

STATES OF JERSEY

Health, Social Services and Housing Panel SO 318 - Health *White Paper* Review

FRIDAY, 20th JULY 2012

Panel:

Deputy K.L. Moore of St. Peter (Chairman)
Deputy J.G. Reed of St. Ouen
Deputy J.A. Hilton of St. Helier
Mr. M. Gleeson (Panel Adviser)

Witness:

Mr. J. Hopley, Chairman of the Third Sector Forum

In attendance:

Ms. K. Boydens, Scrutiny Officer

[10:31]

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

Thank you very much for coming. We are very grateful for your time. I just have to make a few opening remarks for the members of the public. I am sure they are aware about: the code of behaviour and turn off their mobile phones. I hope this assists. We thought it might help to try out the interviewees being on the other side of the table so you can see and hear them a little better. I hope that assists you as well. I am sure you are familiar with all the rules, particularly the one about leaving at the close of the meeting and not speaking to any Members of the Panel or witnesses until you are all out of the building. Thank you again. We will all introduce ourselves for the record. I am Deputy Kristina Moore, Chairman of the Panel.

Deputy J.G. Reed of St. Ouen:

I am Deputy James Reed, Panel Member.

Mr. M. Gleeson (Panel Adviser):

Mike Gleeson, Adviser.

Deputy J.A. Hilton of St. Helier:

Deputy Jacqui Hilton, Vice Chairman of the Panel.

Ms K. Boydens:

Kellie Boyden, Scrutiny Officer.

Chairman of the Third Sector Forum:

Jim Hopley. I think I am here in my capacity as Chair of the Third Sector Forum, but I am not quite sure.

The Deputy of St. Peter:

I think that is a very good starting point. We will start with that role, Jim, because our first question really is to learn about your involvement with the drawing up of the *White Paper* and initially the *Green Paper* as well and your role with the Third Sector Forum. What involvement have you had with the department in the formulation of these plans?

Chairman of the Third Sector Forum:

As far as the Third Sector Forum goes, that is a brand new organisation. It was only really created around about Easter time. So in terms of the *Green Paper* and the *White Paper*, the Forum per se had no direct involvement in either the *Green Paper* or *White Paper*. Obviously, now we are constituted (we have got a committee and are in the process of recruiting an Executive Officer) we will have ongoing input into what the situation is, but as far as the Forum went, no, it had no direct input. Individual members of the Forum, committee members, have certainly had direct involvement, which I have also had in various guises. I am currently the Chair and was Vice Chair of the Cheshire Home. I am the Vice Chair of Shopmobility St. Helier. I am the Vice Chair of a small medical charity, Huntington's Disease Association. I represent health matters on the council of the Chamber of Commerce. So obviously I have had a fair degree of involvement in the process, but, to be honest, only more latterly. I had no input whatsoever into the *Green Paper* apart from making a personal submission to it and a submission to it on behalf of a couple of the charities that I am involved in.

The Deputy of St. Peter:

So you have not at any point seen outline businesses cases or experienced the department giving presentations?

Chairman of the Third Sector Forum:

Yes, certainly since the *Green Paper*, but not in the lead-up to the *Green Paper*. Like the rest of the public, I was made aware that the *Green Paper* was backed up by a huge raft of data and information, I think essentially produced by KPMG. Anybody that was inclined to read it would have been welcome. It was quite a tome. I must admit, I did scan read it. I did not read it in full detail. Since the creation of the *Green Paper*, I have attended a number of sessions organised by Health and Social Services to indicate to the whole of the Third Sector that took the trouble to attend what progress was being made, what the plans were, what the process was and some of the outcomes of what has been going on. I have also had an opportunity in a variety of guises to meet with officers of both Health and Social Services, but indeed also the Chief Minister's Office, to raise issues that I regarded as urgent rather than things that could wait for the final outcome of the *White Paper* and I have also engaged in a variety of discussions with everybody from the Minister for Health and Social Services downwards on elements of the *White Paper* as time has gone on. I cannot claim to speak for the whole of the Third Sector and its medical charities, but I have also spoken to an awful lot of them. So I have got a fairly good idea of some of the problems that they are experiencing.

The Deputy of St. Ouen:

Can I ask whose idea was it to set up this Third Sector Forum?

Chairman of the Third Sector Forum:

I stand to be corrected, but I think essentially the Third Sector Forum grew out of frustration that politicians and advisers had when they commenced the investigation into the child abuse problems. I think what was felt was that the Association of Jersey Charities, by their own admission ... There is no conflict between the Third Sector Forum and the Association of Jersey Charities. Their constitution brief is extremely narrow. Essentially they are there to disburse the proceeds of the lottery funding and to act as a reciprocal for membership and disseminate a little bit of information, but they are not really resourced to talk on behalf of the whole Third Sector. They are there to talk on behalf of charities in a limited way, but the Third Sector is a huge portable community and is much more than just the 277 members of the Association. So I think what occurred was Government were frustrated that there was nobody to talk to and the investigators that were brought in from the U.K. (United Kingdom) certainly felt that there was a lack of focus and a central point to communicate with. It was added to by the fact that some years ago Lloyds TSB Foundation funded an investigation into health matters and how health charities

could better structure themselves to engage with Government; something called the *Javelin Report* which I think was produced in 2008. It basically became obvious that what was required in the Island (we have not got a Charities Law yet, there is one in preparation) was a central focus point where the voluntary sector - non-Government organisations of all types, not just charities - could have some representational body that would speak for them on matters, that would disseminate good governance to them and advise them, perhaps in the fullness of time assist if they are tendering for States projects and States grants and so forth. It started as a discussion, essentially, at the Bridge and it emanated from the child abuse situations; so initially lots of children's orientated health charities involved. A meeting was called. The whole of the Third Sector, as far as possible, was invited to an open meeting out at the Bridge. I think about 70 or 80 people turned up. There was a discussion on how we should create a forum. It went into limbo for a little while until the Minister for Treasury and Resources decided he could find some money to provide some seed core so that the organisation could be set up on a professional basis. All of us are honorary at the moment in time, including myself. Probably what is required is a full-time paid officer, very much like you would find at the Association of Jersey Charities or Genuine Jersey, which is another organisation I chair again independently of Government. What then occurred was, after a period of digestion, the Association of Jersey Charities and the promulgators put an open invitation out for expressions of interest from anybody in the sector who wished to be considered for a committee. I applied and, along with 7 or 8 other people, was appointed to a committee and, with a little bit of arm twisting, they bounced me into becoming chairman. Essentially, we are partly funded at the moment in time by Government with a service level agreement with Health and Social Services. That is where the money came from to set the organisation up. There is a Memorandum of Understanding with the Association of Jersey Charities. We are currently acting as a sub-committee of the Association of Jersey Charities. It was the only way that, sensibly, the organisation could get going. Very, very quickly we will become totally independent of the Association of Jersey Charities, although we will always have a very close connection with them, and we will certainly be independent of Government because if it was not independent of Government I would not have taken on the role of a committee member or the chairmanship.

Deputy J.A. Hilton:

Jim, can I ask you a question going back to your previous answer. You alluded to urgent matters that you felt you needed to discuss. Can you just elaborate a little bit more on what you felt was ...

Chairman of the Third Sector Forum:

I think, to be fair, I would rather sort of tell you what I really think of where we are with our health service and then, if I may, with respect, indicate from there why some matters are regarded as currently urgent. My view on our current health service is very simple. I do not particularly single out the 3 of you sitting opposite, but politicians of all sorts, particularly you, Madam Chairman, have been kicking the can up the road for decades. Our health service has been crumbling, to my certain knowledge, for a considerable period of time and I do talk from personal experience. I was a carer for 20 years. My wife passed away 2 years ago, but she rubbed up against virtually every department of our health service. It has been under-invested or mis-invested for quite a considerable period of time. So we are in a situation now where we are coming from way behind the 8-ball. If we do not do something and do it soon, there are going to be serious problems out there and, as I said, I do talk from direct involvement as a carer and a recipient of services. To put it in that context, I think the critical factor that I faced over the last few years is the various charities with which I am directly involved have got issues. They have not necessarily got issues with the new *White Paper*. What they have got issues with is the service as it is currently constituted and as it operates. I know colleagues of mine from charities have sat in front of you and given you information on problems that they are experiencing. What I would point is that is problems they are currently experiencing with the existing regime. What needs to happen is that the existing regime has got to change and change dramatically. My personal situation as Chair of the Cheshire Home, we have had problems with social work relationships. We have problems with certain medicines that some of our sufferers might benefit, particularly M.S. (multiple sclerosis) sufferers; something we have been talking to the M.S. Society about. The medical professional is fairly keen to utilise it, at least at some levels, but pushing that through has been difficult. We have had other issues, which are longer term, concerning where the States and the Department of Health and Social Services might want us to go as an organisation. We provide a facility for 24 permanently-disabled residents at the moment in time, of various ages and disabilities and so forth, and what we really need to know is what would be the best direction as an organisation for us to go over the next 5, 10, 15 years. That is not to say that we want Government to tell us what to do. We want Government to engage with us, to

negotiate what we should do and then, if we find that acceptable, we can go into an understanding and move in that direction. My smaller charity - Huntington's disease is a problem that my wife had, which is an incredibly debilitating disease; it is called "the hidden disease" - has highlighted what I see as flaws in the existing system. There is a disconnect between the medical side of Health and Social Services and the social working side. They appear to work to a degree in silos and that must be broken down. Again, the backup facilities have deteriorated over time rather than improved. My wife, when she suffered the disease (and, as I said, she was diagnosed nearly 25 years ago), got a variety of help and assistance, some of which has since evaporated. There is a raft of sufferers out there at the moment in time, potentially 52 sufferers in the Island, and the financial cost of that to the States of the Island and Health and Social Services is quite significant. The way historically it has been handled has not been the best. The support levels, the communication and so forth has not been good. Now, all of those issues are pressing. As part of the process, I have had an opportunity to raise them with the authorities. I am fairly confident, though the proof of the pudding will be in the eating, that at least some of them are in the process of being dealt with as urgent matters, irrespective of what happens to the *White Paper* and so forth.

Deputy J.A. Hilton:

I think in that answer twice you mentioned social workers, the disconnect between the medical side and the social side, and also you mentioned a concern around social workers.

Chairman of the Third Sector Forum:

Yes. I think the Island suffers, like it does perhaps in the nursing profession, in terms of recruiting and retaining quality staff. I mean it is an expensive place to live. Getting qualified people in the Island is not always easy, although I know there are programmes now available to train nurses from near the Island and so forth, but again we are talking about history. So you have got a situation where the social work team revolves quite quickly. People come and go and there is no real continuity. In the case of Huntington's, the biggest problem there is the total lack of understanding of what the disease is, what the consequences are for sufferers and, more importantly, what the consequences are for the families of sufferers.

[10:45]

If a parent has it, any child has got a 50/50/50 chance of developing the disease at all and the psychological problems that causes for families is astronomical and it has not been dealt with particularly either by the social working team and elements of the medical profession. I am not talking about the neurocare department. They are first-class. I have had a lot of contact with them. They do the best they can, but they find it very frustrating at times to get the right support for their clients and to move things in the right direction. Again, at Cheshire Home, it is fairly simplistic there. We have got 23 or 24 residents at any point in time. I think we ended up at the last count with 7 or 8 social workers dealing with those residents. Social workers, again, revolve quite frequently. They do not understand the facility when they turn up. They might only see a resident once, then they move on and somebody else comes in. We have asked Social Services to consider a situation where we have a specialised social worker representing our total client base. With a degree of continuity, we can build a relationship. The residents would be far less fraught than they currently, because they are never quite sure who they are talking to, and it will improve everything for everybody going forward. Those are the sort of priority issues that have come out of the discussion and the opportunity that both the release of the *Green Paper*, subsequent meetings and the ability to communicate on the *White Paper* have given organisations, including the ones I represent. I am not going to be in a unique situation there. I am fully aware of that. Colleagues of mine on the Forum are involved in this. Many of the other organisations in the field of medical charities have had an opportunity to engage face to face with the officers at Health to put their problems and their case forward and all I hope is that that information which has been garnered over the last few months is used to tweak what is already sitting on the table.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Ouen:

Out of interest, I just want to pick up on a point you made earlier. You spoke about the existing regime needs to change dramatically and you have mentioned since a number of matters that one could term as a requirement for organisational change and management issues that need to be addressed. What can you point to in the *White Paper* that gives you confidence that the health service has grasped the fact that this regime change needs to happen?

Chairman of the Third Sector Forum:

I think you have got to go back to how this process has come to where it is now. The *Green Paper* was produced after a very significant amount of work. As I said, I am not an expert on that work. I must be honest and say I have not sat down and analysed it in fine detail. I looked at the elements that interested and concerned me. The *Green Paper*, in some ways, I have got points of criticism about because I think it gave the general population 3 options. Two were complete non-starters and they were framed in such a way that nobody was ever going to accept them. The third option, which in many ways I regard as the right option or at least a version of the right option, obviously had all the benefits exaggerated and perhaps some of the negatives, particularly the finance side of it, not as broadly exaggerated as it could be. So, having got to that situation, what concerned me was that input into the *Green Paper* (and that is me talking personally, not as a representative of anything), elements of the consultation on the *Green Paper*, had been a bit too narrow. I think what had occurred is that a limited number of Third Sector organisations, the big medical charities - people like M.S. and Family Nursing and so forth - had been part of the construction process and had been consulted in detail. There had been a vast amount of research and a list of work and whatever done but the bulk of people involved, particularly people like sufferers and carers, had not been excluded but they had not been as deeply involved as they could be. Now, I had an opportunity to take the officers and the Minister to task about that and I will speak as I find. As I said, I am not in the pocket of Government and I never will be. This is an honest opinion. What occurred was that they understood that perhaps they had not got it quite right in the *Green Paper* process. What I have witnessed since is a vast amount of engagement right across the sector with as many people that would talk to them as possible. I know the public meetings on the *White Paper* have not been particularly well attended, but I am fully aware that there has been a whole raft of discussion to date with individuals, with organisations, with sufferers, with carers, with anybody who would engage with Health and Social Services. I would plead with you to take the same attitude. Having done that, the proof of the pudding now is to learn the lessons of what has been said over the last 3 or 4 months, to look at the *White Paper* as it stands, to take the best of it, to tweak it where it needs tweaking and for God's sake let us get on with the job, because if we do not start moving soon the consequences out there are going to be dire. We are going to have a full hospital, we are going to have health rationing, we are going to have all sorts of consequences and it really needs grasping now and moving on. It might not be the perfect solution. It might not be the only solution, but at least it is what we have got

on the table and there are positives in there. There are some negatives and there are areas of weakness that need to be addressed, but it is incumbent on us all - organisations like I represent in the Third Sector and the ones I am directly involved in, the general public, scrutiny, whatever - to highlight the weaknesses and try to improve what is on the table because if we do not do it, God help us.

The Deputy of St. Ouen:

Just finally, what do you expect the first steps to be? I mean some would suggest we can provide significant sums of money, which is obviously going to be required, and that is part of it. We recognise that the service needs to change, but equally, as you rightly point out, it needs to be managed in such a way that it delivers the services that we are all looking for.

Chairman of the Third Sector Forum:

Okay. Well, there are lots of nice words in the *White Paper* and lots of aspirations which I would fully support and endorse: care in the community, rapidly; carer and the individual; engaging quite vociferously with the Third Sector; making sure that there are priorities identified, short, medium and longer term because you cannot deal with everything in one go; and ensuring that you move forward on this broader front as rapidly as you possibly can and you move forward as efficiently as you can. We can spend the rest of the day discussing the inefficiencies of the health service. I am sure they are there. They have to get their house in order. They have got to improve their structures, make better use of I.T. (information technology) and whatever else they need to do and move things forward. Running a hospital facility at 3 locations at the moment does not make a lot of sense. So there are elements there. In terms of engagement with the Third Sector, it needs to be a real engagement. That is the message that has been delivered to the civil servants time and time again over the last 3 months. The problem in the past has been the professionals within Health and Social Services tended to dictate to the Third Sector what they would do and how they would do it. It has been very much a one-way process. I am not saying it was always wrong, but that has been the culture. That has got to change. You need a real partnership, a partnership of equals. If Health and Social Services are asking the Third Sector providers to do things, it should be sensibly negotiated. Both sides should understand exactly where they are coming from and it should be appropriately funded. Now, I know full well it is not a bottomless pit. It cannot be a bottomless pit, but, to be honest, we are coming from behind the 8-ball now. There is no alternative but for us to spend more money on the

health service. The culture in the past has been: "Oh, we will wait and see what happens. We will throw some money at it when the time comes." That might not be fair but that is my impression of what the situation has been. We cannot do that anymore. So what we have got to do now is ensure that everything we are doing makes commercial sense. I have got a commercial hat on. I speak for the Chamber of Commerce in this as well. I come from a commercial background. I will not accept a health service that says: "We cannot improve efficiency." Of course we can. There are millions of things we can do to do that, but we have also got to do is become much more open and much more receptive to what the recipients need because in the past it has been: "We know what is best for you. That is how we are going to do it. If you are Third Sector provider that is what you can do, you cannot do anything else and we are going to structure it in such a way that, if you do not do it that way, we will take the money away." That is totally wrong and I think that is accepted. I think now people are realising that we need proper engagement and we need service level agreements that work both ways. We need to make it a lot more professional.

The Deputy of St. Peter:

You mentioned earlier that there were some weaknesses in the *White Paper* but you are happy to move forward and hopefully that will come with time, but what weaknesses do you identify?

Chairman of the Third Sector Forum:

Very close to my heart would be the Cheshire Home background, disability. I do not think there was enough in the *White Paper* about the elements of disability. I do not know whether you are aware, but there are about a billion people in this world that are disabled in some form or other. Fifteen per cent of the population have got some sort of disability. I have only got one eye. So it is a hidden problem in many senses and I think that was not picked up quite significantly. I think it was a little bit light on the reality of care and certainly the issues of respite were not significantly covered in the documents. I would like to have seen them. Having said that, I am fully aware that some of the money that has been released to Health is going to be immediately diverted into respite. There is a dire need for that. There was a need for that yesterday, not today. I think it is perhaps a little bit light on delivery and the financials at the moment in time, but in some ways it had to be. You have got to start from somewhere. I think what essentially needs to occur now is what is there needs to be, as I said, refined and tweaked very, very quickly. I am not talking about taking 3 years. I am talking about taking 3 months, so that when it goes in front of the States

it is a definite policy for the next 10 years or whatever it might be. The financials obviously have got to come into play. Until somebody knows how much money they have got to spend, how can you prioritise in totality and how can you move it forward? The States have got to make a decision on how much money they are going to release to Health and Social Services. There are longer-term issues in terms of hospitals and there are longer-term issues in terms of care of the elderly and that, but we can spend the rest of the day discussing that.

The Deputy of St. Peter:

The financials will be announced on Monday for the first 3-year period of the *White Paper* and reforms. That is probably quite small in respect of the large amount of reform and finances that will be needed in the long term to achieve the big aims of refurbishing or rebuilding the hospital, et cetera. Do you have a view regarding how we finance on an ongoing basis? I am thinking, from your commercial background, what do you think of user pays or imposing health insurance or increasing taxes?

Chairman of the Third Sector Forum:

Well, the sad thing, I think, is we have mis-picked over the years. A colleague of mine on my Cheshire Home committee wrote a paper on the hospital decades ago about a health insurance scheme for the elderly care. That did not end up going anywhere in Jersey. It was interesting that the civil service in Guernsey bumped across, pinched the *White Paper* and brought a scheme out and that was in 1987 or something. So we have really got to get our act together on this and, as I said, I am not criticising what is here now and what is going forward. I am criticising what is coming from the past, but the hospital is certainly well under-resourced and I know you have been taken up and shown around St. Saviour's. I have been in St. Saviour's a few times over the last few years and, to be honest, every politician in this Island should have been made to go up there and work at least a week and work in the worst parts of it, not the better parts that you might have seen, because it was appalling. Any other jurisdiction would have shut it down decades ago. So we have got to get our act together with the hospital and sort out where we are going to put a hospital, whether it is going to be a rebuild on the existing site or a new location. It cannot make sense to have St. Saviour's and Overdale and the general hospital in an Island of this size with a population of under 100,000 all working together. It needs a central focus. Having said that, the critical factor then is how you finance it; £300 million or whatever it happens to be for a new hospital. I do not know. I know the work is being done. Perhaps it is backwards-forwards. Maybe that work should

have been done 2 years ago so that it was part of the equation, but we are where we are. I suppose in some ways you cannot hang that on the current regime. They were not there when that work should have been done. So at the moment in time the investigation has taken place. There are a number of ways to finance a new hospital. It is a capital item. It is not a revenue item. There is a lot of States property out there that is standing empty. St. Saviour's main hospital is a perfect example. I think they got Legionnaires diseases in there this morning, but that is another story. Effectively that is a huge piece of property that is not being really used for anything; a bit of staff training and whatever else it might be. So there are opportunities to raise significant amounts of money to contribute towards a new hospital. There are other ways of doing it. Maybe Jersey is going to face a situation where we are going to have a States debt in the fullness of time to finance capital projects in a different way than we currently do. I would not profess to be expert enough to recommend exactly how the new hospital should be financed. All I can say is that we need one. As far as long-term care goes, I think it is inevitable that somewhere down the road we will have an insurance scheme. I know it is now proposed for 2014, but again, as I said, it should have been introduced quite a considerable period of time ago.

[11:00]

We would not be facing the dilemma we are facing now but, having said that, if you study the figures and the detail of what has been produced in the *White Paper* and some of the background - and I did look at that because I had a direct interest in the Cheshire Home - Jersey, as a jurisdiction at the moment in time, puts an awful lot more people into care than most other jurisdictions. Now, you have got to ask why we do that. Is it availability? Is it because of the backup service elsewhere? I think the *White Paper* is precisely right to have identified that care in the community provided by as many elements as possible is the right way to go because I do not want to take people into institutions. I have got 24 people sitting my institution, Cheshire Home, but they are the right people in the right place, in the main who want to be there because it is the right environment for them. I have been around nursing homes. My wife died in a nursing home, so I do know what I am talking about. There are a whole heap of people who are buried in there for a variety of reasons, because there is nowhere else to put them. I have had 2 Huntington's sufferers thrown (and I mean thrown) into one of the wards in St. Saviour's since Christmas because there is literally nowhere else to put them. There is no 24-hour care in the community in the Island at the moment in time. So there is no alternative but to

institutional them rather than look after them where they could be looked after, which is in their own home in whatever circumstances there might be. We need to look at this in the round. If it is going to cost money then the Island is going to have to make some harsh calls in terms of priorities. You are going to have to spend an increasing proportion of the national budget on health. There is no doubt about that. You probably need to spend it on education as well and it is going to mean that the States are going to have to look at their total raft of priorities and make the right calls in terms of where those priorities lie.

The Deputy of St. Ouen:

So you do accept, leaving the hospital aside for one moment, that, to successfully deliver the new services that are described and we have all signed up to, substantial funds will be necessary and it will require additional contributions from the public?

Chairman of the Third Sector Forum:

I think eventually it is inevitable that either there will be less spent on other services or taxes will have to go up. I think if you approach it on the basis of a partnership with the public, everybody is very defensive of the health services that have got it. They all want to see a continuation and an improvement constantly on the level of services and I think eventually the public will have to face the reality, if they want one of the best health services in the world, they will have to pay for it.

The Deputy of St. Ouen:

I presume that you would agree that it would be wrong to start a process of change and not be able to complete it or properly fund it.

Chairman of the Third Sector Forum:

Yes. Obviously what is there now is fundamentally, as I understand it, a 10-year programme. Things will move over that 10 years. It cannot be cast in tablets of stone. Nothing in the real world operates like that. You cannot sit here today and decide what exactly you are going to need in 10 years. You need a broad strategy, a broad brush to move it in the right direction. The finances obviously over time will move. There will definitely be an element of insurance needed, in terms of long-term care, one way or the other and, as I said, we are coming from behind the 8-ball. We did not need to. We could have had a plan in place a long time ago if we had been a bit smarter at that point in time. I am sure there will be some need to examine elements like user pays in some areas, but that obviously needs to be done in such a

way it protects the poorest in society and so forth. There would need to be concessions there. I cannot understand why under-5s have got to pay to go and see a doctor. That sort of thing needs correcting, no matter what the consequences are for taxation. Really, the catalyst, the bit in the middle, the unknown bit, is what led to inefficiencies within the service which would cut cost. I am sure the move from everything being centrally provided to things being provided in the community is not solely driven (I do not think it is even partly driven) by a desire to reduce cost. I think it is driven by a desire to improve the delivery and to really provide people with what they need rather than what people think they need dictated by the medical profession. Now, there could be quite significant savings in that. This is not a scheme to lay all the problem back on the Third Sector and say to medical charities: "We cannot afford it. You do it." If they are going to do that it will implode because medical charities are stretched very significantly with what they are doing now. What needs to be done is the money that is available needs to be directed and focused and used a lot smarter than it currently is. I am sure the bottom line on this will be escalating cost; probably escalating cost at a pace and level that the Island will be able to cope with if we get the rest of our priorities right.

Mr. M. Gleeson:

If you have 280 separate organisations in the Third Sector ...

Chairman of the Third Sector Forum:

No, there are about 1,000 organisations in the Third Sector. We do not know. Nobody knows. There are 278 charities that are registered with the Association, but that is not by any means all charities because there is no need for them to register at this moment in time.

Mr. M. Gleeson:

Well, do you not see some dilution of effort through so many charities?

Chairman of the Third Sector Forum:

Yes.

Mr. M. Gleeson:

Have you got plans to try and integrate overlapping charities?

Chairman of the Third Sector Forum:

I mean they are all independent and obviously varying impressions of their own little activity. Somebody passes away and somebody sets up a charity in their memory and it tends to mushroom. What certainly needs to be engaged in and certainly part of the Forum's initial strategy will be to put charities of a similar nature together to ensure at least they co-operate and, where at least sensible, perhaps they should consider whether they should merge and so forth so that they become that little bit more significant and efficient. Certainly part of the early work that we are doing is we are going to pull all like charities together by sector and have a show-and-tell session so that people understand what their colleagues in the sector are doing. Perhaps by doing that we will be able to not dictate to people, but encourage people to consider how best they can co-operate and whatever. My little charity Huntington's Disease, co-operates quite vociferously with the M.S. Society at the moment. It is a neurological disease, very similar. The mutual support provides us with help and assistance, which is great; the way it should be. That will naturally occur and certainly the sector will be promulgating that. I think when it comes down to Third Sector organisations of whatever type providing services to Government, not only in health but in any sphere, then Government over time will look at professionally organised ones, the ones with good governance, the ones with the structures that will enable them to take whatever money and grant and programmes available to do it and do it in an efficient way. I am absolutely certain that the Third Sector can provide an awful lot of the care services an awful lot better than throughout the Health and Social Services Department can. Obviously when it comes down to pure medical areas, you need to leave that to the professionals.

The Deputy of St. Peter:

You mentioned a little while ago that you felt particularly the medical charities were quite stretched in terms of resource and time, but then you just said that you feel that they could develop their offering to the public in terms of services and in the *White Paper* there is a lot of reliance on the Third Sector providing different services to the public. How reasonable and feasible do you think it is? Is the Third Sector geared up at the moment to increase its capacity and its ability to serve?

Chairman of the Third Sector Forum:

I think the problem historically has been, as I said to you, that the nature of the service level agreements that organisations have had, the major organisations ... obviously something like my own Huntington's Disease Association, will not have service level agreement with Government to provide what we provide, which is

mutual support for sufferers. That does not need a lot of money. It just needs time and effort in terms of the membership. When it gets to the larger organisations, yes, they are stretched and, yes, at the moment in time they might find it difficult to perform the role they are doing now. But, quite often, that is simply because they have not got a sensible agreement with Government. They have not got a medium/long-term strategy evolved with Government so that they know with confidence where they can go in the future. Do we be build an extension to the Cheshire Home so we can take more people in? Do we make far better use of the day care facilities than we are currently making, which is a thing that is close to my heart? It is that sort of thing that needs to be decided. Once it is decided and agreed and negotiated, what needs to be there is a proper agreement, properly funded by the health service, to ensure: "For a period of time that is the service you will take on board for us. That is the service you will provide in the infrastructure you have already got and that is how you will assist us to efficiently move this forward."

The Deputy of St. Peter:

At the moment service level agreements tend to be for a year period with the Health and Social Services Department. How can you realistically plan for medium to long-term?

Chairman of the Third Sector Forum:

You cannot. That is precisely the point I am making. I mean, if you are going to go into a 3-year financial review situation with the States, then I cannot see any reason under the sun why service level agreements with providers, provided there is a codicil that those services are provided efficiently and to the agreed level, cannot be for at least a minimum of 3 years. That would fit into what the Government's new financial strategies are.

The Deputy of St. Ouen:

Obviously the Third Sector and private sector are key, in many respects, to delivering the new services. If we are saying that time will need to be allowed for the Third Sector organisations, even the main ones, to develop the services and expand the role to fit and provide the services as envisaged, how do you see that happening and are you concerned that an alternative route might be taken in that Government, the Health Department, tries to fill in the gaps by recruiting staff within their organisation?

Chairman of the Third Sector Forum:

Yes, there is element of that certainly in play. As I said just now, you cannot do everything in one go. The devil in this *White Paper* is certainly going to be in the detail; the delivery of the actual aspirations that are in the *White Paper*. Now, I suppose the reality at the moment in time is you have got 2 alternatives. You say: "No, that is not going to work. We are not going to do anything about it. We will chuck it out and we will start again." We cannot afford to do that. We are where we are. I think what is required now is a total element of trust to move this forward and move it forward sensibly. I am not talking about the health service taking 3 years to draw up the agreements. They should be negotiating them from Monday, because the consultation period finishes now. I know they have not got money. They have not got States approval for what they are intending at the moment in time, but time will not wait. It really will not. What is required now as we move into the next phase of this is for detailed planning, negotiation and so forth to start first, immediately, so that from the New Year things can move forward and move forward dramatically. You will not deal with it all in one go. You will not get it right all in one go, but at least what you can do is move the ballpark significantly and quickly. If there is a corporate service level agreement in and certainty for the organisations that are the recipients of whatever funding or whatever negotiation has taken place, then they can plan corporately. They can go out and recruit the people they need and try to raise the funds they need, if it is not a fully-funded situation, to deliver what they feel they can. We are all fully aware of colleagues in the Third Sector who have got under-utilised resources at the moment in time that could be far better used, but we are not keen at the moment to fully exploit them because we do not know what the future holds. I have got spare capacity at Cheshire Home for day care. We will take people in if it is the right people, but there needs to be funding in place. We are a charity. We have got to cover the new operating deficit out of efforts that we put out to fundraise and so forth. The lodge is only partly full. They are not getting the referrals they need and so forth. That sort of thing has got to stop. There is a raft of facilities there that we have got available and very early days and, as I said, within a matter of months, not within a matter of years, we need to come up with the right agreements to utilise the best resources we have got in terms of expertise and infrastructure right across the Island as fast as we possibly can; at a cost, I do agree. It is not going to stop, necessarily, taxes going up and extra spend, but it will at least constrain it.

The Deputy of St. Ouen:

Who is going to undertake that role? I absolutely agree with you. We have got to get the foundations in place as quickly as possible and be comfortable and certain that those foundations are strong enough to support the improvement.

Chairman of the Third Sector Forum:

Okay, Deputy. I suppose you could accuse me of being an apologist for the health service in this, but I can only speak as I find.

[11:15]

I started from highly critical perspective 12 months ago: "You are not going to sell to me. I am not sure the options laid out in the *Green Paper* are the right ones. They are structured in such a way that only an idiot would go for one and 2. Everybody would go for number 3." Was number 3 the right option and so forth? It was not that it was perhaps initially drafted. I have had a level of engagement with the Chief Minister's Office and that is not only driven by my new status at the Third Sector but through the other organisations that I am involved in and, in fact, indeed with my hat on at the Chamber of Commerce. I have had engagement with the Chief Minister's Office, with the Minister for Health and Social Services and various civil servants in Health. I have talked to Social Security. I have talked to lots of other organisations in the sector as well and I am reasonably confident that the message is sinking home that what we need to do is to strike a new partnership and a new deal and move this forward as rapidly as we possibly can and to put the mechanisms in place and to ensure that the civil servants and the professionals who are buried in the Health Department, who are protective of their little empire and what they are doing now, are side-lined so that the right things are absolutely done right across the piece. If you have got a disconnect between social workers and the medical people, somebody needs to sort that and they can do that very, very quickly. It is that sort of action which is required and required in the next few months so that the fundamentals and the basis of this are in place to be moved forward.

The Deputy of St. Ouen:

Perhaps I should just rephrase my question. I was interested in your position and the role of the Third Sector Forum, the new organisation, in how they see what part that group is supposed to play in making sure that the challenges and issues that you have spoken about earlier are dealt with.

Chairman of the Third Sector Forum:

I think you have probably misunderstood the purpose of the Forum. The Forum is not constructed just to work in the health service area. It is there to direct all non-Government organisations, not only charities; certainly not only medical charities. It is there to represent the sports clubs, P.T.A.s (parent teacher associations) or anything else that you can consider over time. So you have got to set the Third Sector Forum aside from what is going on in health and indeed, to a degree, what is going on with charities because we are not only a representative body for charities. We are representative body for any non-Government organisation providing services to the community.

The Deputy of St. Ouen:

I did not understand that. I thought that had been set up specifically for health.

Chairman of the Third Sector Forum:

No. Do not ask me to explain. The money found was filtered through Health and Social Services. I cannot explain that. You would have to ask the Minister why it went that route. That is why there a service level agreement between us and Health and Social Services, but that is going to move and move pretty fast and it will probably end up where it should do, with the Chief Minister's Office and perhaps a relationship with the Director of Social Policy, because that is the logical place for it to be. There is no resistance to that from the health service. They understand the need for that as well.

Deputy J.A. Hilton:

You briefly touched on G.P. (general practitioner) fees earlier. Would you like to share your thoughts and views on G.P. fees with regard to people who have ongoing serious illness or disability? Have you got any strong views on that?

Chairman of the Third Sector Forum:

Yes, Deputy Reed is absolutely right to highlight cost in this and whatever. There are lots of things we would like to do and some of the things we will be able to and some of the things we might not be able to. But when you sit and look at the way things are structured I think there is a very, very serious issue to be sorted. I think G.P. fees is a bit issue. I do not think that young children should be charged. I do not think that people with long-term conditions should be charged. This is a personal view. Certainly people on income support or whatever it might be also need to be given a

dispensation there. I think the crazy situation we have got at the moment is because of the level of charges and the nature of the charges. We have got a problem where all sorts of people drift into A. and E. (Accident and Emergency) for services that should be provided elsewhere because it is free and that puts elements of A. and E. under serious strain and it is not an efficient use of resources. I think buried in this regime as well, because we have become a litigious society, G.P.s are very, very careful to protect their backdoor. So I think quite often when people get referred for investigation and treatment it is everything thrown at them when that is probably not necessary. I think there is a whole raft of services out there that are currently provided essentially by G.P.s that could be provided by nurses, pharmacists and so forth. All of this needs a little bit of lateral thinking so that we end up with a regime which is cost-effective and that does protect the weakest in society so that there are no financial ramifications. Areas of current services do need to be examined to ensure they are not just simply being abused on a financial basis. I am sure there are people walking into A. and E. who could quite happily afford private insurance and so forth because the smart people know they are not going to pay and that cannot be possibly right.

Mr. M. Gleeson:

Staff implications for the Third Sector. If we look at the people who are in the Third Sector, they are voluntary, often retired. What staff implications are required to provide a professional service along with a community service?

Chairman of the Third Sector Forum:

It depends. I mean each organisation is a one-off, to be frank with you. You have got some cracking organisations in the Third Sector at the moment which are providing incredibly valuable services purely with volunteers. St. Clement's Community Association is a perfect example. It has been a big society in Jersey for decades. It is not always structured as well as it could be and that is where my Forum comes in. It is horses for courses. That type of organisation needs replicating elsewhere across the Island. I am sure Deputy Reed has been kicking backsides up in St. Ouen and I had a chat with the Deputy of St. Peter a little while ago about why they have not gone the same route and so forth. Effectively, there is that opportunity and that will be on a voluntary basis. I run a facility around the chair of the facility. I do not run it with a professional officer running it. Cheshire Home relies on some volunteers, not all retired people. Quite a lot of teenagers come down there because they like to talk to the residents, play cards with them or whatever. I have got people

who, on their day off, will take people out on trips and so forth. There is a whole raft of people out there who will do things. I know it is mainly retired people that do Meals on Wheels and whatever it might be. So if you are looking for volunteers I think what is needed is for the organisations that utilise volunteers to be taught how to use them a little bit better because they are virtually employees when you think about it. They should be given the same sort of respect, simply because they turn up occasionally and whatever. So that needs to be improved. When it comes to organisations that are providing much more substantive things and doing it with paid staff, then the catalyst to that is having certainty that you are going to be doing it for a period of time. You know, I am in a funny situation with my Third Sector. I have got enough money to recruit an Executive Officer for 2 years. It is going to take us 2 years to get it off the ground. We are going to take a flyer. Do we not do it on the basis we have not got the forward funding or do we do it on the basis we are going to have some idea of the funding to ensure there is continuity there? That is how a lot of these charities are operating at the moment in time. It is a wing and a prayer. Do we take somebody else on to provide additional service to the dashboard? Do we do this and do we do that? People are only offered short-term contracts because there is no certainty of the situation at the moment and I think that is the thing that needs to be dealt with by, as I said, much longer agreements and much more certainty about the levels of funding. There has always got to be codicils. This is not about handing money out willy-nilly. This is about handing money out to get delivery because if you do not get delivery, from a commercial perspective, it is just throwing money down the drain. I do not know if that answers your question. It is very difficult to catch everything in one conversation.

Mr. M. Gleeson:

There are a lot of staffing implications in the *White Paper* for the community services and recruiting staff in the community, the official Government services, is going to be an effort. How is the voluntary sector going to also get staff?

Chairman of the Third Sector Forum:

I think you are right to say that there are ramifications for how Government and the health service per se staffs its operations. I think an awful lot of it is about utilisation of what is currently there. I think at the moment in time it is quite inefficient. You go to this department for this particular treatment and there for whatever. I think there are elements about one-stop shops for treatment and integrating facilities and that obviously can have significant gains in terms of administration. You only need one

resource instead of 5 or whatever it happens to be. I think you need to be very, very careful that, because of the aspirations to provide better services, it necessarily needs significantly more people. It needs management to work a lot smarter. That is what commercial organisations have been doing for decades. I am not sure our current health service as it has been constituted and organised has been too smart in that direction. So you have got that there. In terms of Third Sector organisations and how they cope with providing extra services, at the end of the day nothing is for free in this world and I think what is perceived is that, with any additional monies put into health, a proportion of that will need to be channelled back into the sector so that the providers of the sector are properly funded to do the functions that they are being asked to do. Again, I would hope that in some areas functions that are currently provided professionally within the health service will be transferred to the third sector and they will be delivered a lot more efficiently than they currently are, because the people delivering them will understand the problems that they trying to cope with.

The Deputy of St. Peter:

Thank you. Are there any further questions?

The Deputy of St. Ouen:

Just picking up on your point about management needs to be smarter, I think it is a general and personal frustration of mine that we keep hearing those sorts of words and we know that there are and have been pressures that have been known about for a long period of time and yet management does not seem to be able to deal with them. What gives you that new confidence that the management that we have in place - not politicians, the actual people that are required to deliver the services on behalf of the public in the health service - will and can deliver what we all want and have been looking for for some time?

Chairman of the Third Sector Forum:

That is a million dollar question, Deputy. I think there is a new breath of fresh air in here at the moment in time. My experience in the past has always tended to be that when you have challenged the professionals at all levels - from consultants to doctors to hospital management or whatever else it might be - you have tended always to get a very, very defensive attitude. You tended to be not belligerent (I would not be belligerent anyway, would I), but within the context: "What do you know? We are the experts. This is the way it has got to be." I can only speak as I find and I am not an expert and I have not talked to every consultant or every doctor

or every administrator. I have not met the new hospital director, acting hospital director or whatever he is; so I cannot pass a particular comment on his credibility. But I just get the impression, talking to a whole raft of senior officers - directors, an over-65s carer or talking to this person - on issues that, as I said, I regard as quite urgent at the moment in time that at least now I am getting a fair hearing. This is not negative. This is not me just trying to be very clever and criticising. I am trying to be constructive to the benefit of all. I get a reaction. The proof of the pudding is going to be in the delivery, in how this is then handled. Am I confident in that? Well, yes, I am as confident as I can be. Am I certain that it is going to happen? No, I am not. I think it is the role of people like yourselves and people like myself and people like the media and whatever to sit on top of this. If you give the people the money, you give them the opportunity to do it and we can hold them, all of us, everybody, to account that deliver what they are promising. If it is not happening, let us not wait another 10 years for it not to have happened. We have got to act and do something about it in the intervening period. Now, what I have been promised is ongoing dialogue and engagement at all levels; with the Forum, with individual organisations who are being asked to deliver services, with specific locations like my operation at the Cheshire Home and so forth. If they do not deliver you can rest assured that I will be asking for a repeat hearing here and I will be telling people like yourselves and the media and anybody else who will listen to me that it is not being delivered.

The Deputy of St. Peter:

Thank you very much.

The Deputy of St. Ouen:

Thank you very much. Thank you.

The Deputy of St. Peter:

Thank you for your time.