clinique Pinel. So we have got to wait until the very end for that so there will have to still be operationally 2 units, it means we would bring down some of the capacity within Orchard House and we would start to build the capacity within Clinique Pinel and adjust the staffing accordingly. This coincides with our staffing and our initiatives round what we want to do there with recruitment. So we will have to sustain the 2 units for the duration but a growing group of occupancy within Clinique Pinel and a reducing one within Orchard House is the plan.

**Deputy K.G. Pamplin:**

I suppose this is again only a temporary measure because plans going further forward are to be incorporated with the new future hospital.

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

Yes.

**Deputy K.G. Pamplin:**

How realistically though can this sustain? Because we have no future hospital plans coming forward yet, and I think we are all a bit sceptical of all of that. There is a growing concern from people that if this does not get passed in the next 3 years we hit the next general election, we have another temporary fix for mental health services which is complicated and has its concerns. Is this the right message within this ...?

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

If I could just answer that, I think Deputy temporary might be the wrong word. We could say a medium term solution because they are substantial facilities that are being built. I mean I am reading about a 10-year plan to keep care there at Clinique Pinel to allow for the construction of a new hospital and the possible incorporation of mental health facilities. I mean that has not firmly been decided yet – that they will be co-located I mean.

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

I think that is a critical point because in our feasibility analysis for the future hospital there were 3 possibilities. The first would be a fully integrated acute physical, mental health facility, the second would be a co-located facility to physical health, the third would be an integrated system within the general hospital with some specialist beds outside the general hospital. We are still looking at that, it is dependent on what happens with the crisis prevention and intervention team and how much of an impact that service makes. But we may require beds outside of the future hospital where Clinique Pinel could still be an option forward so I think it is fair to say the changes we are making are very substantial to keep it for the medium term.

**Deputy M.R. Le Hegarat:**

Could I just ask while I think about it because I will have forgotten by the end otherwise you just mentioned staffing and the last time we spoke you had offered 17 people positions.

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

Yes.

**Deputy M.R. Le Hegarat:**

Do we know where we are with that? Just while I think about it because I will have forgotten by the end.

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

Yes, good news Chair but can I ask the Chief Nurse perhaps to report to you on that?

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

Yes, so within the inpatient unit we still have 17 registered nurse vacancies. That is the area where we did not have as successful a recruitment. We have 9 agency nurses covering that unit. We have been able to offer 3 posts within that area. In the community nursing team we have 10 nurse vacancies and we have got 2 agency nurses supporting that. But we have offered 9 jobs, 2 have already started, one has a start date for August, all of the rest are in the process of onboarding on to the Island so accommodation, schooling and family job related issues and things to work through with them. So the bulk are still in process.

[16:30]

**Deputy M.R. Le Hegarat:**

So the 17 though accepted the job offers?

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

With 17 in total, we have had more than that as well because we have now recruited an additional psychiatrist. We have just recruited to some of the psychology posts as well. I think I submitted an updated plan to you. I can send you the latest version.

**Deputy K.G. Pamplin:**

So it is still the inpatient recruitment?

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

Yes.

**Deputy K.G. Pamplin:**

But that is epidemic wherever we look at it.

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

Yes, yes, it is.

**Deputy K.G. Pamplin:**

That documentary on the B.B.C. (British Broadcasting Corporation) Panorama programme has already highlighted what I think we are all talking about. What were your reactions when you saw that? A mental health facility, N.H.S. (National Health Service) based.

**Deputy M.R. Le Hegarat:**

Horrified.

**Deputy K.G. Pamplin:**

That is the risk also because the Care Commission also were involved. But if they were all to come and film a documentary in Jersey what could the impact of that be to all of us? Now that is for me why I am so urgent, why I never stop talking about this. How do we in your opinions and Minister feel free to contribute, how do we overcome this problem? How do we get, is it starting on Island, starting new courses, getting young nurses? How do we?

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

Well, Deputy I have seen herculean efforts undertaken by some of the people here and others to try and get people in and I think it can only be continued vigilance. Yes, part of it is about training and there are changes around the training programme that we can talk about if you wish that should be able to encourage local people to qualify as mental health nurses. It is about improving the offer through key worker accommodation and just making it as convenient as possible for people to make that move. Because it is not just a move up the motorway, it is completely uprooting your family to somewhere different and some people will be attracted by that challenge but for others it is a big step to take and that is perhaps the reason ...

**Deputy K.G. Pamplin:**

Providing the facilities to work at as well, I mean that for me is one of the crystal clear, and the elements are so fragmented, that is why you are putting the work in to fix this problem. If you go into La Chasse or you go into Orchard House at the moment why would you come and work there?

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

Yes, but at least now we can tell them that if the government plan is supported, facilities will be improved.

**Deputy K.G. Pamplin:**

Yes, but I think anybody and any decision making such a monumental move they need more than words, they need to plan, so action, motivation, seeing things happen, not just being talked about

and we are still talking about the hospital, do you know what I mean? It is like, when do we start seeing things happen? But I get side-tracked so I shall stop there.

**Deputy C.S. Alves:**

Okay. So moving on to community based healthcare. At our last quarterly hearing you had just launched the Care Closer to Home initiative in St. Brelade so how has this progressed since?

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

I understand it has received a good response. Those who have used it are very happy that that facility has been put in a central place that is easy to access and they can go and speak to people that can help them with their health and wellbeing and that the team are now looking at how to provide a hub for people living in the eastern parishes and moving on to consider the more rural parishes and a facility in town as well. But I certainly see this as something that is vital for our future healthcare, keeping people out of the big building in Gloucester Street, or indeed the big building wherever it is going to go in the future. That should be reserved for acute cases and planned proper hospital care not just people coming in for routine check-ups or to see somebody that they could easily see closer to home.

**The Deputy of St. John:**

We have called this the Care Closer to Home initiative, what care is being delivered?

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

It is very much around helping people to care for themselves. So all sorts of advice that can be given to them, you will find charities and organisations there whose role is to give advice but you will also find groups there who can deliver occupational therapy assistance. I foresee physiotherapists visiting and being in those sort of places, our consultants or their teams going out there and checking on their patients.

**The Deputy of St. John:**

Are they not already doing that?

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

I do not think our hospital staff are doing that yet but that is definitely within sight.

**The Deputy of St. John:**

Are these centres to be equipped with the equipment that a physiotherapist might require?

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

Yes, we hope they might be.

**The Deputy of St. John:**

Right, but not as yet, they have not progressed that far.

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

No, it is early stages but that is definitely in plan and rather than bringing 20 people each clinic into town into a crowded place and hospital place if we can send a small team out to them it seems to be so much the better.

**The Deputy of St. John:**

What success have you had with that scheme in rolling it out to other parishes so far?

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

Well, so far it has been delivered in Communicare not just to serve St. Brelade but to serve the west of the Island and now our team that are organising this, putting it together are talking to providers in the eastern parishes.

**Deputy C.S. Alves:**

Do you have any figures on how many people have attended the sessions so far?

**Director General, Health and Community Services:**

Yes, we can get that information for you. It is very embryonic and it is about coalescing social care into hubs in effect. But it is part of our vision into doing exactly what the Minister has said which is taking care out of the acute hospital and a corresponding resource and putting that closer to people's homes. So we are very much on that journey.

**Deputy C.S. Alves:**

So when do you think you will be taking that next step. Because my vision was always that you would be providing things like diabetic care for example and blood pressure monitoring and things like that. So I take it that is not happening at the moment. But there is a view that that will.

**Director General, Health and Community Services:**

Absolutely, we have 3 work streams set up around our future care model which is our primary care, secondary care and third sector care which are each led by an executive director. At the moment for the Care Closer to Home the executive director responsible is our Chief Nurse working closely with Paul McGinnity and we cannot impact on it until we understand exactly what our secondary care and primary care model is going to look like. We think we know where we are with secondary

care, we think we can see the resource that we are able to take out of the acute and put into the hubs so that we can deliver exactly what your expectations are.

**Assistant Minister, Health and Social Services (Deputy Raymond):**

There is a slight issue here and it has come out of the reform group that Russell has been doing with the population. What caused the problem we have been talking to the Director General about is that if you look at St. Helier, St. Clements and St. Saviour that is 62,000 population. We were looking at these hubs and then suddenly realised that if we were going to affect the hospital then we had to affect the area around that 62,000. One of the suggestions was that we look at putting a hub north of St. Helier to pick up and that goes back to your question. If you look at the northern parishes and you just add the population you know where I am coming, from so it was best east and west with a particular hub very much close to the hospital, and that was what we were looking at. There are discussions going on with regards to youth clubs that have not appeared in the northern part of St. Helier, so when you start talking about hubs we want to be able to start talking about all the facilities that we can offer of which comes down to the things you were saying and also for the younger people with regards to and especially round the area of La Pouqueulaye and Centrepoint.

**The Deputy of St. John:**

Okay. At our last meeting part of this process was to suggest that we would be relying somewhat more heavily on G.P.s to provide what is the traditional outpatient care. I wondered if that had been progressed forward at all.

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

We continue to meet with the G.P. representatives, and there is a working group at which a clinical director heads it from our part and meets with representatives who are trying to work out the detail. If you wish I can ask him to come to the table, John?

**Medical Director, Health and Community Services:**

Good afternoon, my name is Professor John McInerney, I am the Group Medical Director for Health and Community Services, good afternoon. Recently we have been working towards increasing our interaction with our primary care colleagues, 100 G.P.s on the Island. So we now have a new Associate Medical Director for primary care Dr Adrian Noon who is both a G.P. and an emergency physician. So we are looking at increasing his team to improve clinical governance but also communication with regular clinical forums within the hospital, pathway development and closer to home through the clusters, which is things like chronic disease such as diabetes, C.O.P.D. (Chronic Obstructive Pulmonary Disease) heart failure and mental health We have got some interested young G.P.s that are on the Island now who wish to increase their skills, one of whom we just employed within the ophthalmology department so that we can train them and so then they can take

those skills back closer to home so that patients do not have to come up for outpatient care. They can actually get this care in the community, which is much safer, much more cost effective and is what patients want.

**The Deputy of St. John:**

Can I take you up on that cost effectiveness? The traditional problem in Jersey has been that the G.P. earns his living by being close on to the patient. By moving the service out of G.P.s it will become cost effective for the hospital who will not have to bear the burden of outpatients' appointments. But it will not be cost effective for the patient who will then actually have to increase his expenditure on this medical treatment. Are you taking steps to address that problem?

**Medical Director, Health and Community Services:**

Well, obviously the Jersey pound everyone has to pay somehow either through direct taxation, indirect taxes, levies and obviously direct provision. So what we are hoping is that by changing the model of how we look at funding primary care which is a work in progress we will not discommode the patient individual but might make it much more effective, so they will not have to go to their doctor as much. The other thing we are looking at is something called J.Q.I.F. (Jersey Quality Improvement Framework) which is looking at asking G.P.s that if we pay them more for certain disease processes like diabetes if they do certain things that will keep people out of hospital, needing amputations, operations and so forth we will give them funding hopefully by working with our colleagues with the health insurance fund and give them annual payments to do certain things that are preventative rather than reactive in their treatment.

**The Deputy of St. John:**

It is probably not a question that falls within your province but is there consideration being given to a rebalance of the way in which funds are raised to remunerate G.P.s?

**Medical Director, Health and Community Services:**

Yes, I mean certainly it is a very complex system we have in Jersey. We have the H.I.F. (Health Insurance Fund) we have some funding that comes from H.C.S. (Health and Community Services) and obviously patients pay. But all of us pay at the end of the day. It is how do we proportion that payment. So we are working on that, the system we have at the moment is probably one of the best I have worked in the world in terms of access to primary care. We have the highest ratio of patient to G.P. that I have ever worked in, same day appointments, so it is a very effective system that patients like and we do not want to undo all that work so there is a need to look at the funding mechanism so those people that cannot afford to go to their G.P. can access care. So we are looking at vulnerable adults, vulnerable families, and also those patients who have a disease that brings them into that area. So you are right, that is one of the workstreams that my Director General

has given to me and we need to do that. Because I think for sustainability going forwards with a population that is getting older, we have got children that are in poverty we need to make sure that all our citizens on the Island can have access to primary care.

**Director General, Health and Community Services:**

If I may Minister, we are not seeking to move outpatient activity to the G.P.s. What we are trying to do is re-provision outpatients, so as I think I talked about last time our new to follow up ratio, so the number of new appointments to follow up appointments is one to 5 on the Island. In the U.K. which we have benchmarked against it is one to 2. Now some of that we know anecdotally is because our clinicians within our hospital are reluctant to discharge patients because they recognise that patients then will have to access their G.P. and will be subject to a financial burden that perhaps they will not be able to manage and therefore will not access healthcare and end up compromised around that. So what we are looking to do is to change our outpatient model. We are working really closely with our associate medical directors and our medical directors and G.P. colleagues to try and understand what that could be. Because some of those repeat appointments are not necessarily for clinical need. So how can our hubs, which are not necessarily going to be just health hubs but community hubs, how can they service that differently so that we do not have our most highly paid resource our clinicians sat in an outpatient clinic seeing patients that perhaps could be seen more appropriately elsewhere but we are in fact using that resource more flexibly and more appropriately and that is the work that our medical director is leading on for us.

[16:45]

**Medical Director, Health and Community Services:**

The other issue is that we should not just rely on doctors. Sometimes they can be overrated, so we need to look at using pharmacists, nursing, other therapists because in fact a lot of what we do in hospitals could be done better closer to home by people that will come and see you where you live and do not need a medical degree to do that properly.

**The Deputy of St. John:**

So the current system would incentivise G.P.s to do more meaningful work.

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

Yes, and I think there are G.P.s who wish to develop their clinical skills rather than constantly seeing a whole series of patients for very routine matters in 10 minute appointments which could have been done by somebody else. They wish to have a concentration, a specialism if you like and everyone who is a professional would want to proceed that way I think so this method would allow them to and would be better for the patients as well being seen by a G.P. who does not see everybody with

every ailment under the sun but has developed that speciality and taken an interest in it, offering better care for them.

**Deputy M.R. Le Hegarat:**

Okay. Back to the topic of the hospital. What involvement have you had in the development of the new hospital following the Chief Minister's publication of R54/2019 New Hospital Project, The Next Steps?

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

Well, personally I have attended one meeting of the political oversight group, that has been my own involvement but I am aware of a lot going on around and also that my Assistant Minister here has been given a particular role within the new arrangements and I will ask him to speak to you.

**Assistant Minister, Health and Social Services [Deputy Raymond]:**

Thank you Minister, I need some clarification here because you are a scrutiny group for health but there is also a scrutiny group being now set up for the hospital. What I do not want to do is cross over lines bearing in mind there are 2 scrutiny meetings this week with regards to the hospital. I am quite happy to say where we are but the problem I have now is that it is the responsibility of the Chief Minister to come out at the next meeting of the scrutiny with regards to the hospital. I mean I am in your hands because I do not exactly know where we stand. I mean which scrutiny has which responsibility?

**Deputy K.G. Pamplin:**

Well, I can say that as the previous chairman of the future hospital scrutiny panel that terms of reference was to review the progress up to the point where we debated in the Assembly. I then said thank you very much, and handed it over to the chairman's committee who have now picked up that future hospital panel and are relatively doing the same thing, holding the Chief Minister and those responsible for the progress. I think for us as a health panel we do have an oversight into health and delivering hospitals so I feel we have every right to, yes.

**Assistant Minister, Health and Social Services [Deputy Raymond]:**

Definitely, I am not arguing about it but it is just that there are 2 scrutiny panels going in tandem.

**Deputy K.G. Pamplin:**

No, I think Senator Moore has got a handle of what she will be asking the Chief Minister at her next hearing. I think from us from a health perspective what is the involvement from the health department in delivering new hospitals for us is where we want to get involved with.

**The Deputy of St. John:**

I think as well the problem is not unique to this particular situation. There are other panels that have interests in several things and we are having to form subpanels in order to cope with the problem. I think we are asking the question of interest.

**Assistant Minister, Health and Social Services [Deputy Raymond]:**

Yes, that is fine, I have no issue with that at all. It is just that I shall be turning up at the scrutiny panel on Friday doing similar.

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

So Assistant Minister could I ask you if there is anything you might wish to talk about?

**Assistant Minister, Health and Social Services [Deputy Raymond]:**

As you know the Chief Minister issued his statement on the 3rd of May with regards to the future hospital. There have been subsequent meetings following that meeting and the political oversight group has been set up. I think probably it would help you if we were just to go through so that you know the likes of the people that have been set up on that political oversight group. As far as the politicians are concerned then it comes down to the Chief Minister and his deputy, Senator Farnham. We have myself, the Minister for Health, the Minister for Infrastructure, Kevin Lewis, Deputy Lindsay Ash is there representing the Treasury and we have Rowland Huelin who has been brought in and I will explain that in a moment and Constable Philip Le Sueur has been brought in for his building background because as you know he was in the building industry. The civil servants or the officers are our D.G. (Director General) and her task right at the beginning is the most important one because we have to establish and agree all of us in the Assembly that it was agreed that the clinical requirements of the new hospital i.e. the health brief we all had to know exactly where we were coming from. This will be used and it is quite simple to use, this will be used to scope the size and shape of the new hospital, to determine the shortlisting of potential locations. There will be a process of Island and stakeholder communications and engagements on those locations. What was also decided was that Deputy Huelin would be very much looking after the scoping on meeting with the general public or groups across the Island. There was also regard to the technical and financial assessments of deliverability in order to identify the preferred site for the government and States Assembly to consider it. I have been asked to make it absolutely clear that none of this will move forward without going through the States Assembly so everything within this group as well as the other scrutiny group I am sure that you will be kept up to date with everything that is going on. The scrutiny starts this week, there is a political oversight group meeting as well this week. It has been new for all of us in the sense that the D.G. has basically been in post only since the beginning of April but things are moving and I would not say this, I know that we have looked at the hospital and we have all heard about it and we have only to look at each other's faces but things are moving. But

trying to get everything together at the same time has not been easy. But I think you will find a great movement this week and also that the Minister for Health will be there all the time so we made sure that he is fully aware of what is going on. The problem I have is that I am the spokesman for the hospital as of this week, last week or whenever. So everything will come through me because what we have agreed on and people know you cannot have half a dozen people talking because otherwise they get crossed all over the place so if you are going to throw the brick then you throw it at myself or the D.G. But that is how it has been set up and that is the way we are moving forward. I think that basically covers it does it not?

**Director General, Health and Community Services:**

Absolutely, that is how we intend to progress. But I think it has been recognised that we must have clinical involvement and meaningful clinical involvement. So our Medical Director is going to be closely involved as part of our operational group as are Associate Medical Directors and are going to be responsible for ensuring that they cascade and discuss information and decision making with our clinicians so that we have full participation across the board. We have already started that conversation with our clinicians with our strategy day when we presented our straw man future secondary care model looking at the information we had gathered around current utilisation across the organisation and how we could perhaps do that differently going forward. But very much a straw man put out to our clinicians to tear apart as they so wished but so that we could hear their voice. I think we have aspired to be clinically led across the organisation and have been extensively clinically led but not meaningfully clinically led. I think the new hospital project is a real test of that and we have put in place clear communication and discussion forums so that our clinicians whose hand touches our patients are absolutely involved around decision making and determining the clinical specifications.

**Deputy K.G. Pamplin:**

I suppose also the frustrations that remain, only the other day on the ITV news one of the leading consultants on the hospital his frustrations again so the counterbalance to this is they have heard it all before and we are still here. They just want, having spent some time in that building, they want a service to provide a better service to patients. Every day, every month, every year this goes on we are not giving that and the assurances are coming, we are having meetings, we are having meetings, we are having meetings, it is how long can you assure to those consultants and also they are allowed to express their view. Because there was a feeling last time that certain people felt they could not speak out so I guess that is the challenge for you now is it not? So you can speak out but we are meeting your concerns, it is tricky I guess I suppose for you.

**Director General, Health and Community Services:**

It is a big elephant, and there has to be recognition that we have got to do things differently, that we have to have a different healthcare model and in an organisation where theatre utilisation benchmarks poorly when we are treating patients with bunions and keeping them in overnight we have to recognise where we start every day with empty beds, staffed empty beds we have to recognise that we have to deliver care differently. That impacts upon the size and the location of the hospital but this is absolutely about delivering the best quality care for our patients and I am absolutely convinced that our clinicians have bought into that agenda. Having our Medical Director at the table, at the forefront leading on the clinical specifications with colleagues from within the hospital and indeed from outside the hospital I think does provide greater assurance but I agree with you I am new, I recognise that there is an awful lot of angst and concern around the project. But we are doing our best to try and alleviate that.

**Deputy K.G. Pamplin:**

There was another excellent written question by a Deputy of St. Saviour earlier this year Minister about the backlog of maintenance. At that time you responded to me saying it was over £32,000: “The figure may be down to unexpected costs associated with maintaining parts of the site scheduled for demolition for the new hospital that did not happen”. So where are we with those maintenance costs? Are they still there, are they going to form part of the government plan going forward?

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

Oh indeed, they are still there I am afraid, they do not disappear. So I have recently been briefed on what we want to do in the short term and the costs of that. Yes, there is a bid in, a government plan for money to spend during the period of the plan and unfortunately it is substantial but that is to be expected. I am wrong to put a figure on it because it has left me know. We could inform you.

**Deputy K.G. Pamplin:**

Yes, the figure is over £32,000 but then you also responded that does not include obviously the impact of inflation or of any programme works on top of that and the minimum cost for the next 10 years because obviously there are going to be updates and requirements while the new building wherever it ends up will continue, so that is almost like a 10 year funding project that is going to be needed to keep the building going and also if I dare chuck in the need for an IT (Information Technology) system where porters are not having to bring medical records on shopping trollies to patients.

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

So that is another bid which is going in, a highly important bid. But yes and at the same time as doing just that maintenance work we also want to take the opportunity within budget to update as best we can, to handle infection control in better ways and to provide greater privacy for patients in

terms of trying to move away from 6 bedded bays and being better at giving that privacy, especially in end of life situations.

**Deputy K.G. Pamplin:**

There is quite a lot going into the government plan then because if you think about the maintenance costs for the next 10 years, hospital future projects, the mental health services and stuff do you feel like you are going to have a battle on your hands to secure all or some of this?

[17:00]

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

Well, I do not know whether we will be having a battle but we will certainly have robust discussions no doubt, there is a lot going into the government plan as you can anticipate. You will be seeing it shortly I understand. There is going to be a presentation involving all the States members of progress so far but there is a lot of work and health has got a huge budget, but it is a huge priority for the Council of Ministers too and we recognise that, and we recognise the consequences of our decision to remove the previous preferred site and the need to keep the old hospital going.

**Deputy K.G. Pamplin:**

The million-dollar question then, can you commit to saying there will be a proposal brought to the States Assembly for the next future hospital Jersey before or after the Island plan or before the next election?

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

Can I commit?

**Deputy K.G. Pamplin:**

Yes, one year down, 3 to go.

**Assistant Minister for Health and Social Services [Deputy Raymond]:**

I will commit, which is committing that we would like to have everything in by February 2021. Now that is already written, so that is the intention of the Chief Minister and the Council of Ministers.

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

To be fair to the Chief Minister he does agree that is ambitious, that is ambitious, that assumes that different parts are carried out in tandem, but it is a programme that is achievable, proceeding well.

**Assistant Minister for Health and Social Services [Deputy Raymond]:**

But it will not be at Fort Regent.

**Deputy C.S. Alves:**

We were previously advised that the Hue Court site was due to be developed to provide 200 units of accommodation for key workers and this was to be completed by the autumn. Is this work still progressing to this timeframe?

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

Yes, I understand that it is progressing as planned, and I am very pleased because that helps with recruitment to have high quality accommodation available to staff coming in whether it is to start them and then they can look for somewhere themselves or more permanently to house them. The Chief Nurse sits on the working group and she can give you more details about the key worker accommodation if you wish.

**Chief Nurse, Health and Community Services:**

Thank you, good afternoon, I am Rose Naylor, Chief Nurse, so, yes, in respect of Hue Court with respect to block B we are forecasting delivery in the autumn of this year so starting in September and ending in November. I think that will bring about 45 units online.

**Deputy C.S. Alves:**

So initially it said 200 units of accommodation.

**Chief Nurse, Health and Community Services:**

Yes, we are doing it one block at a time so I think it is scheduled to complete during late summer 2020.

**Deputy C.S. Alves:**

Now it was mentioned earlier that some of the recently employed people are still in transit with regards to finding accommodation and things like that so is there anything available for them at the moment so these people that are trying to look for things to relocate?

**Chief Nurse, Health and Community Services:**

Yes, so at the moment we have got staff in Plaisant Court so Plaisant Court is 48 units and living in that block we have got 19 children's service social workers and 28 health and community service staff. So that block is all taken account for. We also have 248 units of accommodation across our other portfolio and we have got 30 allocated at the moment for new starters coming in. So we have got 201 occupied and then that leaves 9 that are offline being refurbished at the moment. But it is always a juggling act for us to get people into accommodation.

**Deputy K.G. Pamplin:**

Minister, I wanted to turn on to organ donation as we get close to the debate on the 18th June. To refresh my memory last night in the bath I read the organ donation scrutiny report that you did that you then signed off as Health Minister which has tickled me ever since I began as a politician last year. It was interesting, and only 5 recommendations and I think the 3, the first 4 have been covered, but recommendation 5: "Wales spent 5 times the amount of money per person on a public information campaign, the Minister should consider increasing the budget that was first put forward in the light of the experience of Wales and the fact that Jersey is not able to sign people up to the donor register via the driving licence application process. The Minister was originally proposing to spend £20,000 in Jersey, that is roughly £1.10 per person in Wales compared to roughly 20p per person in Jersey". So the question is do you still agree with yourself that more money should be spent and has that allocation gone up?

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

So for the initial campaign I am pleased to say that it is coming within budget, so I am advised and that is largely due to work within the communications team which has now been enhanced by people who can design material, I am sorry I am not a communications expert but whereas previously the States may have gone into the private sector to seek out work around design and publicity that can now all be done in house and has been with the organ donation campaign and I think they have come up with an excellent theme, "Let's Talk About It", and so we have launched and I am very pleased to see organs like the Jersey Evening Post which is being very supportive and regularly covering it with very positive news. We intend to move it forward. Now it is not something that will finish because wanting to promote organ donation is a constant. So I do not know what Wales have done about the continuing awareness but that £20,000 was for the launch campaign but I foresee that as a standard part of the HCS budget over time we will always want to promote organ donation.

**Deputy K.G. Pamplin:**

Okay. So you are saying that where you originally said in your scrutiny report that it was not enough money being spent you have now as Minister seen it from another perspective and said £20,000, saving a bit of money, doing it in house in terms of, because I have seen the social media which is great but it is one thing putting a poster up, it is one thing ... what that actually is and getting as we know 110,000 people to focus and on a busy island it is hard so, yes. Did you imagine that ...

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

Yes, it is not that I have changed my view, this has been a professionally led campaign, and at the moment I am advised it is within budget and I am pleased about that. It is true that even before we started the campaign because of what had already happened in Wales there was a certain amount

of public discussion about it. So that has helped, whereas in Wales I suppose they came from a standing start. But I think my Director General has got some experience of campaigns and if I can ask her to contribute.

**Director General, Health and Community Services:**

So I think this is very much an initial investment and we are very much moving towards a model of outcome from investment within HCS and that is across all our investments including our commissioning arm. So we are very clear that we are monitoring the number of hits, the number of access points through to the service and what the impact has been from our current investment before we decide how and where we will commit more money, very much so this is an initial investment.

**Deputy K.G. Pamplin:**

Okay. There were some interesting statistics in the scrutiny report but that goes back a little bit. We have been asked some questions by a member of the public for how many donations of organs do we know have been made in Jersey in 2019 so far. Is that something you would be able to provide or provide to us in the future?

**Medical Director, Health and Community Services:**

We have the figures for last year, I think it was about 3 patients which is benchmarked, which is very similar to the U.K.

**Deputy K.G. Pamplin:**

Yes, okay, and do we have a dedicated team of nurses and doctors to carry out the procedures of organ donation Jersey? Or if not is it proposed to recruit and train such a dedicated team now and in the future? How does that all work?

**Medical Director, Health and Community Services:**

To maintain such a team would be unviable because the number is quite low of actual trauma deaths and such deaths. So we have a retrieval team that comes over, most of the patients would be those that have been resuscitated on intensive care and have obviously been deemed they are not going to survive and then the intensive care team would speak to the coordinator and the family. Then the team would come over from the U.K. to actually retrieve organs. So it is quite an intensive procedure, this is one that is now standard practice when the situation is appropriate.

**Deputy K.G. Pamplin:**

I guess what could be interesting is because of the opt out system that number could go up potentially?

**Medical Director, Health and Community Services:**

It could but we have to be mindful that we do not again have as many people in that situation to donate organs in the first place because we are a small community of fortunately not too many trauma deaths which is usually the most likely cause of that unfortunate demise.

**Deputy K.G. Pamplin:**

So going forward it is more about the communication because it is discussions still that need to be with the family. So GPs I would feel could be very important in this because they are the one who are going to have the constant conversations through the whole process.

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

Yes, that is right and we have been engaging with them and they have all the posters and leaflets and the like. There is training that is going to be offered to our local staff who might be in the situation where they would be dealing with families with a loved one in that situation. I understand training is available to them to how to broach that question, not to carry out the actual procedures.

**Medical Director, Health and Community Services:**

For families as well because that is the important component that needs to be kept in mind that they might offer and that needs to be responded to in a way that is appropriate and rapid.

**Deputy C.S. Alves:**

Can I just touch on I think one of the recommendations as well was about having the material translated for the Portuguese, Polish and the minority communities which is fantastic and I have seen some of it. But have you thought about any other ways of engaging with the community? Because just having the material translated is not always enough to get them on board and educated on this.

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

So I have written to the Portuguese and Polish consuls to ask for their thoughts as to how we could do that where we could provide that material, but absolutely I would like to make that available wherever it is appropriate and if members of the panel have any ideas we would gladly receive them.

**The Deputy of St. John:**

Okay. We are going off at a tangent again I am afraid. We are on to clinical governance and the ambulance service. The last time we spoke about this you were not able to give a clear answer given that you had ceded responsibility to Justice and Home Affairs. But there is still the niggling problem of clinical governance and I would like to be reassured and ask you could you please

describe the clinical governance arrangements that have been agreed to continue ensuring that the ambulance services are clinically supported?

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

So clinical governance will still remain a function of Health and Community Service, and there is a post providing that governance.

**Director General, Health and Community Services:**

If I can ask my Medical Director to re-join us we have never ceded clinical governance for the ambulance service, it has always sat with our Medical Director and continues to. John, can I ask you just to elaborate more on what that looks like please?

**Medical Director, Health and Community Services:**

Yes, but I would like to disclose a bias first. I was the previous clinical director for the ambulance service last year. So my first duty was to make sure that clinical governance continues in the same vein and as part of that we recruited a new clinical director for the ambulance service who worked from health being close with the paramedics and technicians of the ambulance service who do a fantastic job. So we still have the Chief Ambulance Officer who is part of our tier 3, certainly within our target operating model we will continue that line of sight and I certainly agree that we need to maintain clinical governance. I was concerned initially as Caldicott guardian about informational governance of the Tri control room but I visited it and we have a data sharing agreement which has assured me that we have very good informational governance around not sharing sensitive clinical data within justice unless it is needed under Caldicott guidelines. So going forwards it is very important that we see that the health component of justice and home affairs in the ambulance service continues to be given oversight by ourselves in health. I give you that assurance that that will continue with our T.O.M. We just need to get sight of their T.O.M. before we know how it is going to interdigitate.

**The Deputy of St. John:**

We have the panel requested their business case and to look at their T.O.M., but that request has been made some months ago and we still have not received that information. I am wondering whether they are having some difficulties integrating ambulance into fire.

**Medical Director, Health and Community Services:**

Yes, I mean I am not sure, I have not seen their T.O.M., and I have worked in a system in Dublin where the fire brigade and the ambulance service were one and the same and it works very well with paramedics and every fire tender so it is important that they work closely together and they do under JESIP (Joint Emergency Services Interoperability Principles). It is just that we need to have

their T.O.M. to see so that we can make sure ours are aligned with theirs because we are very keen to maintain that link of clinical ownership.

[17:15]

**The Deputy of St. John:**

Do you know why they considered the ambulance service to be a part of Justice and Home Affairs?

**Medical Director, Health and Community Services:**

No, I cannot answer that question, Sir.

**The Deputy of St. John:**

I was not really expecting an answer, thank you.

**Deputy M.R. Le Hegarat:**

Okay. We are going to move on to the respite care for children.

**Assistant Minister, Health and Social Services [Deputy Raymond]:**

Chairman, I have another appointment, is there anything else?

**Deputy M.R. Le Hegarat:**

That is fine, thank you.

**Assistant Minister, Health and Social Services [Deputy Raymond]:**

Thank you very much indeed.

**Deputy M.R. Le Hegarat:**

What respite care services are currently available for children and young adults?

**Assistant Minister, Health and Social Services [Senator Mezec]:**

So we have recently introduced a new model for short breaks services. You will be obviously very aware of this because it has been a bit of a bumpy ride to get to that point with particular service providers pulling out. So there are 3 tiers of short break services, there is universal which is as it says it is universal so that is access to various things, leisure centres, youth clubs, et cetera which you can access without an assessment, tier 2 targeted services which is daytime group activities designed specifically for disabled children that can be accessed without social care assessment and those are delivered through a mix of commissioned and non-commissioned providers and the third tier is the specialist short break services that could be provided to meet a specific need following a

social care assessment and depending on the needs there there are different options there, so there is one to one support that can be accessed, there is overnight short breaks, day time support at a short break centre.

**Deputy M.R. Le Hegarat:**

How many children can use these services?

**Acting Head of Service, Health and Social Services:**

Shane Jennings, Acting Head of Service for the Child Development team. As was explained we have gone through a sort of remodelling process, I have got the statistics of how many are currently accessing if that would be useful, and I have got statistics on the current number we have waiting, obviously all these services are kind of referred into and so we judge the demand on those referrals that come in and then for how we respond to them, would that be useful? So currently in May now, end of May our statistics showed we have currently across the different tiers of interventions that meant we have got 104 children accessing those services. That is up from 85 in January which was probably just before we had some of the difficulty mentioned by a couple of providers ceased to provide services so we at that point we had some real issues with capacity and coinciding with those 2 providers ceasing to provide services for children we had already undertaken a commissioning and a remodelling process. I think it is fair to say that that crisis point that came from that meant we sped up some of our efforts and we currently for example for the targeted interventions we currently are down to 16 children and their families on a waiting list and that is down from 40, 2 months ago, and we are anticipating as another provider becomes live from summer a further 10 of those will be off our waiting list - they are currently waiting and they have been allocated an appropriate provision if you like. Of the remaining 6, all the families have been offered a service and are currently making judgments as to whether they think it is the right fit for them or are trialling it et cetera.

**Deputy M.R. Le Hegarat:**

What about the respite in relation to if somebody needs to have respite overnight or a stay type situation where a family might need respite? Where are we with those types of service?

**Assistant Minister, Health and Social Services [Senator Mezec]:**

So there are centres where that can be offered. One of those is Oakwell, I was there just a couple of weeks ago where there is an in house service that we provide for that.

**Deputy M.R. Le Hegarat:**

What I was trying to establish I think was is there sufficient for the need? So are we able to provide sufficient respite opportunity for those that need it from the overnight type care, in house care?

**Acting Head of Service, Health and Social Services:**

Yes, so those young people who need an overnight would be the very minority. Most young people with disabilities are predisposed to being quite socially isolated anyway and so if at all possible you want people to fit into the lowest tier that will meet their needs because you would much rather people if they can access universal provisions all the opportunities we accessed as children you would rather they go in there. But then you would rather them accessing a more targeted group with other children who may have similar complex development or similar disabilities if you like, and then only for those that really cannot fit into those tiers do you want young people or in very specific circumstances going for overnights. As mentioned that comes through a social work assessment and it would be for those where the social worker deems that as needed for the young person and their family because you look at the young person's needs and the family's needs and yes, there does seem to be capacity for that currently.

**Deputy C.S. Alves:**

Do you hold regular meetings with the third sector representatives to understand the level of demand for such services versus the supply?

**Acting Head of Service, Health and Social Services:**

Yes, one of our team coordinates an aim forum and that is about trying to get different agencies and organisations to collaborate more and to share, cross pollinate ideas and to support one another, one organisation may have a base, others may have staffing and how do you bring those together and sometimes we have some very fruitful conversations through those. We have probably done that over about the last year I would argue.

**Deputy C.S. Alves:**

How regular is that?

**Acting Head of Service, Health and Social Services:**

I think they are monthly, and they have guest speakers but obviously we are continually trying to get all parts of the community to join up more. But I think that is probably something we have done much more in the last year or so I would say, yes. I should say that is in addition to ad hoc meetings that will go on but that is kind of a regular forum that people can attend, yes.

**The Deputy of St. John:**

You mentioned a care provider coming into the marketplace.

**Acting Head of Service, Health and Social Services:**

Yes.

**The Deputy of St. John:**

Is that a charitable organisation or a private sector organisation?

**Acting Head of Service, Health and Social Services:**

It would not be a private sector organisation. I am hesitant because I do not know if this is kind of commercially sensitive or not but I presume I can say who they are can I? I do not know, I might try and provide that information through a different forum if that is okay, just in case I am on dodgy ground. But it is certainly a provider that is well established within the Island and is already providing a great deal of service to young people. I think it is about them developing further what they are doing and they are currently recruiting, I know they have recruited their more senior member of staff who will be overseeing it and then they were just recruiting the support members of staff and then from the summer that will be operational.

**The Deputy of St. John:**

We got the impression that the reason that other organisations withdrew was that they were unable to recruit people. Do you think this organisation are going to have any greater success?

**Acting Head of Service, Health and Social Services:**

It sounds like it, if you remember that that recruitment has already started and is being fruitful, I think it is an organisation that had a large pool of staff so they have got staff coming through they can develop and train and bring them on to different roles and that sort of thing. On the issue because I know it is quite rightly a very big issue round recruitment into social care I think some of the remodelling we are trying to do is moving those young people that do not need a one to one support worker into more targeted group provision assuming it is right for the young person, as well as having some social benefits from them interacting with other children. Obviously economies of scale in terms of staffing are much easier as well because if you are having one member of staff with one young person then that is justified if they really need it. But if they could be better supported in a group then obviously that is one way to help as you do not need as many staff to support as many children in a targeted group as long as that is appropriate and safe for the young people.

**The Deputy of St. John:**

Do you have an understanding of why they these other organisations were unable to recruit people?

**Acting Head of Service, Health and Social Services:**

I do not know, that would not be my area of expertise I am afraid, I mean I probably hear the same tales as yourselves in terms of what some of the challenges are in that but no I am afraid it would not be in my area of expertise.

**The Deputy of St. John:**

Is it anything to do, do you think. with that the sector as a whole tends not to pay very well?

**Acting Head of Service, Health and Social Services:**

Anecdotal evidence would suggest that, yes, we are quite an affluent community, yes.

**The Deputy of St. John:**

Is this the organisation going to be paying its staff members sufficient to be able to live and so enable the retention?

**Acting Head of Service, Health and Social Services:**

I would hope so, that is what we would hope, yes.

**The Deputy of St. John:**

I am surprised that you do not have this discussion with your provider about what they pay their employees.

**Acting Head of Service, Health and Social Services:**

It may be the commissioners do, I am not a commissioner of services, it may well be that commissioners do in a sense and that is a feature of their conversations.

**The Deputy of St. John:**

Maybe the Minister has.

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

It is a process is it not? I doubt if a provider, if a third party provider says I can come along and I can provide this service for a price. It is a commercial sensitivity they might not wish to disclose what they are paying their individuals.

**The Deputy of St. John:**

But then at the end of the day they cannot provide the service because for whatever reasons and I think Mr. Sainsbury is trying to make the point ...

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

Yes, we do have these discussions with our providers for both adults and children's services. I think the key point and the key thing that is missing is that we do not have a market strategy with all of these providers at the moment. For the workforce that is required to sustain all of the different

providers on the Island we do need to come together to bring forward a different commissioning strategy around those services. I think that does require a payment review and I think that there will need to be a way forward in developing carers of the future. We have got a role to play with that from an education perspective, and from a support perspective the training, the market also needs to come together to work out how it is going to be cohesive living in coexistence with each other in developing and providing those services. But we have got a lot of work that we need to do in that area.

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

So I am sorry I could not explain that.

**The Deputy of St. John:**

I am reassured that work is going on. It was a crisis point that care disappeared overnight more or less.

**Assistant Minister, Health and Social Services [Senator Mezec]:**

That is right but I do think it is worth just reiterating some of the numbers that Shane mentioned before that the in house service that is provided has been expanded to try and meet some of that need and that is not going to be perfect for everyone and we will be aware as constituency representatives of people who might not be getting as much respite as they need and that is a very frustrating position to be in but all things considered I think the response there has been from the in house provision being expanded is something to be proud of how they have stepped up to the mark in what was a very scary situation when 2 providers pulled out in that way.

**Deputy K.G. Pamplin:**

Quickly, in a review carried out by a previous scrutiny panel 2012 it was found there was no comprehensive data on the number of children and young people with disabilities in Jersey or their disability. Is that now being rectified? Do we have an information management system in place that regularly captures this information, is up to date as of today?

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

I am not sure, the disability strategy which came forward during the last ...

**The Deputy of St. John:**

I think Minister we can save you the time, we just heard from your Director General.

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

I hope we are better informed than we were in 2012, but the disability strategy did recognise that we did not start with a good base of knowledge.

**Deputy K.G. Pamplin:**

Can I just refer to the Minister for Children who is sitting also with me, Minister when I repeat that there is no comprehensive data on the number of children and young people with disabilities in Jersey or their disability is this good enough?

**Assistant Minister, Health and Social Services [Senator Mezec]:**

No, of course it is not good enough and that is why as a government in our strategic plan we have said that getting to grips and implementing the disability strategy has got to be one of our priorities.

**Deputy K.G. Pamplin:**

You need the data.

**Assistant Minister, Health and Social Services [Senator Mezec]:**

Of course.

**Deputy K.G. Pamplin:**

So how can you have a strategy, how can you have target operated models and all these grand plans if we do not have the data? Is it coming?

**Acting Head of Service, Health and Social Services:**

We have started approximately a year or 18 months ago developing a children with disabilities register through the child development team, and the work that was done on that is very much parent-led so it is those parents that come forward who want their child to be registered on the register, and the max card ownership that people may have heard of and tried to help us with as well is related to that in terms of trying to make sure that there are certain benefits of registering for that. I understand I think it is around maybe 95-100 families have registered for that currently and obviously there will be many more and maybe some in harder to reach groups that are not logged within that. But we are looking to try and develop that to try and inform the developments of our services. I do not think it is going to solve all the problems that people want it to in terms of some of the other stuff which is going on.

**Deputy C.S. Alves:**

Is that register updated at all with any information from education for example? Because obviously you have got children with records of needs and things like that, do they automatically go on to that register or does it have to be the parents?

[17:30]

**Acting Head of Service, Health and Social Services:**

Yes, we do obviously with it being parent-led, so it would not populate across from the information that education hold.

**Deputy M.R. Le Hegarat:**

Okay. It is just after 5.30. Thank you very much for all coming, and we look forward to the next quarterly meeting.

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

Likewise. Thank you, Chair.

[17:30]