

19-21 Broad Street | St Helier  
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Deputy R. Ward  
Chair, HSS Panel  
**BY EMAIL**

13 November 2023

Dear Chair,

**Re: Residual Questions Following Public Hearing on the Government Plan 2024-27**

Thank you for your letter dated 6 November containing several residual questions following the Public Hearing held on 3 November, and please see below responses.

*Transfer of Services*

- 1) “HCS Vehicle Fleet” and the funding of £276,000 has been proposed to be transferred from Justice and Home Affairs to HCS. Please can you provide some further information?**

The transfer was agreed between HCS and JHA to ensure expenditure and funds are accounted for in the same department. In 2019, the Ambulance Service moved from HCS to JHA as part of the government wide restructure. Since then, the Ambulance Service have continued to pay for the lease costs of a number of HCS vehicles, which are used in Estates & Non-Clinical Support Services. The service transfer allocates the budget for the running costs of these vehicles including lease charges, fuel, and some maintenance costs. There is also an element of growth for known replacement vehicles in 2023/24, and an inflationary allowance.

*Vaccine Scheme*

- 2) Please provide the detailed assumptions used to estimate the funding that will be needed to pay for the scheme out of the Health Insurance Fund.**

As discussed previously, GP and Community Pharmacy representatives are currently being engaged in discussions with officers in order to understand better the likely cost of administering Flu and COVID vaccinations in a scenario where Government seeks to decentralise COVID vaccinations, which are currently provided centrally.

Before extending further the role of primary care in vaccinating Islanders, it has been necessary to consider whether better value for money could be achieved in an alternative delivery model. We estimate that circa 65,000 doses of Flu and COVID vaccines will be delivered in 2024, and that a Government Immunisation Service-led model could deliver substantial economies.

Given officers are engaging constructively with primary care to discover whether a new commercial arrangement can be brought about, I would not wish to set out greater detail publicly, which could prejudice these discussions. As such, I would welcome a private

briefing with the Panel so we can provide a greater level of detail. Please contact my office if this is agreeable.

Obtaining funding from the Health Insurance Fund (HIF) is a separate matter. In the proposed Government Plan 2024-27, Ministers have indicated their preference for the cost of many post-Pandemic vaccination services to be met from the HIF, subject to a Health Insurance Law amendment. Given that delivery models and commercial arrangements are not yet settled, it is not possible to set out in detail what funding will be required from the HIF over 2024, and the main assumptions upon which such funding will rest.

**3) Please provide a breakdown of how the requested funding will be spent.**

Please see previous response.

*Continuation of Strategic Policy and Governance Team*

**4) Please provide confirmation that the proposed funding will be used to fund 3.5 members of staff.**

I can confirm that the funding will be used to fund exactly 3.8 FTE members of staff rather than the 3.5 FTE as advised during the hearing. These are existing posts.

*Learning Difficulties Accommodation*

**5) What are the reasons for the delay in this capital project?**

Unfortunately, additional time is required to respond to this query and so we hope an extension would be agreeable to the Panel. A full response will be presented in due course.

**6) Is it still your intention to relocate Aviemore to Rosewood House? If not, why?**

Please see response to question 5.

**7) You stressed to the Panel that there is “an urgent need for specialist accommodation to ease pressures on the service”. What is the new delivery timeframe for this project?**

Please see response to question 5.

*Digital Care Strategy*

8) How much of the £5.3m that was approved in last year's Government Plan for the purpose of the Digital Care Strategy was spent?

9) What was the funding in 2023 spent on?

The below table answers question 8 and 9:

Capital project	2023 Budget	YTD Spent	2023 Forecast	Variance to budget	Comment
Electronic Patient Records	2.40	1.44	2.37	0.03	
EPR Revenue	-	1.06	1.24	(1.24)	Training & HCS application shortfall due to software extensions & support team
Scantrack Replacement	0.13	0.05	0.12	0.01	
Vendor Neutral Archive	0.05	-	0.16	(0.11)	Milestone retention
FIT Order Comms	0.50	0.14	0.36	0.14	
EPMA	0.22	0.05	0.11	0.11	
GP order Comms	0.08	0.14	0.16	(0.08)	
GUM clinic	0.26	-	0.00	0.26	Current risk evaluated - investigation ongoing
Pathology Analyser	0.03	0.04	0.04	(0.01)	Project closed
Ophthalmology EPR	0.50	0.07	0.13	0.37	Project starting
Dental EPR	0.15	-	-	0.15	Delayed to 2024
E Consent	0.10	-	-	0.10	Delayed to 2024
Cervical Cancer Screening	0.30	-	0.05	0.25	Project at initiation phase
PACS	-	0.00	0.25	(0.25)	Additional work approved by the DHP Board
Mental Health & Social Care System Review	0.50	0.16	0.25	0.25	
2024 Future Digital Health Initiative (Business Case project & Growth)	0.08	-	-	0.08	Delayed to 2024
<b>Sub-total</b>	<b>5.30</b>	<b>3.14</b>	<b>5.25</b>	<b>0.05</b>	

*Jersey Care Model - Digital Systems*

**10) The GP requests £1m in 2024 for the capital project 'Jersey Care Model – Digital Systems'. Is this funding that was not spent in 2023?**

**11) What was the funding in 2023 spent on?**

The below table answers question 10 and 11:

Capital project	2023 Budget	YTD Spent	2023 Forecast	Variance to budget	Comment
Jersey Health & Care index	0.23	0.18	0.20	0.03	Known DPIA risk, project deliver timing currently reviewed
Jersey Care Record	0.30	0.08	0.10	0.20	Project on hold (No more spend)
Referrals Services	0.20	-	0.05	0.15	To initially start with NHS England discovery
Primary & Community Care System Review (inc EMIS)	0.20	0.12	0.23	(0.03)	
Auditbase	-	-	0.08	(0.08)	New project started
Viewpoints	-	-	0.09	(0.09)	New project started
Virtual Consultations	0.12	-	-	0.12	Delayed to 2024
	<b>1.05</b>	<b>0.38</b>	<b>0.76</b>	<b>0.29</b>	

*Other*

**12) Is GST payable on medical equipment brought in the UK? (Specifically on CPAP (Continuous Positive Airway Pressure) masks)**

I am advised that medical supplies are exempt from GST, they are an exempt group in this guidance: [GST liability of goods and services \(gov.je\)](https://www.gov.je/gst-liability-of-goods-and-services).

**13) Please provide a breakdown of the £2.27m for 'Maintaining Public Health and Health Protection Function'.**

Pre 2020, the public health function was small with limited capacity to deliver its statutory responsibilities. Today, using temporary funds from the Jersey Care Model (JCM) and Covid, public health delivers a range of both statutory and non-statutory services, designed to protect, and promote islanders' health. The public health team develops policy and strategy, commissions and delivers public health services, and responds to immediate risks to health, such as infectious disease outbreaks or other unexpected events.

The 2024 business case requested to maintain those services developed between 2020-2023 using temporary JCM and Covid funds. A breakdown of the £2.27m is provided below:

Activity	Description	Outcome	Staff/ Non-Staff	Cost (£)
<b>Health Protection</b>	Implement the health protection review to set up and run a cross-governmental health protection system, providing leadership, expert advice, guidance, co-ordination and governance to protect the public from infectious diseases (including future pandemic & epidemic planning), and ensure the population's health is considered in the response to major incidents caused by other environmental hazards.	Increased public protection from infectious diseases and other environmental hazards. This cases and outbreaks managed effectively and efficiently co-ordinated in line with best practice guidance, so that unnecessary deaths and illness is avoided. This will also avoid unnecessary healthcare costs.	Staff	550,000
<b>PFAS</b>	Engagement with affected Islanders and the continuation of the PFAS Scientific Advisory Panel who will make evidence-based recommendations for Government to inform decisions about the health and environmental management of PFAS exposure around the airport.	Improved care and mental wellbeing for those affected by PFAS, informed by independent expert advice. Enhanced reputation for government for tackling a concern after many decades of neglect and opportunity to contribute to international understanding and learning.	Staff  Non-staff-specialist advice	52,000  131,000
<b>Health Improvement</b>	Leading the development of evidence-based health improvement policy, regulation, and service delivery. Current focus areas food and nutrition strategy, reducing substance use, tobacco and vaping control measures, and driving primary prevention interventions for islanders.	Reduction in avoidable diseases such as diabetes, heart disease and cancers caused by poor nutrition, smoking and alcohol consumption. Reduction in health inequalities through reduction in risk factors for health of under-served communities. A major contribution to financial sustainability in health and care services.	Staff	320,000
<b>Public Health Intelligence and Commissioning</b>	Lead the implementation of the Population Health Strategy 23-27 through the collection, analysis, and interpretation of health and wellbeing data including qualitative data, best practice and literature reviews to monitor disease trends, identify risk factors, evaluate the effectiveness of interventions locally, and design and commission new local services.	Implementation of evidence based, and needs led services, leading to better client outcomes and value for money.	Staff	480,000

<p><b>Healthcare public health and Medical Officer for Health (MOH) activity</b></p>	<p>Collaboration with healthcare providers including HCS, primary care and third sector organisations. To deliver MOH activity e.g. statutory responsibility for cremations; to improve mental health and wellbeing, including suicide prevention and support development of cancer screening &amp; clinical pathway development.</p>	<p>Improved efficiency and effectiveness of health and care services, patient safety, and patient orientation of services, leading to a reduction in use of in-patient services.</p>	<p>Staff Non-staff- Digital health systems</p>	<p>380,000 105,000</p>
<p><b>Communication and engagement for Islanders</b></p>	<p>Proactive and reactive use of traditional, digital, and social media to communicate public health messages.  Building on current engagement events such as Wellfest 2023 to ensure that awareness is raised about the opportunities for self-care and that public opinion informs public health priorities</p>	<p>Islanders have a better understanding of the causes and consequences of health-related risk factors and are enabled to take action to change their behaviour to improve their health.</p>	<p>Staff</p>	<p>150,000</p>
<p><b>Public Health Law</b></p>	<p>Update the 1934 Public Health Law and the Civil Contingencies Law, which make provision for government action to prevent the spread of infectious disease and improve islanders' health</p>	<p>A robust legal basis for health improvement and health protection actions, and a modern law will support public health strategy, policy, and delivery. Currently the legal mandate for public health action is unclear.</p>	<p>Staff</p>	<p>105,000</p>
<p><b>Total</b></p>	<p style="text-align: right;"><b>2,273,000</b></p>			

I hope the above responses are of use to the Panel and, as advised, I will revert in due course regarding responses to questions 5, 6, and 7.

Yours sincerely,

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