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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 13th April 2023

Panel:

Deputy R.J. Ward of St. Helier Central (Chair)

Deputy C.S. Alves of St. Helier Central

Deputy B. Ward of St. Clement

Deputy B.B. de S.DV.M Porée of St. Helier South

Connétable M. O'D. Troy of St. Clement

Witnesses:

Deputy K. Wilson of St. Clement, The Minister for Health and Social Services

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Health and Social Services

Mr. P. Bradley, Director of Public Health

Mr C. Bown, Chief Officer, Health and Community Services

Ms. R. Johnson, Associate Director, Health Policy

Ms. J. Poynter, Associate Director, Improvement and Innovation, Health and Community Services

Mr. A. Weir, Director of Mental Health and Adult Social Care

[11:47]

Deputy R.J. Ward of St. Helier Central (Chair):

Welcome to the first quarterly hearing of my new chairmanship of this panel for Health and Social Security. First of all, there is a document in front of you there, just talking about Scrutiny, which you are probably aware of it but I just want to formally point it out to you so that we do things properly. We will start with some introductions. I am Deputy Rob Ward and I am the Chair of the panel.

Deputy B.B. de S.DV.M Porée of St. Helier South:

I am Deputy Beatriz Porée and I sit on the panel also.

Deputy B. Ward of St. Clement:
Deputy Barbara Ward for St. Clement and I sit on the Health and Social Security Scrutiny Panel.

Deputy R.J. Ward:
And online we have ...

Connétable M. O'D. Troy of St. Clement:
Constable Marcus Troy.

Deputy R.J. Ward:
Deputy Alves will be here. She had an emergency this morning and she is rushing, so she will rush through the door any second out of breath. Minister?

The Minister for Health and Social Services:
Karen Wilson, Minister for Health and Social Services.

Assistant Minister for Health and Social Services:
Deputy Malcolm Ferey, Assistant Minister for Health and Social Services and Assistant Minister for Social Security.

The Minister for Health and Social Services:
Chair, can I just make apologies for my Assistant Minister for Mental Health. She is ill and he cannot be here today.

Deputy R.J. Ward:
Of course. We have a number of officers. If you come up to the table, we will just get you to introduce yourself as you come up to the table, because I think it is a cleaner process that way. Okay, so if we start off. The first questions I will start with are with regards to sustainable healthcare funding. We note that in the recent correspondence you advised you will now be consulting on various funding options rather than proceeding with a more general attitudinal questionnaire. Are you able to inform us which funding options you will be consulting on?

The Minister for Health and Social Services:
We are not at the moment because we are still doing the work. The plan is that, as you know, we have commissioned the Health Economics Unit to actually build what we call the Jersey health

account and that is basically going to give us a model, a financial model, that will tell us how much services cost and what we are spending our money on.

Deputy R.J. Ward:

Sorry, can I just interrupt, because this is a public hearing. The Health Economics Unit, can you briefly explain who they are, for people listening?

The Minister for Health and Social Services:

Yes. The Health Economics Unit is a specialist health economics unit that was created out of the N.H.S. (National Health Service) to an independent organisation that provides economic evaluations and assessments and research around health systems. They do not just work for the N.H.S.; they work for other jurisdictions around the world.

Deputy R.J. Ward:

They are like a consultancy that is being brought in?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

Okay. Sorry, I interrupted you, I do apologise.

The Minister for Health and Social Services:

No, that is okay. So one of the ways in which they want to help is to develop this Jersey health account, which will give us the baseline, if you like, of the way in which we are currently spending on healthcare at this moment in time, but they will also be helping us to identify what future finance options we may want to consider and clearly there are ... this is why I cannot go into any detail because the evidence is not there at the moment but we will explore user pays, taxation, insurance-based systems. They will be considered in more detail obviously when we have the evidence that they are going to produce for us.

Deputy R.J. Ward:

When you talk about the Jersey health account, would that be, if you like, a per capita average cost of healthcare per year, for example? Is that the sort of model we will be looking at to give us a benchmark of the cost of healthcare for people on the Island?

The Minister for Health and Social Services:

Yes, there are all sorts of different ways that they can do it. I mean, it might be helpful if we can communicate some of the technical detail. If I could invite Ruth Johnson, who is the policy lead on this.

Deputy R.J. Ward:
Yes, please do. Yes.

The Minister for Health and Social Services:
Ruth can give some of the technical response to your question.

Deputy R.J. Ward:
Yes. So just briefly introduce yourself, please? It is for Hansard as well.

Associate Director, Health Policy:
I am Ruth Johnson, Associate Director, Health Policy. As the Minister is saying, the Health Economics Unit is doing a number of pieces of work for us and the first piece of work is producing Jersey health accounts. The Jersey health accounts will be based on a standard accepted formula for accounting for healthcare expenditure, which is the O.E.C.D. (Organisation for Economic Co-operation and Development) standard, which will allow us to compare our spend in Jersey with other jurisdictions, not just within the U.K. (United Kingdom) but across the world. So we will get a better sense of not just how we are spending in comparison to other jurisdictions but where we are spending the money

Deputy R.J. Ward:
Can I just ask because, as you know, I am a bit obsessed with this because I got a proposition passed that I do not think has ever been acted on. The classification of functions of government type thing classifies spend in a number of areas in a comparable way with other jurisdictions. So is this a similar approach using O.E.C.D. methods?

Associate Director, Health Policy:
It is.

Deputy R.J. Ward:
Okay, that makes it clearer for me.

Associate Director, Health Policy:
Yes, it is. It is much more detailed and it focuses specifically on health and care spend. It is a tool that will allow us not just to know how much we spend compared to other jurisdictions but, for

example, to compare how much we are spending on preventative services versus surgical services versus medical services. It will give us information and insight not just into the quantum that is being spent but into the value of where we are getting money.

Deputy R.J. Ward:

Does that take account of us being an Island? There is a really important point with our healthcare; it does become more expensive.

Associate Director, Health Policy:

Yes, it does. The national health accounts, as such, do not take account of the fact that we are an Island but in our interpretation of what it is telling us we will need to take into account the fact that we are an Island and as a result of that we do not have economies of scale. So it is really important that we do not compare just the bottom line numbers, because that will be false. What we do need to do is we need to compare the bottom line numbers, having taken account of the fact that healthcare is always going to cost more in Jersey.

Deputy R.J. Ward:

That is why I asked the question because it can be quite misleading - that is probably not the best word - to do something when you have those economies of scale and then it can become, if you like, a lever for governments to say: “We are just spending too much” without the understanding that there is nothing we can do. Sorry, I am saying a lot here. It is also important for members of the public to understand those figures and for the press and for media to understand those so they are quantified. Is that ...

Associate Director, Health Policy:

Absolutely, absolutely, and we will need to make sure that we create an understanding of how to really interpret the information that the national health accounts will be providing.

Deputy R.J. Ward:

It is a time of flux in our healthcare provision in terms of the facilities; the hospital we have to mention early on. How will it fit in with the fact that we do not know what the structure of our hospital provision will be? Can this be performed effectively in terms of a Jersey health account without knowing how we will produce the services? You may produce an account that says that if you have a knee operation you have to go to the U.K. and then build a facility here, which is on knee operations. It is a terrible example but it is all that came to me at this moment. Do you see my context of the question?

Associate Director, Health Policy:

Yes, I do. So what the national health accounts will do is they will tell us at the point at which the account is compiled - and it is being compiled as we speak - what our expenditure looks like at the moment and how it is being spent. What then does is that then produces a model for us that says if we change the way that we do knee operations so we do it all it on Island, we are spending more in consultants' costs on Island but we are making savings there, what effect does that have on that national health account, so our local spend.

Deputy R.J. Ward:

Sorry, just because it is an interesting concept for Jersey healthcare, could that to some extent determine the future of our hospital provision as well, i.e. that is always going to be an extraordinarily expensive option so let us not do it?

The Minister for Health and Social Services:

I think it could and it could not I think is the answer to that because I think we do not really know at this moment in time, but what it does is gives us a much better understanding of how we are spending money across the system. The key, I think, to getting the efficiencies and the effectiveness in the system is to have that benchmarking information to be looking at new ways of working all of the time that might actually make it better for patients so we get better outcomes. But the other thing is that it will also drive the way we commission services. The current pattern of services that we have in some specialisms we may well, through this work over time, be able to build up a pattern here in Jersey that will serve Islanders better and that is really what we are trying to establish.

Deputy R.J. Ward:

I have to ask the question because I just cannot not ask it: we are not heading down the line of private healthcare, private insurance and the provision as opposed to free at point of use, at point of need?

The Minister for Health and Social Services:

We have made no decision at all about any general direction of travel. I think at some point we are going to have to have some really challenging conversations with Islanders about what this information is going to produce and tell us about how we fund healthcare, which is why we are doing the work as we speak. I think it is premature at this moment in time to consider what that might look like until we have got the evidence.

Deputy R.J. Ward:

One of the questions I am going to ask is who is being consulted with, because it is that theory determines what we observe thing, is it not? Einstein, I think, said that, that if you consult with private healthcare companies you are going to get a model that is a private healthcare company. If

you consult with health services such as the N.H.S. then you will get that model of care. Are you aware of those determining factors?

The Minister for Health and Social Services:
They will all be in the mix because what we have got to do is get a really good deal for taxpayers - and we have to - and clearly you will know that we have got to have an increased emphasis on improving quality in our healthcare service because at this moment in time we know that there are pockets of services that are costing us because the quality is poor, but I think until we have actually got the account results we are not going to have any conversations about what that means until we have got the evidence. I think that is the right way to do it, but what I am saying is we will over time ... if you look at the demography, if you look at the rate of income, if you look at the way the demand and the complexity of use is starting to emerge, we should not kid ourselves that we are not going to be having difficult conversations going forward about how we fund healthcare in the future.

Deputy R.J. Ward:
I was going to ask about that but I think you have covered that bit. Can I just ask one final thing on this, because I know I have taken quite a bit of time? When will it begin and be finalised, the consultation? When do you think you will have outcomes?

[12:00]

Associate Director, Health Policy:
The Health Economics Unit are doing the work at the moment, which is to open the national health account. They are also doing the work, which is identifying a range of potential funding options based on national practice in other jurisdictions and also based on projections as to future healthcare costs. When that work has been completed - and I think it will be an iterative process with us going backwards and forwards on a number of cases, challenging some of the things that they are telling us - we will then start the process of developing the consultation around the options. That will not be until later this year, the consultation around actual options.

Deputy R.J. Ward:
When you say “later” ... you know I am going to ask what do you mean by later?

Associate Director, Health Policy:
I think it would be difficult to commit to do anything before quarter 4 this year.

Deputy R.J. Ward:
When you say “do anything”, you mean present the consultation options?

Associate Director, Health Policy:
Present the consultation options until quarter 4 this year.

Deputy R.J. Ward:
Then they will go out to the public for consultation?

Associate Director, Health Policy:
Yes, and it will be full public consultation.

Deputy R.J. Ward:
We will not ask the questions about that consultation now but we will come back to it. I think you have experienced this before with myself in terms of the way that we consult is a much wider process particularly with healthcare, all of our communities, all of our demographics and the way we go about that needs to be done very, very carefully.

Associate Director, Health Policy:
Yes, and it will be.

Deputy R.J. Ward:
That is all I had. Has anyone got anything else on that? Please do ask.

Deputy B. Ward:
Just at the very beginning, if I may, Chair, you mentioned the word CD. CD can mean anything to a number of people. I just want to know what the word CD meant, just for clarification.

Associate Director, Health Policy:
Did I say the word CD?

Deputy R.J. Ward:
CD? I do not know.

Deputy B. Ward:
Yes, it was right at the very beginning.

Deputy R.J. Ward:
What was the context, sorry, because I was thinking of the questions?

Deputy B. Ward:

Yes, it was in the presentation. You just mentioned affecting the CD. I do not know what CD meant.

Associate Director, Health Policy:

I wonder if I just did not speak clearly and I meant something else.

Deputy B. Ward:

No, it was CD. I just wondered what it was. I did not want to interrupt your flow by saying ...

The Minister for Health and Social Services:

Can we clarify that? Can we clarify that after we see the transcript?

Deputy R.J. Ward:

Yes, we can always go back to the transcript.

Deputy B. Ward:

I did not understand what CD was and maybe people listening ...

Deputy R.J. Ward:

It is compact disc. It could be a whole generation. There will be a lot of people who do not know what that is.

Associate Director, Health Policy:

I can sense that Deputy Ward knows what it might mean.

Deputy B. Ward:

Controlled drugs.

Deputy R.J. Ward:

I absolutely do. From a primary care setting, Deputy Alves, who probably does not know what a CD is, but we will not go into that ...

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

Yes, I do. I am not that young.

Deputy R.J. Ward:

Would you like to lead some questions on that?

Deputy C.S. Alves:

Thank you. Good afternoon, everybody. We understand that you plan to develop a primary care strategy during 2023 and publish the final strategy by the end of quarter 1 2024. What will be the main aims and objectives of this new strategy?

The Minister for Health and Social Services:

I think for a long time people have wanted to have a very clear direction for primary care in the Island and so the ultimate aim is to provide Islanders with a direction of travel for that. Over the last couple of months we have been building our relationships with G.P.s (general practitioners) and the primary care body and I think we are in a very positive place to start develop a strategic framework going forward. In essence, what we are trying to do is we are trying to recognise the value, particularly in general practice but also to expand the provision of care in a primary care setting, which includes the provision of community nursing in the health system, which we already have through F.N.H.C. (Family Nursing and Home Care) but to expand the options even further over a 24-hour period, bringing in some of the developments that we can realise through expanding the roles and responsibilities. For example, you have already some of the work that we have done in relation to pharmacy. We have occupational therapists, we have physiotherapists, we have optometrists, we have a whole range of therapists that I think if we can provide some strategic direction for them to operate in the place that is nearest to people's connection with their health needs, then I think that that will provide better outcomes, provide some really good detection, early prevention, early intervention service. So that is the aim of the strategic work that we are doing here and then there is a second part of that, which is clearly to look at how we will fund that. I do not know, Malcolm, if you would like to say any more about that topic.

Assistant Minister for Health and Social Services:

Yes. As well as that, there is enhancing what we started to do in COVID, which is telephone consultations and video consultations. That can be a really convenient way for people to get access to primary care. So lots of people are happy to do that and we want to continue to develop that part of the strategy as well.

Deputy C.S. Alves:

Just picking up on what you have said there, obviously video consultations and telephone consultations, I know that some practices still do that now. However, I do obviously pick up a lot on social media and people feeding back and some practices are charging just as much for an in-person face-to-face to consultation as a video and telephone one. So is the idea that it is going to basically replace that? Do you think that the costs are fair, that they are the same whether or not it is via video or telephone, bearing in mind that obviously there is a lot less resources and people are not having to travel in and it is probably a lot quicker to do a telephone or video consultation?

Obviously the public would assume that that would be cheaper to do instead of a face-to-face one. So, are you looking into that?

Assistant Minister for Health and Social Services:

So obviously the G.P.'s time is what is the most important thing in that equation but the service has to work for the patients as much as anything else. So if people want that and it is a more convenient way of them getting access to a G.P., then great. If they still want to see people face to face, which most people still will want to do, that works equally well. We cannot control the prices directly of what G.P.s charge because obviously they are independent organisations or independent businesses, but you would hope that overall there is less wear and tear on their surgery and less ancillary costs if people do have access in that way. So you would hope that they would be a little bit cheaper if people decide to do that.

The Minister for Health and Social Services:

If I could just add around when you talk about the issues around the access, one of the conversations we have had with G.P.s and what I want to be really clear about is primary care is not just about general practice. General practice is a specialism on its own and the offer to help us transform the way in which we do deliver a primary care service. I have to say that that has been received really well and I think there is a lot of scope to be able to develop our offer in that way. The way we fund it, clearly we have got to address the way that that is funded. At the moment some services that we commission come through H.C.S. (Health and Community Services), other services like prescriptions and whatever come through H.I.F. (Health Insurance Fund). So I think in relation to our strategic intention this is another aspect of the work that we will need to look at to see how best can we make best use of those funds so that we get really good access for people. I do not know if you want to add any more.

Deputy R.J. Ward:

Can I just ask a quick question? This is, if you like, more of the inclusion of what might be called allied health services into primary care?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

Okay, that is fine. I just wanted to ask that question because I think I have got my head around what allied ... that means.

The Minister for Health and Social Services:

Yes, and the reason is that some of those professionals themselves have talked to us about how they can deliver a better service. We have a very hospital-centric offer at the moment and part of the wider strategic development of services is not only related to developing primary care but how you develop concepts of rehabilitation, for example, concepts of recovery, where the strength of that contribution can be realised.

Deputy R.J. Ward:

I have also read the phrase prehabilitation, which is, if you like, preparation before you undergo something, a treatment and so on. Is that included?

The Minister for Health and Social Services:

Yes, it will be.

Deputy R.J. Ward:

Thanks.

The Minister for Health and Social Services:

That is fine. I do not know if you wanted to add anything.

Associate Director, Health Policy:

I just thought it might be interesting to understand the link between the work on the primary care strategy and also the work that the Health Economics Unit are doing. As I mentioned, the Health Economics Unit are developing options for potentially funding health and care services moving forward and one of the things that we have said to them is that in developing those options they absolutely need to be sighted on health inequalities and they need to be sighted on preventative and primary services and the need to ensure good access to primary and preventative services by all people in Jersey. So the focus on primary and prevention runs through the health funding work as well, so it is all interlinked.

Deputy C.S. Alves:

Okay, that is great. Just picking up on the funding as well, obviously in the Government Plan I got the amendment passed to enable those under 18 to have free G.P. consultations. Obviously there was not a time limit on that and I am wondering, for the benefit of the public, because I have had quite a few people come forward and ask, when are you looking at implementing that?

The Minister for Health and Social Services:

I think we are almost there, if my advice is correct. We had to negotiate some of those arrangements with primary care but we are almost there and we will be making an announcement about that shortly.

Deputy C.S. Alves:

Okay. That is great. That is really reassuring. So obviously you are going to be consulting and engaging during this year. Apart from obviously the G.P.s and the primary and the service providers, who else are you looking to engage with during this process and consult?

The Minister for Health and Social Services:

I think because this affects all sorts of people and all sorts of services, as we have said, we want to make it as broad as we possibly can. You have heard me say repeatedly this concept that patients come first, so they are going to be core and central to how we do this. We are, as part of the proposed board arrangements, which the Assembly will hear about, setting up the public engagement and service user panel, and I think they are going to be instrumental in helping us develop some of those consultation arrangements going forward. It is something we have not done before. I think people who have experience of healthcare themselves can be really effective in helping to reach out to people that perhaps through officers we may not achieve the same result. This is a combination of effort to bring officers and people with lived experience to the consultation process so that we have got it as comprehensive as we can. It will also involve speaking with other agencies as well and I think it is quite clear that there will be some legal implications to this, so we will be seeking some perspective on that basis but also as far reaching as education, clearly public health will have a view about how we can do that. So as extensive as we possibly can, Carina, I think is the answer to that.

Deputy C.S. Alves:

That is great. Thank you. In P.19/2023 coming to the States it states that: "The Minister for Health and Social Services should establish an interim, non-statutory health and community services board providing for improved governance and oversight of the Health and Community Services Department." What is the role of this new non-statutory board in the development of primary care and its oversight?

The Minister for Health and Social Services:

In relation to that specific issue, we have had representation from the primary care bodies that they would very much like to be part of the development of the board. I think in terms of the way we have written the terms of reference at the moment for the Assembly to consider, we are not making any specific deliberations around that until the Assembly have had an opportunity to contribute and consult, but the issue around the primary care contribution to that is about the non-statutory and

statutory function. We do not have any statutory responsibility for G.P.s, so if we end up with a position whereby the value and the effectiveness is recognised in terms of its whole system focus, then we would have to find a mechanism to support G.P.s working with us and being instrumental in shaping the way that we provide services going forward.

Deputy C.S. Alves:
Okay, great. How will success be measured?

The Minister for Health and Social Services:
Well, any board will be used to have to set specific targets and measures and objectives for the officer community and for service as a whole. So what we will be doing is working through what the content of that performance framework will look like. There is already a sort of emerging performance framework that is based on the systems that we have at the moment. As we know, there are systems that are not aligned.

[12:15]

We have 3 or 4 different systems that we have to work, so we can only work with what we have got. In terms of where the board's focus will be, it will be to take that set of metrics and performance indicators and to provide that internal constructive challenge to the services as to why, where and how that improvement can be realised, but also it will give the board the initial intelligence about where it might need to do some further deeper dives into some of the services, which the performance data is not really showing. So we will adopt the principle of this low threshold of inquiry because what we need to make sure is that we are vigilant and scrutinising constantly and that is the role of the board to assure us in the ministerial team that that scrutiny is detailed, it is regularised and it allows us to understand what is going on in the service but also to highlight areas of good practice as well that we should be talking to Islanders about so that they can have the confidence that things are going well.

Deputy C.S. Alves:
Okay, great. Finally, from me, what influence has the now-cancelled Jersey Care Model had over the thinking for the primary care model?

The Minister for Health and Social Services:
Well, we have had to completely refine everything and I think the ... I do not propose to go into the issues around the funding of it but it has had a significant impact, the issues around, the debate around what the H.I.F. is used for in allowing us to progress some of the work that was originally intended. That said, as any health system will do, it has to recover and it has to heal itself and it

needs to now renegotiate and reshape to Islanders with the resources that we have got available to us. Currently officers are involved in starting to work on what kind of community framework we can put in place to deliver the type of community offer that we want to provide.

Deputy C.S. Alves:
Okay, thank you.

Deputy B. Ward:
Just following on, if I may, Chair and Minister, we were talking about the new health board but under the Government Plan last year £1.5 million has been agreed to pay for the interim one-year fixed health board chairman, the turnaround team and the permanent non-executive board members, so that is the new chair and the non-execs. Can you advise how this money is being used over the next 3 years in establishing our permanent health board?

The Minister for Health and Social Services:
As you know, we have got interim arrangements in place, the temporary arrangements. So we have got the interim chair and their job is to establish the board, period, and then to recruit a permanent chair to that and there are clearly costs to recruiting somebody of that level of responsibility and expertise that you would want to deliver that kind of contribution. In addition to that, the turnaround team have got a programme of work. They are employed for a short period of time, up to a period of 12 months, to address the findings of the Hugo Mascie-Taylor review but also some of the wider healthcare systems issues that have emerged out of the review of the Jersey care model and also discovery work that myself and officers in the department have identified as needing to be addressed in a turnaround position, particularly the financial position. As you know, we needed to secure an additional £13.5 million from the Treasury for this year's delivery. We are on a trajectory where that will increase, so we have got some really serious financial pressures to address. The work of the turnaround team I think will add real value to helping us understand how and in what way we can drive that efficiency through the system but also leave us with the position as to what those pressures will be looking like over time or what that revenue commitment will be at the time, which will feed into some of the work around the sustainable health fund as well. The money that is being spent on it at the moment is to try and get some clarity around what is going on, understand where the financial pressures are, trying to improve the productivity, if I could use that word, to see if we can get better value for money and also to address some of the challenges that we know are causing and contributing to some of that cost, which is the expenditure that we have on locums and the workforce. That is a much longer, more complex issue that is not just related to health but it is related to how people come to arrive and work in Jersey and live in Jersey and the conditions that are available to them to be able to do that work.

Deputy B. Ward:

Thank you. So it is not 2 boards? There is an interim board and then they step down and then you have got the health board. It could very well be the same people.

The Minister for Health and Social Services:

It depends if these people want to apply for the permanent post. That is entirely up to them but in the interim they will be recruited to the interim board so that we have got the governance in place over the next couple of months until we have got permanent board members. The permanent board members will have a fixed period of appointment, so as soon as we can move to the permanent appointment of the board the better really.

Deputy R.J. Ward:

Is that a fixed period of 3 years?

The Minister for Health and Social Services:

It will be.

Deputy R.J. Ward:

That is the 3-year part. Okay. You carry on because you are going to ask some questions on mental health. I do not know if you want your officer to come up.

The Minister for Health and Social Services:

Yes, please.

Deputy R.J. Ward:

You might as well just sit in that chair there, if it is closer to you. If you want to introduce yourself just briefly, that will be really helpful. Thank you.

Director of Mental Health and Adult Social Care:

Thank you. My name is Andy Weir. I am the Director of Mental Health and Adult Social Care at H.C.S.

Deputy R.J. Ward:

Brilliant, thank you.

Deputy B. Ward:

Thank you, Minister and Andy, though I do not know who is going to be answering the questions. We are looking at mental health services and facilities. Please can you provide an update about the completion of Clinique Pinel?

Director of Mental Health and Adult Social Care:
Certainly. Clinique Pinel is due to be completed in June. That means it will be handed over by the contractor back to the service. There will then be a period of a couple of weeks where we do snagging and some decorative work, that type of stuff, but I anticipate that Clinique Pinel will be occupied. So Orchard House, the working age adult service, will move to Clinique Pinel in July.

Deputy B. Ward:
Thank you for that. Is there enough staffing, because obviously it is a bigger facility than what we have had before? Is there going to be enough staffing? Have you done any recruitment?

Director of Mental Health and Adult Social Care:
There is. We still have some recruitment challenges at Orchard House, which is for registered nurses, but we have enough staff to be able to deliver the number of staff that we are going to be using and when the service moves. There is a particular change that we are going to introduce a senior nurse on duty 24 hours a day, 7 days a week. The reason for that is because we are opening and introducing an Article 36 lead, so the police will be bringing people for assessment there, which will be very new and it is a change for the service, so we think it is quite important that we recruit some more senior nursing staff to help us manage.

Deputy R.J. Ward:
Can I just ask how much bigger is it, the facility?

Director of Mental Health and Adult Social Care:
The bed numbers are the same and the footprint is not that significantly different in terms of its total size. What is really different is the layout. So at the moment one of the particular challenges that we have in Orchard House is segregating areas, so if we have to admit a young person, for example, or if we have a female patient who wishes to be looked after in a female-only area, it is really quite hard to do that. There is a female-only corridor with bedrooms, so she could stay in a bedroom, but we aspire to do much better than that. So the joy of this new area is that we can separate out areas and have separate space for younger people, for women, for men, whatever, however we want to manage that. The other really significant improvement is the intensive care area. We have currently some patients who will require a period of being nursed away from the main ward, particularly because of risk to others. The layout in Orchard House is not very good for that, frankly. That will be much better in the new facility.

Deputy B. Ward:

Has the new service user-led mental health strategy been scoped and have you begun co-production of the strategy with the community as stated in your delivery plan, Minister?

Director of Mental Health and Adult Social Care:

It has. We have only started scoping the work in quarter 1. We are utilising ... we have a very good service user and carer group now, called our Experts by Experience group, that meets once a month. We are using that group to steer us. In the last meeting we had a lengthy conversation with people about the previous mental health strategy and how that was developed and what they wanted to see differently this time. There were 2 very specific messages. The first one was that people wanted to feel more involved and obviously that is something that we are intending to do. The second was that people wanted a much better focus on people with longer-term serious mental illness, so there was a sense from the people contributing to the discussion that use our services that that perhaps was not entirely at the forefront previously and needs to be. We support that and that is consistent with our direction. So we are confident that we will have the final draft of the strategy at year end in line with the ministerial plan but that there is a lot of work to do engaging the right people to get us there I think.

Deputy B. Ward:

Again it is about staff. Community care is absolutely vital when you are looking after people out in the community. Is there a staffing issue again about that?

Director of Mental Health and Adult Social Care:

Slightly less so numerically and one of the things that we did last year as a priority was redesign the community model and staff have been really involved in that. We have had workshops where we have had nearly 100 staff present for the day looking at how we redesign, what the key priorities should be, and in fact in March we have our first ... we are having quarterly implementation reviews to look at what we have done, did we do what we said we were going to do, is it working. As you know, sometimes with these things you have unexpected things that arise. We had 65, 70 staff there at the review talking to us about what is working and not working for them. So engaging with staff, engaging with service users and engaging with carers has to be pivotal to how we move all of this stuff forward, I think.

Deputy B. Ward:

Thank you. The delivery plan for 2023 states that you will be meeting the treatment and recovery needs of those affected by severe mental illness, including those in need of forensic specialist psychiatric care. How do you plan to meet these needs and how do you think it will be funded?

Director of Mental Health and Adult Social Care:

We are currently near to completing a conversation with a consultant forensic psychiatrist. We do not have one currently in our employ so we have to utilise people from the U.K. and of course they do not really understand the Jersey legislation and the Jersey systems, et cetera, sometimes. So I have identified who I am hoping, subject to signing on the dotted line, is going to come and work a couple of days a week for us here as a funded member of our establishment. That alone will be a significant improvement for us I think in terms of having specialist expertise, but it is not just that. We have other mental health professionals that work within the criminal justice system here and we have some psychology, we have some nursing time. It does not tie up very well at the moment, so the intent is to bring those people together so that we have a comprehensive team of people that look at people across the criminal justice pathway, not just when they appear in court or when they are coming out of prison.

The Minister for Health and Social Services:

If I could just say, I think this is one example around economies of scale. Forensic care can be very expensive but the needs and the safety and security of those individuals as well as the staff needs to be considered in the round. So having just one individual who has the label "forensic care" is not the way to deliver really good care to people, but if we invest in it, it will cost us to do it.

Deputy R.J. Ward:

Forgive me, but I am not entirely sure what forensic care means.

Director of Mental Health and Adult Social Care:

It is the point at which mental health services interface with the criminal justice system, so essentially the care of mental health assessment and care of people who have committed or are likely to have committed an offence.

Deputy R.J. Ward:

Okay, that makes sense. Thank you.

Deputy B.B. de S.DV.M Porée:

Can I ask will that kind of cross borders with the probation at all?

Director of Mental Health and Adult Social Care:

Absolutely. So, again we have had ... previously there has been some mental health arrangements into probation and that is something that the Chief Probation Officer has spoken to me about

recently, about could we resurrect those so that we are working collectively as a system around people.

Deputy C.S. Alves:
May I also just ask what is the current offering being given in prison for those who are actually in prison? I think there is quite a lot of data that suggests people who often commit crimes do have underlying traumas, for example, and if those are not treated while they are in prison then they are more likely to reoffend. I am hearing from a few inmates who are desperate to get that mental health support and they are not currently getting that.

Director of Mental Health and Adult Social Care:
At the moment we have a psychiatrist who visits once a fortnight. We have a nurse who visits at least a couple of times a week and we have a psychologist who visits a couple of times a week, but we are in the middle of a review with the prison, that we are jointly leading, looking at the whole of the future of healthcare delivery in the prison and that includes mental health because we think that there is more that we can do.

[12:30]

There is a psychologist that is employed by the prison, who works in the prison, and she is very supportive of the delivery of mental health services. So again if we think about how can we utilise the resources that we have got, the Minister is absolutely right, I think in the end it is going to cost a little bit more than we have now because there is a very limited offer but it is a real opportunity, is it not, when people are in prison to address some of those issues?

The Minister for Health and Social Services:
I think there is also the transition of young adults, which we really need to pick up on. Hopefully the work that is done at an earlier age, the early intervention work, will prevent but, as you will know, there will be traumas that will not emerge immediately and may well present in different ways. The service has to be mindful that there may well be some unmet need that we have not identified at the moment that will be part of that strategic intention.

Deputy C.S. Alves:
Also following release from prison as well, that aftercare?

The Minister for Health and Social Services:
Absolutely, yes.

Deputy R.J. Ward:

It is linked this primary healthcare thing as well because sometimes there can be traumas, which means that people do not access healthcare. It could be as simple as the examination could be traumatic, for example, and that is another area where I suppose that intervention is really important.

Deputy B. Ward:

Are there any plans about improving access to early intervention and behavioural therapy for families affected by mental illness and the quality and access to speciality provision for young people? This may cross over to sites as well because I think there has been some changes.

The Minister for Health and Social Services:

I think in the plans for this year we identified some investment that was needed in that. So, yes, there is a plan. Andy will be able to tell you a little bit more about how we are using that investment.

Director of Mental Health and Adult Social Care:

So there is a couple of things. We have investment, firstly, for generic care and support workers, because we have not had those before. A lot of the care and support is provided by the third sector, but one of the pieces of feedback that we had consistently from carers was that they would like an assessment and often they feel that they need some help to signpost them to the right place. So we have got 2 funded posts that came through the Government Plan this year, which will help with that. In terms of family therapy, we have started a conversation both about systemic family therapy and also family interventions, because they are not the same thing, and how we could provide those from within the community mental health services and then think about across the wider service. So there is some additional funding for new posts in mental health this year. Again, that came through the Government Plan and we are hoping that some of those will concentrate in this area. So both those 2 things together I think should help with the family interventions.

Deputy B. Ward:

I think we have heard on the press and we have heard from your good self about the rising numbers of autism and Asperger's and stuff like that, which is creating quite a waiting list. Are you making plans to address this?

Director of Mental Health and Adult Social Care:

We are. The 3 areas where we have the most pressure - and this is consistent with other jurisdictions - is around diagnostic assessment, so when people are waiting to be seen for a diagnostic assessment. For us, those 3 areas are ADHD, autism and dementia. They are the 3 places where people are in a queue at the moment. For each of those the consistent factor is the limited availability of people capacity, diagnostic capacity and particularly medical capacity. That is the key to some

of this. I think we have made no secret of the fact that we have had difficulty in attracting consultant psychiatrists, as has everywhere else at the moment, to come and add into our capacity. So we have been doing work with those teams to think about what can we do. We are not as far ahead with ADHD. We simply need more capacity and the reason for that is that the specialists in ADHD can diagnose but then they prescribe here. So we have started conversations with primary care about how primary care can take on some of that prescribing, because for every one person that we add to the list now the psychiatrist is now having to see them again very regularly in order to prescribe for them, so our capacity is limited. We are hoping that we may have found someone that is interested in doing some work for us during the summer here, but that is a temporary solution. With autism we are in a very different position. We have done a piece of work with the team looking at how they ... what is the diagnostic pathway for autism and how they work. We have added some capacity into the team in the form of a psychologist but we have also totally redesigned the pathway. I am so proud of the team. The effect of that is that we have moved from assessing 5 people a month to 16 people a month, so we have tripled our assessment capacity just by the team working differently, which is excellent. So if we can sustain that we will see quite a significant reduction in our autism list.

The Minister for Health and Social Services:
Just on that, I think it is important just to mention this. I think the emphasis on getting people assessed is absolutely right but at some point people need to be treated and have interventions and there is a hell of a lot more work to be done around that, just so that we are not misleading you into thinking that we have solved it. We have made some great progress and the team have done really, really well to get a grip on those patients who have been desperate to have an assessment and there is a system now in place but I think the next tranche of this is “and then what” and “what are we doing”. So that is just to ...

Deputy B. Ward:
It is evolving.

The Minister for Health and Social Services:
Yes.

Deputy B. Ward:
My last question is what is happening with Oak Ward at Rosewood House, because that has still been lying empty?

Director of Mental Health and Adult Social Care:

So we have refurbished Rosewood House so that Beech Ward, which is the dementia assessment unit, can move from its current half of the building into the refurbished building. That refurbishment is not yet completed. It has been handed over by the contractor but there is still some further work to be done by the H.C.S. estates folk in order to make it good. I have not got a date at the moment for that completion of those works. When that happens that means that Beech Ward will increase in capacity from 12 beds to 16 beds and then we can think about what to do next with the space that we are left with in terms of Beech Ward, but at the moment the contractor's work is completed but there is more work to be done.

Deputy B. Ward:

Okay. Thank you for the update and thank you, Minister.

The Minister for Health and Social Services:

Chair, can I just raise one other issue, which I think is really important because a number of Islanders have complained to me about this particular issue? I think when we are in discussion we talk about the mental health service as though that is the only point at which people with a mental health problem connect with the service. I think we have got a lot more to do to bring this policy of esteem to the whole system so that people with mental health problems have their physical healthcare treated appropriately. I am not happy with the way in some of the patients are being cared for and just to provide some assurance that we will be talking to the accountable officer as to how we can drive that improvement further. I think it is wrong that patients with mental health problems are waiting longer than perhaps maybe others.

Deputy C.S. Alves:

I was going to ask for an update.

The Minister for Health and Social Services:

I think it is wrong that they do not get the same level of attention and due care. I am talking about isolated incidents, but when we talked about indicators before I think we have got to make sure that that is not a pattern and that we have got equity right across the piece there.

Deputy R.J. Ward:

I was going to ask about mental health waiting lists. What are they looking like now?

Deputy C.S. Alves:

In general, and specifically the Listening Lounge as well and the funding around the Listening Lounge, because that was not originally a permanent feature. I remember the last time - obviously I was part of this panel - we had to resecure the funding. So is that going to become a permanent

feature? What are the current waiting lists for that and how are you measuring the success of that, because obviously that is not completely under your control?

Director of Mental Health and Adult Social Care:

If I deal with the Listening Lounge first then, unfortunately I do not have the current waiting list figure for the Listening Lounge but we can provide it to you. The Listening Lounge, as you know, was initially a pilot and the function of that pilot changed during COVID. So we are going to recommission that service, so the piece of work has started looking at what the service specification should be, particularly what we want to do moving forward in terms of access to counselling particularly. That is obviously a large part of the work, but also the original intent of that pilot was to create a drop-in centre, a crisis place for people, and that is the part that has not moved forward. We are now looking at how do we separate those 2 things and move them forward.

The Minister for Health and Social Services:

I think your question about waiting times for mental health care in general, the work that the crisis and assessment team have done has reduced it significantly and I think most people are seen within a 2-week period now, but again it comes back to this issue as to when you assess somebody how quickly do you get them into treatment and it is the referrals treatment.

Deputy R.J. Ward:

That is exactly what I was going to say, because one of the things around the Listening Lounge is it can be a beginning point. It is a huge step for someone to go and talk but what that does is uncover much more deep-rooted issues. It is like talking therapies to some extent. You can wait, have a few months of that, it ends, but what you have done is uncover a lot of stuff, for want of a better word. Is that something that is, if you like, written into or integrated into the model of healthcare that you are talking about in terms of mental healthcare, because it can be very difficult?

Director of Mental Health and Adult Social Care:

We have got K.P.I.s (key performance indicators) now for access and we did not have that before in mental health services. If we separate them out, you are referred into generic mental health services or into the crisis team. As the Minister has described, we aim to see anyone in a crisis within 4 hours face to face and we are achieving well over 90 per cent in that regard now with the new structure of the team. Then we aim to see anyone routinely within 10 working days and we are sitting at 73 per cent of routine referrals being seen within 10 days. Now, that is so different to a year ago when people were waiting up to 4 months to be seen by mental health services, so we have really changed the access at the beginning. Once you get into those services, and psychological therapies is a really good example, we are seeing 99 per cent of people requiring psychological therapies within 18 weeks but unfortunately once we have done that initial assessment

people are then waiting for treatment and they are waiting longer than we would want them to generally.

Deputy C.S. Alves:

That can sometimes be off-putting because I know quite a few people have said to me: “Actually, I am not coming back now.”

Deputy R.J. Ward:

Just the issue around K.P.I.s, to ask as devil’s advocate to some extent, whenever you have that in your percentages the risk that people are seen in order to get the percentages, how are you managing that in terms of being very open that you have seen somebody but nothing happened, we cannot count that? It is like the phone is answered when you call somewhere and you are put on a waiting list but it is classified as answered within 2 rings, is the classic example.

Director of Mental Health and Adult Social Care:

This came from the communities model redesign and the things that service users particularly, but also carers, told us is that they wanted us to be explicit about waiting times and how quickly we see people, particularly in crisis. However, what we do is each month we look at that in detail. We get about 233 referrals a month - that is the average into secondary mental health services at the moment - and we look at every referral that has come into the crisis assessment team and what has happened to it, where people have ended up in the system, so how many people are signposted elsewhere, how many people come into secondary care. If you are picked up by the crisis team then you are in treatment, we will be seeing you, and sometimes we see people 3 or 4 or 5 times a week through our home treatment model now in order to avoid admittance to hospital. We are really keen that we do not want to hit the target and miss the point and staff have been really involved in how we develop and measure these types of targets. I would never want them to become something that people think I have got to do a cursory assessment just to hit the target. We need to be delivering quality as well as seeing people in timely ways in the programme.

Deputy R.J. Ward:

That phrase “hit the target and miss the point” is a good one and we might come back to it.

The Minister for Health and Social Services:

I think the real issue is that we should be setting standards and those standards should be based on evidence. So what we know, as Andy has described, is the expectation service users have of what they would like to experience but also what the evidence is for the effectiveness of the way in which you provide that service has an underlying evidence base to that. So we need to be building up our performance indicators using that kind of method, if you like, and that then allows you, where

you have got that tried and tested method, to benchmark yourself against other similar services. So we should not just accept that because we have set a target for a waiting time internally. What we should be doing is benchmarking that with other jurisdictions to see how we compare with other similar organisations.

Deputy R.J. Ward:
Okay, we need to move forward because we have got about half an hour left, so some questions from Deputy Porée.

Deputy B.B. de S.DV.M Porée:
This next set of questions is with regard to women's health. Minister, has a draft maternity strategy been finalised and presented to the Health and Community Services executive team to be signed off?

The Minister for Health and Social Services:
One of the pieces of work that the turnaround team are currently looking at, one of the things that was of real concern to me was the findings from the previous maternity services review.

[12:45]

The suggestion is that we still have not got that right yet. The interim nurse who has come in to help us with the turnaround is a midwife by background, so she has been charged with reviewing the position that we are in and when we are clear and satisfied that that strategy in that plan meets the requirements then we will be producing it.

Deputy B.B. de S.DV.M Porée:
That is great. Thank you. When do you think the panel will have sight of the maternity strategy? When will it be able ...

The Minister for Health and Social Services:
Can I just ask Chris Bown to come in? Are you aware of the timeframe around it?

Chief Officer, Health and Community Services:
I am Chris Bown. I am the new Chief Officer for H.C.S. This is my second week, so I apologise, Chairman and the committee, if I have to refer to my notes every now and again. We will be looking towards the end of the year because, as you said, Minister, there are a number of issues that the turnaround team, of which I was part, have identified that we need to put right and certainly focusing on maternity. Although women's health overall is hugely important, maternity is the area where we

feel we need to make the more rapid progress. I think a lot of our capacity and attention is going to be spent on improving our maternity services. Strengthening the clinical leadership in that area is very important. As you know, it is a high risk area in any hospital, maternity and obstetrics, so we are focusing on that. I think we will be looking towards the end of the year so we are clear about what we need to do. The maternity improvement plan ... I think the committee are probably aware that there have been many reviews of maternity in the past in Jersey. I think someone told me there have been 11 over the years with multiple actions, but we need to bring that into a more sensible plan, focus on the priorities. As the Minister said, the chief nurse on the team will focus, as is the doctor, the consultant that we have got, and we have been getting some obstetric expertise as well to advise us on how best to progress with that. I think we will be looking towards the end of the year rather than, say, the summer or the autumn.

Deputy R.J. Ward:
When you say towards the end of the year, you are talking October, November?

Chief Officer, Health and Community Services:
Yes.

Deputy B.B. de S.DV.M Porée:
We probably will follow up on that one when the time comes. Thank you.

Deputy R.J. Ward:
Yes.

The Minister for Health and Social Services:
I think it is also important to say, Deputy, that if we have and are in a position to provide some interim reporting to you, we will do that.

Deputy B.B. de S.DV.M Porée:
That would be really appreciated. Thank you. So at this moment in time, have you started to implement the strategy in any sort of form and, if you have, how have you been implementing it?

The Minister for Health and Social Services:
Yes, are you referring to maternity in particular?

Deputy B.B. de S.DV.M Porée:
Yes.

The Minister for Health and Social Services:

Okay, so some of the work has been progressing along that plan. As I said, I have asked the turnaround team to look at it again just to make sure that whatever was intended originally in response to the review meets the requirements of that and we are due to have another account of that I think at the end of April. So I will be in a position again where I can write to tell you where we are up to with that rather than having to wait but they have made some really good progress. You will have heard that we have appointed the specialist breastfeeding nurse and the development around that.

Deputy B.B. de S.DV.M Porée:

Yes, I saw that.

The Minister for Health and Social Services:

We are starting to develop some of the midwife-led clinics and the early indication is that the team have responded well but I still think that there needs to be a further review to provide the more detailed assurance that they are on track to deliver those requirements.

Deputy B.B. de S.DV.M Porée:

Thank you. So you are still very much in the process of doing reviews and to look at the outcomes?

The Minister for Health and Social Services:

Yes.

Deputy B.B. de S.DV.M Porée:

Thank you for that and, again, with women's health and maternity, have pre or postnatal mental health services now been implemented alongside the ...

The Minister for Health and Social Services:

Yes, the perinatal mental health nurse. I do not know if you want to talk a little bit about that? If I could ask Andy to just update you on that.

Deputy B.B. de S.DV.M Porée:

Yes, please.

Director of Mental Health and Adult Social Care:

Thank you. We have a new model for perinatal mental health services, which is an integrated multiagency model so the team are just forming currently. So we have a midwife who is going to be a specialist in perinatal mental health, we have a health visitor who is employed via family nursing

who is part of that team, we have some sessions of a consultant psychiatrist and 2 nurses who will specialise in perinatal mental health and we have 2 peer support workers. So one will be a person who has used perinatal mental health services previously and the other is for dads because we know that when mums become ill perinatally, dads often experience a lot of the care burden but also it is very distressing for them so we wanted to work alongside dads. That is a model that has worked well elsewhere. So that team is currently forming and we anticipate that they will be operational within the summer. We think August is when everybody should be in post at that point.

Deputy B.B. de S.DV.M Porée:

That is good. So have there been any problems with searching for staff at the moment?

Director of Mental Health and Adult Social Care:

No, it is an area that people seem to be really interested in so we have some really good applicants for the midwife and we have some very good interest in the mental health nursing post as well. So it is a small team but the benefit is it is a multiagency team so women will not need to move from one agency to another. All of their care will be looked after by one team.

Deputy B.B. de S.DV.M Porée:

You may achieve it then, so by August you will have an update. Thank you.

The Minister for Health and Social Services:

Can I just also update you on the position? I had an opportunity to visit the alcohol service and you will have seen the campaign that we are running at the moment that is around foetal alcohol syndrome. We really do have a very difficult situation here. The prevalence of alcohol consumption in pregnant women is really high and we need to do something about it and of course if you think about the links that has to what is ADHD, we must take a much broader public health approach to this. So that is why, in a sense, there was the maternity services review and we will respond to that but, clearly, what we want to do is broaden our objective assessment of what needs to be done to address the broader women's health issues in this regard. Alcohol is one of those issues that we have really got to do some detailed work on because of the impact it has on future life chances and future predictive requirements for services.

Deputy B.B. de S.DV.M Porée:

Thank you for that, Minister. Okay, so at the present quarterly hearing with the Minister for Social Security, officers informed the panel that all contraception was currently free throughout all healthcare services in the Island such as Le Bas Centre, doctors and surgeries. The panel understood this not to be factual, noting that contraception is only free for people up to the age of

23 years of age. So please could you confirm your understanding of the costs of contraception in Jersey?

The Minister for Health and Social Services:
That is correct that contraception is only available freely up to 23. People can receive contraception at a reduced cost in the government-run clinics at Le Bas. Otherwise, they pay a fee to their G.P. for a contraceptive service.

Deputy B.B. de S.DV.M Porée:
So that will not be free as such then?

The Minister for Health and Social Services:
Up to the age of 23.

Deputy B.B. de S.DV.M Porée:
So that will remain as such?

The Minister for Health and Social Services:
As part of the women's health strategy, we are looking to review how we provide that over the longer term.

Deputy C.S. Alves:
Yes, I think the confusion came because the contraceptive pill became free on prescription.

The Minister for Health and Social Services:
Yes.

Deputy C.S. Alves:
So it was assumed that everything else was also free but obviously that did not happen and you still have to pay for a consultation to get your contraceptive pill.

The Minister for Health and Social Services:
Yes.

Deputy B. Ward:
It was only in some ways just to develop what my colleague has said because when you have the coil or you have the implant, the reason for those devices is because of the prescribed drug that is inside. It is a very fine line, if you would agree, Minister, that that should be free because it is a

prescribed drug that is being put into your body via mechanical means. Are you going to be looking at this, because it is good for women's health?

The Minister for Health and Social Services:
I cannot pre-empt the outcome of the strategic work because we do need to look at it but women themselves have raised concerns about this and I think if we are going to adopt the principle about meeting need, then we have to understand what we can afford to meet and what we cannot afford to meet. I think as part of our review work, that will become clear about what we can do in reaction or in response to those issues.

Deputy B. Ward:
Of course, those costs will come out of health funds because prescriptions are free and it fulfils the criteria.

The Minister for Health and Social Services:
Yes.

Deputy C.S. Alves:
Or it should do.

Director of Mental Health and Adult Social Care:
On the issue of prescriptions in general, we are working with pharmacists to extend the period of supply. So at the moment, the period of supply is 30 days, so what some G.P.s do is they will give out 3 prescriptions to cover 90 days, so extending that period of supply from 30 days to 90 days. So it will be one script for the whole of that time providing the medicine that they are dispensing is safe to do so and is not going to go out of date within that 90 days.

Deputy R.J. Ward:
I think the issue around this is it costs £150 to fit a coil with a G.P. with a £54 examination 6 weeks later and the reduced amount is £125 - not much of a reduction, to be quite frank - and £25 to remove later, so it is a significant cost for women.

The Minister for Health and Social Services:
It is.

Deputy R.J. Ward:
It will only be faced by women. In terms of the healthcare modelling, I think it does need to be looked at.

The Minister for Health and Social Services:

It does, which is why we have brought the women's health strategy into the ministerial plan because we know women are not particularly well served in this way. Men get their contraception free, women do not, if I could just say that. The other thing is that we have opened a can of worms so it does need clarity for people to be able to understand how, when and what are the cost of those contraceptive services.

Deputy R.J. Ward:

I think it was just to say I get what you are saying. It is a good idea but it is not a solution to the other problem.

The Minister for Health and Social Services:

Absolutely.

Deputy R.J. Ward:

Just to make that clear because I think these are - and I use the phrase - misconceptions that come from it.

The Minister for Health and Social Services:

Yes. I can, for the panel, provide you with the framework as to what we understand the costs are for which age group and which device so that you have that as part of your record, if that would be helpful.

Deputy R.J. Ward:

Can I ask why it is 23 when most things are 25? Social security is 25.

Deputy C.S. Alves:

It is just a number.

The Minister for Health and Social Services:

We asked the question. Somebody could not tell us what that means.

Deputy B.B. de S.DV.M Porée:

Women are more fertile until the age of 23.

Deputy B. Ward:

There should be facilitated protection up until you cannot.

Deputy B.B. de S.DV.M Porée:

It is very unfair especially when women are now choosing to have children much later in life. To cap it at 23 makes no sense at all, but just to go back to Deputy Ferey when you did say about prescriptions normally being 30 days and now you are going to bringing in the 3 months, I think that is already in place.

Director of Mental Health and Adult Social Care:

Yes, that was part of the challenges for pharmacists.

Deputy B.B. de S.DV.M Porée:

Okay, so I just wanted to clarify that. Thank you.

Deputy R.J. Ward:

We are running out of time. Just to say we have about quarter of an hour.

Deputy C.S. Alves:

Just following on because, again, a few constituents have been in contact around this sexual health route and the G.U.M. (Genito Urinary Medicine) Clinic. Now, there have been some changes on how that operates, obviously, originally due to COVID. Are you aware that the changes that have been made to the appointment system is causing delays and can be quite off-putting to some people who are trying to access the service? So are you aware of that?

The Minister for Health and Social Services:

That is new information for me, so I will pick that up and we will look at that. We have just appointed a new consultant in G.U.M. medicine but if you will allow me to take that away because that is new information I was not aware of.

Deputy C.S. Alves:

Just to make everybody else aware, currently what happens is you have to call on the day at 8 o'clock in the morning and keep ringing until you get through to get an appointment on the same day.

Director of Mental Health and Adult Social Care:

Okay.

Deputy C.S. Alves:

So that is not very constructive for anyone and one of the things that I was going to suggest is that I know in the U.K. they have self-test kits which can be taken at home and I know of people who often visit the U.K. and get those test kits while they are away because they can through the N.H.S. system but that is not available to us here. They will not ship them here, so maybe that could be something that would be worth taking back.

The Minister for Health and Social Services:
I am happy to do that.

Deputy C.S. Alves:
One final thing on that as well, I think there are some concerns about the increase of S.T.D.s (sexually transmitted diseases) on the Island and somebody mentioned to me the lack of the public health campaigns around that and the more serious side of that like the H.I.V. (human immunodeficiency virus*)* and hepatitis and things like that. So I do not know when the last time was that there was a campaign.

[13:00]

The Minister for Health and Social Services:
Could I ask Peter to come up in terms of the response to that?

Deputy C.S. Alves:
Yes. Of course, yes, and I will stop there, sorry.

Deputy R.J. Ward:
If we have any questions left, we will send them in writing at the end but, sorry, carry on. Please do.

Director of Public Health:
So we are really pleased that there is now a designated G.U.M. consultant and we have already started some conversations. What we really need is to get an overview of the data so we know the rates and we really do hope that we will be able to work towards some strategic objectives so we are reducing the rates of sexually transmitted disease over the Island. So I am hoping that work will start in the next few months. Presently, because of the issues you mentioned - the backlog because of the pandemic - that is the priority for that consultant but we have certainly started conversations and I agree it is a priority.

Deputy C.S. Alves:
Okay, thank you very much.

Deputy R.J. Ward:
Do you want to start the next one?

Deputy B.B. de S.DV.M Porée:
Yes. Minister, we have noted that in your delivery plan for 2023 that you are aiming to bring changes to the Termination of Pregnancy Law.

The Minister for Health and Social Services:
Yes.

Deputy B.B. de S.DV.M Porée:
Can you explain your plans to establish a citizens' engagement process and has that now begun as you intended?

The Minister for Health and Social Services:
Yes, so we are going to be launching this in May/June and this is long overdue I think in terms of where we are at. The focus of the consultation will be on the time period and I appreciate, for Islanders who may be listening, this may well be a very sensitive issue for some people so I respond to you in that context really. There are some suggestions that we do need to extend the time limits for when a termination of pregnancy can occur and what the grounds for that termination might be will be considered. We also need to remove the criminalisation of women and people who provide that service so that people who are in need of accessing the termination service can do so safely and freely but within the legislative framework that we outline.

Deputy B.B. de S.DV.M Porée:
Thank you for that. We will leave you to it.

Deputy R.J. Ward:
It is you again I think.

Deputy B.B. de S.DV.M Porée:
Sorry, can Deputy Alves ask?

Deputy C.S. Alves:
No, it all right. You go ahead.

Deputy B.B. de S.DV.M Porée:

Okay, are you sure?

Deputy C.S. Alves:
Yes.

Deputy B.B. de S.DV.M Porée:
So, a different subject. This is with regard to the suicide policy and prevention. Do you know what were the suicide figures for 2022 and how did those differ from previous years?

The Minister for Health and Social Services:
I would like to invite Peter Bradley to answer that particular question. From my perspective, when we have looked at this, we have looked at this over a 20-year period and we see not much variation in the incidence levels but for the specific period of 2022, I will hand over to Peter.

Director of Public Health:
Unfortunately, we were unable to obtain the data for 2022 because the inquest process which confirms whether a death is attributed to suicide is yet to be concluded, so we always have that timeline. As the Minister explained, we have looked at previous years and, generally speaking, we do not see particularly high rates in Jersey, accepting that every suicide is a tragic event. It does give us an indication of where we do see higher rates, so when we had the economic recession earlier on, essentially you can see those rates climbing upward. We have compared with other jurisdictions and that is how we know that the rates we see in Jersey are not particularly high but there quite a number of features that we are beginning to see from the data that will allow us to develop an action plan. We have started a working group on this. It started in January and our intention is to really look at the measures that we would be able to implement so that we can reduce the number of suicides. We have looked at some more recent data where, although the suicides are not confirmed, what we are beginning to see there is largely these people are not those who had contacted our services and that is particularly significant. It means that the solutions that we might bring forward are somewhat different and we are thinking about that already even though we do not have that confirmed as a suicide as yet.

Deputy B.B. de S.DV.M Porée:
Thank you for your answer. Do you want to go first?

Deputy C.S. Alves:
Do you want to jump in with yours?

Deputy R.J. Ward:

Well, I was going to jump in to cover other topics because we have a short amount of time. It is about a couple of strategies. The dementia strategy was due to go to C.O.M. (Council of Ministers) in quarter 1 this year. Did that happen?

The Minister for Health and Social Services:
No, but it is due, yes.

Deputy R.J. Ward:
Okay, and will that include bed and cost modelling?

The Minister for Health and Social Services:
Yes. Can I invite Jo Poynter to give you the detail?

Deputy R.J. Ward:
Yes, please. I was going to ask about progressing the co-design of Dementia Jersey, so if you could briefly address that as well.

Associate Director for Improvement and Innovation in Health and Community Services:
I think it was an update on the dementia strategy due in quarter 1 so there is an update that has not got to C.O.M. yet. The strategy completion will not be until I think quarter 3 in the year, so there are 2 different parts of that on the journey but that work is happening. We are, at the moment, in a phase of engagement, which is part of the joint work with Dementia Jersey and meeting with people with lived experience of dementia and their families and carers. There is a working group that is overseeing this which has people with lived experience of dementia on that group as well as family, carers, a range of professionals, different organisations and providers. So it is a work in progress with a completion date I think to be with the Minister by the end of Q2 and published in Q3.

Deputy R.J. Ward:
Okay, and similarly, I know they are developing a cancer strategy. Where are we with that?

The Minister for Health and Social Services:
Do you want to talk about that, because you were involved in that as well?

Associate Director for Improvement and Innovation in Health and Community Services:
Yes, it is all but complete. There were some changes in the formatting and the clarity around the recommendations that needed to be pulled out and made at the start so that piece of work is very much in its final stages and should be with the Minister in the next month.

The Minister for Health and Social Services:
Yes, I have specifically asked for that but I have also asked for some additional cost information to go into that as well, which is what the delay is.

Deputy R.J. Ward:
Okay, thank you. Do you want to ask a few questions on public health?

Deputy B. Ward:
Yes, if I may. We are aware that you are intending to hold an in-committee debate on public health strategy. Is this still the intention for this to happen?

The Minister for Health and Social Services:
So we are still wondering whether or not this is the best way. The public health strategy is ready to go and I am questioning whether or not we do need an in-committee debate on this. Maybe I could seek the advice and the guidance of the Scrutiny Panel in that regard.

Deputy B.B. de S.DV.M Porée:
Pressure.

Deputy R.J. Ward:
Well, my opinion might be different.

Deputy C.S. Alves:
Having not seen it so ...

Deputy R.J. Ward:
What I would say I think with any in-committee debate, you have to have really clear parameters as to what you want to achieve. Otherwise, you will end up with an afternoon of a talking shop.

The Minister for Health and Social Services:
Yes, okay.

Deputy R.J. Ward:
I do not think that does anything beneficial at all. That is just my own controversial view but it has to be incredibly scaffolded, if you like, so that there are some outcomes that are useful and then we need to show that they are acted on.

Deputy C.S. Alves:

If you were prepared to show us the strategy in advance, then maybe we could provide some feedback on that, yes.

Director of Public Health:
We are more than willing. That would be a great step forward. I think one of the things most significant for us is that the public have really informed this strategy so they largely reflect the priorities they gave us when we met earlier.

Deputy R.J. Ward:
Constable Troy has a question, sorry. He is online.

The Connétable of St. Clement:
I would strongly, strongly advise against it. I think you would be holding multiple guns to your head. What I would do in your shoes is I would give a series of maybe quarterly or 6-monthly progress reports on the strategy, which issues statements and elements of fact. I think that where you are producing various strategies ongoing is laudable and I think that would be very satisfactory for the public.

The Minister for Health and Social Services:
Thank you. That is really helpful.

Deputy R.J. Ward:
If you wanted to be really controversial, have a look at the one on population and that is how not to do it, but perhaps I should not say that.

The Minister for Health and Social Services:
Okay.

Deputy R.J. Ward:
Is there anything else you want to ask on public health?

Deputy B. Ward:
Can the Minister update the panel on how the work regarding the Health Protection Partnership across government is going so far?

The Minister for Health and Social Services:
Yes, do you want to talk about this?

Director of Public Health:

Yes, so we are making very good progress. The major incidents that we have recently experienced on the Island have strengthened things even further. There is very good working across departments now and there is still a lot of work to do and it covers an awful lot of areas. What I am confident about now is that we would be able to have a timely response to most types of incidents. We are working also with the Home Affairs Department because the preparedness we have for emergency planning is also part of this. What we are hoping to do in the next year or so is to develop some of those more efficient data sharing mechanisms that allow us to work in a much more efficient way, but currently progress is good.

Deputy B. Ward:

Thank you very much.

The Minister for Health and Social Services:

Can we also mention that we have set up the Scientific Advisory Panel around P.F.A.S. (per-and polyfluoroalkyl substances) as well for those people in the Island who have concerns about that also, so there are a whole host of initiatives going on to address those issues.

Deputy R.J. Ward:

In the final few minutes, I was just going to ask regards the new hospital. We talked about primary healthcare and I am very pleased to hear that you are addressing the allied services as well.

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

What input are you having on the development of the new hospital facilities and are those groups being asked? I do get a sense that it is clinicians, doctors and nurses that are being, to be honest, consulted but not really responding much but those other services are not. I think it could be a huge gap in planning. What input are you being given?

The Minister for Health and Social Services:

The first thing is obviously we are the client, so the specification of what we require as a department is critical in the development of the new hospital. An element of that is to listen to what clinicians need and require. The recent consultation exercise that has been done, I am not happy with, and I have made that very clear to people. That has been minimal and I think it does not give us a rich enough context or content for how we need to inform the next stage of the project. So I have met with the communications lead for the project to re-specify the requirements around that. I am

listening to staff as well and what they are saying to me is that they want to be involved so we have to find a new way to engage and energise them. Equally, they are saying they are tired because they have been through this before but I have also challenged staff as well which is to say: "You cannot just give up. You have a responsibility to inform this because, ultimately, it is complex and it is difficult and we need to start pulling together" and I am hoping that the new communications framework will improve on that. I also think the service user and patient engagement panel that I talked about before is another mechanism that we have to get that engagement piece ironed through.

Deputy R.J. Ward:

I am conscious of time. We have a couple of minutes left so I will just ask are there any questions? Are there any last minutes questions, Deputy Porée?

Deputy B.B. de S.DV.M Porée:

No, I will leave it to you.

Deputy R.J. Ward:

Any questions, Constable Troy?

The Connétable of St. Clement:

Yes, just extending on the new hospital situation, the health and community services board proposed, which will have a term of up to 3 years, has no mention in the document of referencing any proposal for the new hospital whether it be a one-site hospital or a multi-site hospital. Given its remit, which is very, very broad, surely it should have some input into what they see as the best way forward.

The Minister for Health and Social Services:

I think because this is a non-statutory board, we have established a terms of reference that are about managing the service as it is at this moment in time, but I think you are absolutely right. What I am hoping through the debate is perspectives like that will help as we refine and strengthen the terms of reference so that the scope of their contribution is recognised in the development of the hospital.

Deputy R.J. Ward:

Okay, do you want to ask a quick question?

Deputy B.B. de S.DV.M Porée:

Yes, can I?

[13:15]

Deputy R.J. Ward:

Yes, please do.

Deputy B.B. de S.DV.M Porée:

Okay, all right. Minister, can you give us an update at the moment on the Jersey Government engagement with the U.K. Government to explore options for those who have been harmed by the COVID-19 vaccination? Do you have an update? Sorry, it was a long question.

The Minister for Health and Social Services:

No, it is okay. I do not have any updates obviously from what I briefed the Assembly on last time but I will consult with colleagues to see whether there has been any progress on that front for you.

Deputy B.B. de S.DV.M Porée:

Okay, thank you so much for that.

Deputy R.J. Ward:

I will just ask if you have any questions for the panel or anyone has questions for the panel before we close.

The Minister for Health and Social Services:

I do not have any questions.

Deputy R.J. Ward:

No. Okay, with that then, I think we are just about a minute over, which is not bad, so thank you very much for your time today and I will call the hearing to an end.

The Minister for Health and Social Services:

Thank you, Chair.

[13:16]