2.2 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding the appointment of KPMG as consultants to assess Jersey's Health and Social Services' policy priorities:

What alternatives were considered to the appointment of KPMG as consultants to assess Jersey's Health and Social Services' policy priorities and why were they rejected?

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):

If I may say, this is not about policy priorities. This is the most important piece of work that Health and Social Services has carried out for a generation. Healthcare faces major challenges of continuing to provide safe and affordable services in an increasingly fast changing world. It is a significant piece of work and it must be done. The competitive tender process involved 6 international consultancy firms and followed a rigorous selection process resulting in KPMG being appointed. I look forward to sharing with Members and the public the Green Paper that will redesign our Health and Social Services for the future. [Approbation]

2.2.1 Deputy R.G. Le Hérissier:

Would the Minister not acknowledge that to employ consultants, some of whose time is simply to go around, for example, to agencies to collect very basic data about them, which is known by people already, is a very expensive use of precious time? Secondly, why was *New Directions* buried when it could have provided the foundations for much of this study?

The Deputy of Trinity:

New Directions - and I know the Deputy has been on about New Directions for a long time - was a strategy that is based on the foundations, and it was a good piece of work at the time, especially in relation to primary and second care. The long-term care White Paper was used to ... New Directions was used to input in that. But where New Directions came to a halt is because it could not ... it was weaker in design, a safe and sustainable hospital. As we know the current General Hospital is facing significant challenges to deliver a safe and affordable service and that is why it is so important that this piece of work is being done.

2.2.2 Connétable G.F. Butcher of St. John:

Could the Minister explain what the output from this piece of work will be?

The Deputy of Trinity:

The output for this work, which is going to be detailed - a lot of data analysis and is particularly high level work- is that we are going to have a roadmap fit for the next generations. It is going to lead us through what staff recruitment that we need and the capability and the capacity, but not only in the General Hospital, but also in the community and, as I said, and I pay no apologies for saying it again, it is the most important bit of work that we can do in our generation.

2.2.3 Senator S.C. Ferguson:

Was the tendering done for this project with the assistance of the Procurement Department?

The Deputy of Trinity:

Yes, despite what is said, I do appreciate the cost of everything and very much that it was done through the States of Jersey procurement process, and it was followed through that, and negotiations were fought hard and long to make sure that we got a very good price for it.

2.2.4 Deputy G.P. Southern:

Can the Minister point to what factors have changed since the commissioning of *New Directions* to require that a new initiative be taken?

The Deputy of Trinity:

Health and Social Services are facing major changes. There is some specialisation of consultants; there is our ageing demographics; there is staff recruitment and retention; and, on top of it all, there is the hospital estate and the Health and Social Services property in the States. Those are areas that are happening that we need to address. We cannot put our heads in the sand and think it will never happen. It is happening, it is a reality and we need to face it.

2.2.5 Deputy G.P. Southern:

Supplementary, please. Would the Minister point to any of those factors and say how they have significantly changed since the commissioning of *New Directions*?

The Deputy of Trinity:

New Directions only went as far as it was possible. As I have said, it did not address a safe and sustainable hospital for the future, that was a difficult piece of work; and especially this bit of work, along with all the other areas I have spoken to you about, is one that we are facing and we are going to take up and at least be done to face the future.

2.2.6 Deputy A.E. Jeune:

Is the Minister aware of the review, certainly of the Health Department, that was done in the mid-1990s and will that be looked at by this current KPMG review?

The Deputy of Trinity:

I am sure a lot of reviews have been done, especially in the past. I am not sure which specific one she is referring to but I am sure the Deputy will let me know. KPMG, along with Health and Social Services, are looking at every area within Health and Social Services and includes the community because the community have an important part to play in this because we will be relying on the community as we go into the future.

2.2.7 Deputy R.G. Le Hérissier:

Would the Minister explain why having appointed a whole raft of it appears, despite the controversy, excellent new managers with fresh new ideas, and having also retained the management level under them and not changed it, that the Health Department is replete with good management skills, good ideas, why has the work not been done much more at that level? Why was it farmed out almost immediately upon the arrival of a new management?

[10:00]

The Deputy of Trinity:

I am glad that the Deputy acknowledges that we have a good management team. I would totally agree with the Deputy, but let me make it absolutely clear, what has been done is highly specialised health economics and service modelling expertise, which any normal department ... and data analysis. This expertise is not usually found in a day-to-day management of a department, why should we have those experts in the department? This is a specialised feature for health economics and that is why we needed to bring in a consultancy firm.