



## Health and Social Security Scrutiny Panel

Government Plan 2024 - 2027

### Witness: The Minister for Health and Social Services

Friday, 3rd November 2023

**Panel:**

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

Deputy C.S. Alves of St. Helier Central (Vice-Chair)

Deputy A. Howell of St. John, St. Lawrence and Trinity

Deputy B. Ward 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. O. Hasan, Change Team Finance Lead, Health and Community Services

Dr. A. Muller, Director of Improvement and Innovation, Health and Community Services

Professor P. Bradley, Director of Public Health

[10:33]

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

Good morning, everyone, and welcome to the Health and Social Security Panel's public hearing with the Minister for Health and Social Services regarding the Government Plan. We are on Teams because, as we all know, it has been a strange few days. We will introduce ourselves first on Teams and then go through and start the meeting. So I am Deputy Rob Ward, and I chair the panel.

**Deputy B. Ward of St. Clement:**

Barbara Ward, Deputy for St. Clement and member of the panel.

**Deputy C.S. Alves of St. Helier Central (Vice-Chair):**

I am Deputy Carrina Alves. I am vice-chair of the panel.

**Deputy A. Howell of St. John, St. Lawrence and Trinity:**

I am Deputy Andy Howell, member of the panel.

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

Karen Wilson, Minister for Health and Social Services.

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

Deputy Malcolm Ferry, Assistant Minister for Health and Social Services.

**Deputy R.J. Ward:**

And other people on the call.

**Change Team Finance Lead, Health and Community Services:**

Good morning, I am Obi Hasan. I am the finance lead in the change team.

**Director of Improvement and Innovation, Health and Community Services:**

Good morning. Anuschka Muller, director of improvement and innovation for Health and Community Services.

**Director of Public Health:**

Peter Bradley, director of Public Health.

**Deputy R.J. Ward:**

Okay. I think that is just about everyone who would be involved in the meeting. Before I start, Minister, I think, as a panel, we would like to just say thanks to the emergency services in general and all those who are involved in the last few days, but those involved in Health, because this is a Health panel. So please pass on our thanks for the incredible work they have done in getting us through the last few days. I think it is important to say that publicly, first of all, before we start. So I just want to pass on our regards to them and say thank you to them.

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

Thank you, Chair.

**Deputy R.J. Ward:**

No problem at all. Minister, I will start some questions, first of all. The first thing is about savings in the Government Plan; department budgets and savings. Minister, how confident are you that the department will achieve the £15.5 million of savings, of which £12.357 million are value for money savings?

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

I have a high degree of confidence in the deliverability of this plan. The reason for that is we have systematically gone through all of the key lines of expenditure to understand how and where some of the inefficiencies are emerging in our budgets for Health. In terms of the detail, I would be happy to pass over to Obi, who has been the architect, if you like, of how we are going to do that. But what I want to assure Islanders about is that this is about getting value for money out of the money that they invest into the health service, so that we can provide assurance that it is being well spent.

**Deputy R.J. Ward:**

That is great. Before you start there, I will add the second question that I was going to follow up with, so that you have got them both together, about: are these separate targets and they will be considered separate because you have got the financial recovery programme for £12 million and value-for-money savings of £3.57 million? I was going to ask you about how they would be kept separate. Perhaps if I ask you now it might be a more productive answer.

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

In a sense, one of the things that we have got to do this year is deliver our efficiency for 2024. Any of the changes that we make to the way in which the services are going to be provided will be considered along the lines of how best we can reduce the cost of those and do those in more efficient ways. Some of that will include changing the way we work. Some of that will include changing the way that we procure services, and some of that will be looking to prioritise areas where we should be investing because they are critical to the delivery model, and to try and rebalance some of those priorities across the whole budget setting for healthcare going forward for 2024. In terms of the importance of that, and the reason I want to stress the importance of that, is because through this exercise we know that there are things that have been delivered that have never attracted any money over the last couple of years. We are trying to get that funded through this recovery programme. There are 2 messages for the public to take away, which is that, first of all, we have to make better use of taxpayers' money, and that is the drive for efficiency. The second thing is we have to be able to cover the cost of those services, which have developed over time but for which have never been fully resourced.

**Deputy R.J. Ward:**

Do you want to add some things to that, Obi, before ... Deputy Ward, do you want to ask a question?

**Deputy B. Ward:**

Yes, if I may. It was just you were saying things that were not funded in the past. They were brought in but were not funded. Can you give an example of what services that you had brought in without a business plan and funding?

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

Well, there are a couple of things. It is almost new initiatives that have developed over time, and I think Obi will be able to give you some of the detail around that. But there are also things that have expanded because there has been a clinical need or a service need to do that, and that has been the priority, which is to deliver the clinical service. But that has been done at risk where there has been no identified resource to cover the cost of that.

**Deputy B. Ward:**

We will wait for Obi to give more flesh to the bones, as it were.

**Change Team Finance Lead, Health and Community Services:**

Thank you, Deputy. Yes, just to build on that. A couple of things, in terms of the question around the value-for-money savings and F.R.P. (financial recovery plan) savings, they are one and the same thing because the F.R.P. essentially is about delivering value for money for the budget that we have. Therefore the £3.571 million or the £12 million F.R.P., if there is no distinction. The 7 workstreams that make up the improvements that we have identified within the financial recovery plan is to establish those services in a more efficient way that we provide by making the money that is entrusted to us by the public to make that go further, by cutting out wastage and inefficiency, which is what we have identified. But also at the same time, as the Minister has just described, a number of services have been developed over the years for which there has been no clear earmarked funding. Examples of that would be things like Jersey Doctors on Call, which is an overnight service, G.P. (general practitioner) service, which is essential to be provided, and other examples. There is a list of examples adding up to at least £15 million in today's money, and in future money that list is £17 million to £18 million. But £15 million of services developed over the last few years, which have never been properly funded but were essential to be provided. So that is £15 million. Another example of that would be, for example, further investments in the quality and safety team, which again is essential to run our services. The thrust of the financial recovery programme is the same thing as saying value for money, because that is what it is doing; making the money we have go further by cutting down wastage and reinvesting that money in front line services. At the same time, identifying those services that have developed that have never been funded properly and we have negotiated with Treasury to fund those services going forward. That is what the financial recovery plan describes.

**Deputy R.J. Ward:**

I get that but the problem is that we have identified a specific figure for value-for-money savings, which is a government project for value-for-money savings and wider. I understand the principle might be the same thing of saving money and making things more efficient, however, I think it is very important for our Government Plan, and for what Government will want to say, that they have implemented these value-for-money savings, that they are specifically identified. Am I getting this wrong, and you are saying that it is going to be difficult to identify them as specific value for money savings because they are one and the same part of the overall financial recovery plan or they may be a product of that?

**Change Team Finance Lead, Health and Community Services:**

We can very clearly identify them, Deputy, because the ... if I give you an example perhaps best just to demonstrate that. It is that in driving the efficiencies, for example, in terms of value for money, what would happen? There are very specific projects that say this is a project where we are going to improve efficiency by doing things better; for example, in theatres or in patient flow, in how we treat patients and discharge them more appropriately and sooner. There are very specific projects, about 70 or 80 of them, that go through 7 workstreams. Within that, there are specific schemes very clearly identifiable and tracked on a weekly basis and reported internally that we can identify. That is how we would report the £3.571 million, that is value for money, as well as the £12 million of the of the wider programme. So very clearly identifiable and reportable.

**Deputy R.J. Ward:**

Recently you advised that the financial recovery programme takes into account all of these savings within its 7 workstreams: clinical productivity, workforce non-pay and procurement, medicines management, income care group, directorate schemes, I.T. (information technology) and digital health. Which of the workstreams do you think would be the most challenging to achieve the efficiencies?

**Change Team Finance Lead, Health and Community Services:**

The most challenging ones are workforce, and the reason behind that is because we have a number of structural issues and also Island factors involved in recruiting people on-Island. So we do tend to use a very large amount of very expensive agency and locum staff, temporary workforce to the Island, which we are trying to now replace with permanent recruited workforce. That has its challenges because of the delays in the processes and some of the challenges in attracting people on-Island. That will be probably the most challenging one, but also the most significant one for the sustainability of services, as well as the most efficiency of those services.

**Deputy R.J. Ward:**

Okay. Just to touch on that a little bit more in terms of staffing: is that to do with recruiting and keeping staff as well is what you're saying, i.e. if we can recruit and keep staff here, it is a much more efficient way to do that rather than using agency staff.

[10:45]

I think we are all aware of, and extremely expensive - large spend on agency staff that is ongoing - and perhaps, and there is nothing against the staff, but it may not be the best way to provide healthcare.

**Change Team Finance Lead, Health and Community Services:**

Exactly. I completely concur with your analysis there. It is a very expensive way of getting the same productivity from permanent staff that you would get. If we can attract staff and retain them to make them stay, not only will we make that money go much further ... as an example, the difference between employing someone substantively or permanently on a full-time contract to somebody on a locum or agency is 70 per cent to 80 per cent, in some cases, 100 per cent, difference in the price to get exactly the same productivity. Also, from a team working and patient benefit point of view. As we know it is better from a staff perspective and workforce well-being that permanent staff are more committed. They are committed to the Island, they are committed to it, they understand their team, they work better, and therefore there is efficiency in itself anyway by having that permanent staff there rather than temporary. There are so many benefits to this and it is one of our major projects, not only financial recovery but quality improvement.

**Deputy R.J. Ward:**

Are you able to give a judgment in some way as a - I do not know how you would do it - as a percentage or a fraction of how far we are along the line of getting to a place you want to be in terms of that part of the process?

**Change Team Finance Lead, Health and Community Services:**

It is a 3-year programme, Deputy. It is challenging because there have been so many structural factors involved. What I mean by that is just systems and processes in attracting and keeping people here over a period of time. Changing that takes time because what we want to do is to keep services going, provide the best value, care and quality, and maintain that while at the same time getting value for money as well. Changing those processes, behaviours and ways of doing things can take a bit of time, but we are committed to going at it at pace. Our confidence is growing day by day because it is all dependent on clinical engagement and staff engagement. Carrying people to want to make those changes, to do things rather than force things upon people. That sometimes requires

a more deliberate pace; pace but deliberate rather than haste so that it is sustainable what we do. In terms of your question about where are we in that journey; it is a 3-year journey. We have a very clear plan of how to do it. We have engaged with the front line staff and clinical staff, in particular, to get their buy-in into this financial recovery plan that is a quality-led financial recovery plan. I believe we have that engagement, at least that understanding. What our challenge is, the level of confidence in delivery, as the Minister described, that is a culture change and that is a journey we need to make together and work together on.

**Deputy R.J. Ward:**

Just before we move on to about increasing the income, do you have any tangibles now or can you see any tangibles in the next year of the Government Plan that perhaps in future hearings we can say: "Okay, give us some examples of where this is now working and you have seen an improvement." It could be in recruiting staff. It could be retaining staff. I know it is difficult to talk about specifics because we do not want to put anyone in any difficult position, but do you believe there are some tangibles that you can see right now that you would be confident in, in the coming 6 months to 12 months of this specific Government Plan?

**Change Team Finance Lead, Health and Community Services:**

Yes, while recognising there are many challenges still there to be had to actually deliver these improvements, there are some green shoots of success that I can share. I will come to income but one example would be where we have worked to converting some of our long-term locum staff to substantive by speaking with them, by getting to want to convert rather than stay as a temporary staff who have been here for some time. We have been successful in doing that with a number of clinical staff. While it is small in terms of the overall numbers that we are looking at over the next 3 years, it is a win. It is a win because it sends a very clear signal that this is the direction of travel, and our clinicians are beginning to respond to that and convert. So we have managed to convert locum staff into substantive, into permanent staff. Hopefully this will be a trend now that we want to build upon the momentum of. We are going out for lots of recruitment initiatives now as well, on and off-island, to try and recruit people into healthcare. An example of income, that is the second example I will give you, is that there are 2 particular large schemes that we are looking for. One is on the clinical side, theatres efficiency, where we want to drive not only the improvement in elective care, which ... sorry, improvement in the public list by bringing down the public waiting list, and we have made some inroads in M.R.I. (magnetic resonance imaging) scanning; very significant inroads. Only since September, when we launched it again through clinical engagement, where the waiting list has come down from 48 weeks down to 19 weeks within a period of 7 weeks or so. Our commitment is to get that down. The Minister's commitment is to get that down by December to a lower level. What it also does in terms of income generator, apart from bringing the public list down, it creates capacity by being able to do more efficiency through theatres, it creates capacity to earn

private patient income and allows both the public and the private interest, and that earns the hospital money that it can invest again in public service. Another example would be in our laundry services. We have been working in partnership with the Island provider to use the spare capacity we have in our laundry services to deliver income, and we have already started doing that from this year.

**Deputy R.J. Ward:**

Okay, thank you. I think we will talk again about the private provision. But one of the increasing income areas was the H.C.S. (Health and Community Services) vehicle fleet, and the funding of £276,000 has been proposed to be transferred from Justice and Home Affairs to H.C.S. Can the Minister provide some further information on this? This is on page 9 of the Government Plan.

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

Sorry, Rob, it just dipped out there a minute. Can you just repeat your question again?

**Deputy R.J. Ward:**

One of the parts of the Government Plan on page 9 is the H.C.S. vehicle fleet funding of £276,000 that has been proposed to be transferred from Justice and Home Affairs to H.C.S. Can you provide some further information on that? It is a very specific Government Plan question.

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

Yes, it is. I cannot really at this moment in time, but I would be happy to do that. My understanding is I think that this is to support the ambulance crews and it is just a transfer of resource from one budget to another.

**Deputy R.J. Ward:**

Ambulances in Justice and Home Affairs.

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

Yes, it would be the patient transport.

**Deputy R.J. Ward:**

Patient transport?

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

Yes.

**Deputy R.J. Ward:**

Is that still under H.C.S. then?

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

There is some patient transport. I will double check just to make sure what the detail is, because I do not have the detail in front of me, I am sorry.

**Deputy R.J. Ward:**

Okay, no problem. We will come back to that. Deputy Ward, I think you have some questions on the strategic health policy and governance team.

**Deputy B. Ward:**

Yes.

**Deputy R.J. Ward:**

Do you want to step in, I will step out. Thank you.

**Deputy B. Ward:**

The revenue expenditure growth, yes, Rob?

**Deputy R.J. Ward:**

Sorry, it is questions on the revenue expenditure growth 1 and 2.

**Deputy B. Ward:**

Yes, okay. Thank you, Minister, and your colleagues. The Government Plan requests £387,000 to fund the salary costs of existing policy staff. Are you satisfied that the amount requested under this project will allow all existing workstreams to continue and be delivered in the timeframe originally envisaged?

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

This is the investment that is going to be made in the Strategic Policy Unit. One of the things that we have a problem with is that we do not have or have not had a properly organised or structured health policy function. There are a number of policy areas that have been kicked off in terms of workstreams that are designed to improve the strategic development of services going forward. Some of those include the women's health strategy. Clearly, we have the assisted dying legislation coming forward. We have the Public Health strategy work that is coming forward. All of these things are designed to improve the healthcare of Islanders. This is quite a moderate investment to support quite an important function. I do not think there is any healthcare system in the world that does not have a health policy function attached to it. But I think, as we start to develop our strategic intentions for healthcare going forward, what we are doing is we are assessing the resource requirement for

this time. I cannot tell you whether or not that is going to be sustainable going forward. It may be more, it may be less, but I think we have assessed that what is needed to be done at this moment in time is that level of resource will allow us to continue that workstream and that work programme.

**Deputy B. Ward:**

All right, thank you. Will any of the projects suffer as a result of the amount requested? Are we a robbing Peter to pay Paul scenario?

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

I think, as Islanders will know, we have a very challenging policy development going forward. One of the things that I would not want to communicate to Islanders is that we lose sight of the importance of that work. If we do not have any support for that work, clearly there will be people who will not be able to continue the work that has already been started, and we will not really be in a position to be able to communicate what our strategic development for healthcare will look like.

**Deputy B. Ward:**

How many existing health policy staff are currently working on projects that fall under your remit?

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

We have a single policy officer and the plan is to increase that to 3½. We also have a number of policy officers who are seconded or appointed to come and do specific pieces of work. But I think what we are trying to do is we are trying to consolidate through this proposal to get a team of people who can work, to get to know what the policy intention is for Jersey in terms of its healthcare, and to consolidate the resource so that we can build up the capability in-Island to be able to do the policy work without having to rely on external support.

**Deputy R.J. Ward:**

I was just going to ask something on that. I would just be very interested to know, the previous thing to not having a dedicated policy unit, where was policy developed? It was just by seconding people ad hoc through other departments?

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

Yes, I do not think there has ever been, in my understanding, anything like the kind of proposal that we are putting here through the Government Plan. I think in terms of the way health policy has emerged, some of it has come from the service itself, some has been within the civil service, but there has never been really any consolidated approach to this. Of course, what you have seen over the last couple of months is how we have started to get a real grip on our public health policy development, which is now starting to bring some real benefits. The benefits are that we have got

a much better understanding of what the public health needs are. We know where we need to target developments, particularly in relation to screening. There are other elements of the Public Health agenda, perhaps, that we have not had the benefit of making as much progress as we might have done had we had a much better co-ordination to this kind of policy area.

**Deputy R.J. Ward:**

I think there are some questions that perhaps we will have in future regards what might have been missed previously and whether ... being one of the issues that there was not this sort of thing. We will be interested in the outcome. Deputy Ward, have you finished your questions there?

**Deputy B. Ward:**

Well, there are questions 3 and 4.

**Deputy R.J. Ward:**

I think Deputy Howell was going to take those on.

**Deputy B. Ward:**

Okay, that is fine.

**Deputy R.J. Ward:**

Deputy Howell, are you ready for those?

**Deputy A. Howell:**

I am, thank you so much. The Government Plan requests £2.2 million to maintain the current health protection function. How does this amount of funding compare to the cost of delivering public health in 2023, please?

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

Could I perhaps ask Professor Bradley to come in on that specific question?

[11:00]

**Director of Public Health:**

If we are talking about the core Public Health functions, so, if you like, we are disregarding the specific activities that were needed during the pandemic, this is roughly the same amount of money that will be available to the Public Health team. It is a small reduction in funding but it is largely comparable.

**Deputy A. Howell:**

Are you satisfied that the requested level of funding will allow the Public Health function to be delivered in the timeframe originally envisaged?

**Director of Public Health:**

I am satisfied that this will allow us to make a very good start. When we published the Public Health strategy, we were very clear that we would need to go through a further prioritisation exercise to ensure that we would deliver things; we are still planning to do that. Our intentions are exactly as they were at the beginning of the process. We are very mindful of making sure that the priorities the Island has set when we held the big conversation will be delivered. I am very confident about those, and I am also very confident that we will be able to deliver the services that make the Island safe. So with respect to, for example, infectious disease or other environmental threats, but we will be able to give more information about the timeline for the delivery of what is quite an extensive strategy a little bit later on this year or early 2024.

**Deputy A. Howell:**

So if we have not got enough, what projects will be most affected?

**Director of Public Health:**

What we would be looking to do, particularly in the health improvement arena, is we will state very clearly which of those workstreams we are going to take forward. As an example, work that we know that we will prioritise. As I say, a real priority for Islanders was to do some work on substance use and alcohol. So that is a real priority Islanders told us. We will be doing work on suicide prevention, because that was seen as a major priority, and also about giving advice to Islanders about food. One of the issues in Public Health is we have quite a large range of topics, so it is sensible for us to try to deliver things well, make sure that we have delivered the impact and value for money that was expected, and then we move on to the next areas.

**Deputy A. Howell:**

Would you be able to give us a breakdown of how you are going to spend the £2.2 million, please?

**Director of Public Health:**

We can give you a list of the workstreams. We can give you a rough breakdown by area for how we are going to spend that money, yes, certainly.

**Deputy R.J. Ward:**

Have you finished, Deputy Howell?

**Deputy A. Howell:**

Yes, thank you.

**Deputy R.J. Ward:**

The next question is Deputy Alves. I think you are going to ask some questions about the vaccine scheme?

**Deputy C.S. Alves:**

Yes, that is correct. The Government Plan states that details of the new service will be finalised in coming months in relation to the vaccine scheme. Are you able to advise us of the new vaccine scheme and how and by who it will be delivered?

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

Do you want me to take this one, Karen?

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

Yes, please, if you can. Thank you.

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

We are exploring funding the vaccine scheme, particularly for flu, COVID and shingles, via the Health Insurance Fund going forwards. The important thing for us to get our heads around is the delivery method. Whether that is via G.P. or pharmacy contracts and moving it away from the current system, particularly for COVID vaccinations of the centralised delivery method. Both of those things are under consideration at the moment.

**Deputy C.S. Alves:**

Has any decision been taken whether to continue delivering the vaccines by the H.C.S. employees, rather than through Primary Care, or is that still in discussion?

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

That is still in discussion. The good news from the point of view of the Health Insurance Fund is it very squarely falls under provision of primary care. So I do not think that funding will be an issue from the point of view of the legislation. It is just whether that is the best mechanism to deliver the funding going forwards.

**Deputy C.S. Alves:**

Okay, so nothing finalised yet in respect of that?

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

Not finalised just yet, no.

**Deputy C.S. Alves:**

Sorry, Deputy Barbara Ward has got her hand up. Do you want to chip in there, Barbara?

**Deputy B. Ward:**

It is just a slight extension, if I may. Everything is delivered by Primary Care except COVID vaccinations, so are you talking about you want to move the COVID into Primary Care, which seems highly appropriate?

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

Yes, that is correct.

**Deputy B. Ward:**

Plus all the other vaccinations that are already picked up by that.

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

Thank you, that is correct, Deputy Barbara Ward. What I was saying was that vaccinations, per se, falls squarely within the Primary Care function. To that end, there should not be any obstacles getting money from the H.I.F. (Health Insurance Fund) to fund Primary Care, which obviously all vaccinations are part of that.

**Deputy B. Ward:**

Yes, thank you.

**Deputy C.S. Alves:**

According to the Primary Care Board, the current model does not seem to have taken patient preferences into account. How would you respond to this?

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

Again, what we want to do is deliver a vaccination programme which is accessible and as easy as possible for people to get the vaccinations where they want. Obviously, the early stages of having COVID vaccinations present particular problems with regards to the cold chain and keeping the vaccination at the right temperature. As we move forward now, those challenges are not as they were. It will be that more of these vaccinations should be able to be dealt with via community methods rather than through a centralised delivery method.

**Deputy C.S. Alves:**

Okay, thank you. Another concern that has been raised by the Primary Care Board is in relation to data collection. They stated that: "While there is a centralised correlation of vaccine statistics, the data is split across 2 parts of the same I.T. system, which makes it difficult for G.P.s to ascertain which vulnerable patients need targeting if they have not taken up the offer of either vaccine." How do you intend to overcome this problem?

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

It is really important that we get the data right and that it is centralised and that people get the right information and health professionals get the right information to be able to contact their patients, to tell them or advise them that now is the time to get a particular vaccine. Part of that centralisation of the data is also part of the overall strategy for delivering an effective vaccination programme going forwards.

**Deputy C.S. Alves:**

Okay, thank you.

**Deputy R.J. Ward:**

Sorry, Carina, I wanted to interrupt and I could not find the microphone. Just regards, and I think we will ask about the difference between a centralised programme and one that is more spread through the communities or even at G.P.s, one of the things about a centralised programme, perhaps, is that issues of consent can be more controlled and more consistent. Do you think that there is any risk that the issues of consent over vaccines could be more varied with, to put it simply, more places delivering more variation in what is said regards consent? Is that something that will be addressed as well that you are conscious of?

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

That would be an important part of any contract, which is with G.P.s and pharmacies, to make sure that all the relevant processes are put in place and that consent is gathered, and that as much of that information is delivered through a central source. That will be an important consideration when we formulate any contract going forwards.

**Deputy R.J. Ward:**

Okay, thank you.

**Deputy C.S. Alves:**

Sorry, I have got Deputy Barbara Ward as well who has got her hand up, if you want to chip in.

**Deputy B. Ward:**

If I may, Carina, thank you. If we are looking at moving away from the centralised system - let us call it Fort Regent for clarity - have there been any moves in expanding and maybe moving a vaccination team or putting up other adult vaccinations or childcare, health or anything else, up at the Fort?

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

I am not aware of any moves in that direction at the moment. But, again, part of those will form the considerations that we need to think of going forwards.

**Deputy B. Ward:**

I do not know whether Professor Peter Bradley would be able to answer that question, whether any staff have been moved up there in addition to the COVID vaccination staff.

**Director of Public Health:**

I believe that the space is already being shared. Unfortunately I have not got the details of who is using that space. But the vaccination team is certainly occupying much less of the floor space than they were previously.

**Deputy B. Ward:**

Okay, thank you.

**Deputy C.S. Alves:**

Does anybody else want to chip in before I ...? We have an understanding that Primary Care has been told that they are continuing essential delivery of vaccines. Now I know you said that all of those things are still under consideration. Do you have any idea of the types of vaccines that you are considering to be delivered by H.C.S.?

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

Yes, the main 3 would be flu, COVID vaccinations and shingles vaccinations. There are slightly different demographics for each of those types of vaccinations being targeted at specific groups. Those are the 3 main ones that we would be looking at bringing under one umbrella.

**Deputy C.S. Alves:**

Okay, thank you for that clarity. The Government Plan requests £400,000 from the Consolidated Fund to partially fund a vaccine scheme. It is proposed that the further funding will come from the H.I.F., can you confirm how much you are proposing to use from the H.I.F. for this purpose? If you can provide a breakdown of what the H.I.F. funding will be spent on, please.

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

We have not got to that level of detail beyond exploring the possibilities of extracting money from the H.I.F. We have not got to that level of detail in regards to the actual amount of funding.

**Deputy C.S. Alves:**

Okay. Do you think that using the H.I.F. to fund a scheme being delivered by H.C.S. is appropriate and fits with the original purposes of the fund?

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

Part of the original purposes of the fund are the delivery of primary care, and delivery of vaccinations fit squarely within the delivery of primary care.

**Deputy C.S. Alves:**

Why is £400,000 being requested from the Consolidated Fund? What will that funding be spent on?

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

Perhaps Peter Bradley can flesh out some of the detail on that.

**Director of Public Health:**

When we spoke to Primary Care, they were very keen for there to be some small vaccination function. It would be things like awareness-raising for the public, ensuring that ad hoc vaccination campaigns were accommodated. Things like, if you remember, mpox was something that we had not planned for came last year. We also had a chicken pox vaccination campaign to mitigate the impact of scarlet fever. The money is principally for those functions that support the general vaccination programme, but also deal with those ad hoc events.

**Deputy R.J. Ward:**

I realised I said to everyone put their hand up and the hand-up function, there is not one. So I do apologise for that. So putting your hand up, I was going to do the same. It seems to me this is an initial spend of £400,000 from the Consolidated Fund with an intention to take from the H.I.F. But do you think within the Government Plan there should have been a figure from the H.I.F. fund, if you are going to do that? Because to some extent we do not know how much we might be agreeing if that significant change to the delivery is made.

[11:15]

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

I think perhaps with the benefit of hindsight that that might have been the correct channel to take. But we are where we are. We already have that money allocated going towards education and informing people of when to take vaccines and why. But I think going forwards we would like to take the money from H.I.F. because that is where it best fits.

**Deputy R.J. Ward:**

That is if the Government Plan is passed. We always have to have that proviso, obviously. Do you have an estimate for how much you would need from the H.I.F.?

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

Again, perhaps Professor Peter Bradley might be able to give us some background on that.

**Director of Public Health:**

I can say the figures have been calculated. Unfortunately, I have not got them to hand. They are not accurate figures. But obviously because we need to procure the vaccines and we have worked out the number of Islanders who would be eligible, one of the reasons we cannot give a precise figure is if we look at, for example, the possibility of there being a COVID booster programme in the spring. The J.C.V.I. (Joint Committee on Vaccination and Immunisation), which is the U.K. (United Kingdom) body that makes the recommendations about vaccinations, which Jersey has followed, has yet to tell us what the eligibility for such a programme might be. Unfortunately, we are in a position where we cannot give that precise figure at the moment.

**Deputy R.J. Ward:**

But there would be a range ... sorry to push. But there would be a range of figures.

**Director of Public Health:**

Yes, there is a range.

**Deputy R.J. Ward:**

Do you have that range? Is it between £1 million to £2 million, £500,000 to £1 million? Are we talking £4 million to £6 million? It is quite significant when we are looking at the Government Plan.

**Director of Public Health:**

It is in the range of a couple of million from memory. But we can provide a rough figure to the panel after today. Unfortunately, I just have not got it with me at the moment.

**Deputy R.J. Ward:**

Just to say, and I can ask the Assistant Minister and perhaps the Minister this then, if that decision to take from the H.I.F. is made, it is not in the Government Plan, will that come to the Assembly or will that be a Ministerial Order to take that money from the H.I.F. in the future when it is decided it is needed?

**Director of Public Health:**

Perhaps the Minister can answer that one.

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

I think the answer to that is I do not actually know at the moment. I would probably need to have a conversation with the Minister for Social Security as to which Minister has responsibility to enact that. What is really clear about the work that has been done to date is that vaccination is not just about setting up a clinic and putting a needle in somebody's arms. There are hugely complicated arrangements that are needed around this that relate to identifying the needs of the population, as Peter has just outlined, trying to estimate the quantity and type and quality of vaccines that are needed and, as colleagues have mentioned, also the consistency and continuity of message around the advice that Islanders can receive on that basis. I think post-COVID there has been quite a lot of suspicion and concern about vaccination in general, but one of the things that is really critical in all of this is to really get to the place where we have a sustainable funding arrangement for vaccination in the Island. At the moment it is all over the place in terms of who does what and the plan is to try to get this organised in a way that delivers value for money and meets the public health requirements as well. There are still some stages that we are going through at this moment in time to get us to that particular place.

**Deputy R.J. Ward:**

Can I just say that I think what you have said there is perhaps exactly why I would suggest it would have been a good idea to put a figure in the Government Plan so there is some certainty for 2024 in the funding. If the worst-case scenario is you ask for £3 million and only spend £1 million of it, and get the service done, I do not think anyone is going to complain about that. I think that certainty is the reason I asked the question, just to make that point. Sorry, Deputy Howell, I know you are in the middle of these questions but I thought I would raise that one. So I thought ...

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

Sorry, Chair, can I just respond to that?

**Deputy R.J. Ward:**

Yes, please do. Sorry.

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

I think the desire has been to get to that place. I think the approach and the negotiations and the way in which we want to get to an agreeable situation have taken longer than I would have wanted.

**Deputy R.J. Ward:**

Yes, I do not want to be a pedant, but the Government Plan is the place to get to that place.

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

It is, yes.

**Deputy R.J. Ward:**

Okay. I will let others ask some questions. Go on. I think Deputy Ward had her hand up.

**Deputy B. Ward:**

I am a little bit confused because G.P. surgeries are already administering shingles vaccinations, they are looking at and looking at the pneumonia one, all the range. The only ones they do not administer to their patients in the surgery are COVID vaccinations. I can understand initially when we did it. But is it not the time that we now move that to the G.P. surgeries? I am confused about you saying you need £400,000 and then another £2.2 million when the G.P. surgeries have already been doing this. Are you saying that COVID is going to cost £400,000 and we have the £2.2 million, and is it because you want to put extra staff into G.P. practices? There is just no meat on the bones and I need to get my head round this. Peter, I think you may be able to give some clarification. Thank you.

**Director of Public Health:**

Absolutely, and I am very happy to talk you through. The picture is slightly more complicated. Out of that £400,000, about £200,000 is to fund a new shingles vaccine, so it is changing from a one dose to a 2-dose regime, and it is a more expensive vaccine. The eligibility criteria for the shingles vaccine have also widened, so that is part of the issue. As I mentioned earlier, some of the funding is for awareness raising, to ensure that Islanders are fully informed before they give vaccination, but there are other pockets of vaccination that are currently conducted centrally. For example, some of the domiciliary visits, some of the vaccinations given to children, so there are bits that currently Primary Care say they would prefer to be delivered centrally. Obviously we are waiting for decisions to be made in 2024 but particularly where it comes to vulnerable Islanders and also the ad hoc nature of some infectious diseases that require a vaccination campaign which we have not planned for, they are the sorts of elements that are going into that £400,000. On a further point of clarification, most of the vaccinations are now conducted through Public Health rather than through H.C.S.

**Deputy C.S. Alves:**

Can I come back to the funding? The Minister for Social Security in P.88/2023 has put under financial considerations that the estimated cost of a vaccine service is £2 million per year. How can that figure be estimated without any detail?

**Director of Public Health:**

Minister, would you like me to answer that too?

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

Yes, please, Peter. Thank you.

**Director of Public Health:**

Yes, so we have to make some assumptions. So, for example, where it came to the spring booster, we assume that the spring booster offer will be similar to the one that we have just delivered in 2023 and when it comes to the flu campaign we do the same, that we assume. So generally speaking, as we move further away from the pandemic we anticipate that that budget would be a slight overestimate, but obviously we only use the monies which are necessary. So all those planning assumptions have been worked through in detail and it is quite a complicated calculation because obviously we have to take account of the G.P. costs as well, but all that has been worked through in quite a lot of detail, so the estimates are there.

**Deputy C.S. Alves:**

Okay, so I think just going forward in future if we can be told about those assumptions and where that estimated figure comes from, that would be really useful. Andy, is this in relation to the vaccine or is it your next question?

**Deputy A. Howell:**

Yes, it is in relation to the vaccine. We all acknowledge the importance of vaccinations but, as a panel, please could we have the absolute breakdown of where the funding is coming from? You are talking about some coming from H.C.S., some coming from Public Health and we are at sea. It is very difficult to scrutinise because we just do not know the detail and it just seems to be a complete hotchpotch. Can you supply us, even after this hearing, with exactly where the money is coming from and what is all included, please?

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

Yes, I am sure we could give you that detail after the event.

**Deputy A. Howell:**

Thank you, and then my question is are you confident that the £21 million in 2024 and the £15 million in 2025 onwards will be sufficient to maintain healthcare services while reducing spend by £25 million in 2025, please?

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

Obi, I would like you to pick up on this but in terms of the Ministerial response to that, this is our best estimate based on the current position that we have got, which gives us some confidence that it is deliverable. One of the things that we will never be able to do is to see into the future, so these assumptions are based on what we know now and clearly if there is any variation to that, given the way in which the method and the rigour which has been applied to the financial recovery programme has been set out, we would be aware of any risks to that delivery.

**Deputy R.J. Ward:**

Thank you. Can I just check something that was said by the Assistant Minister? When he said “after the event” is he referring to this hearing, not after the Government Plan?

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

No, as soon as we have got that level of detail we will be able to give it to the panel.

**Deputy R.J. Ward:**

Okay, and that should be before the Government Plan?

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

Yes.

**Deputy R.J. Ward:**

Okay, thank you.

**Deputy A. Howell:**

And would it be able to also, Rob, give us an opportunity to put in amendments?

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

Yes, it would do.

**Deputy R.J. Ward:**

Okay. That is great, thank you. It is always good to check because you never know with these things. For me now, I am going to talk about some capital and other projects. In terms of the health service improvements, last year you expressed your concerns, Minister, regarding the state of the

current hospital, quoting that some of the conditions were unacceptable and unhealthy. You also stated a £5 million request for 2023 would only just manage to address the basics. How many red-rated projects in the backlog maintenance list have been in 2023? Have we lost the Minister?

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

I am back, sorry. I have got a really poor connection here. I do apologise for that. I have not got the risk rating in front of me at this moment in time, but I do not think there is any significant change on that basis. What I am going to do is hand over to Anuschka, who may be able to give you some more detail on which particular aspects that the estates department and H.C.S. are concentrating on at the moment.

**Director of Improvement and Innovation, Health and Community Services:**

Thank you, Chair, and thank you, Minister. I cannot give you the detail on the exact red-rating projects for 2023 but I am happy to provide that afterwards, so we will get that information for you.

**Deputy R.J. Ward:**

Okay, and are the concerns any greater, Minister? We have seen obviously the storms, we know there was some damage across the Island, so are there concerns there is enough money? The estimate for 2024 is £5 million again, which is the same as 2023 for the backlog of projects, and it is going to have to keep going, because that hospital is not going to not be used during 2024 and for some years. Do you think there could be an accelerating issue coming as things happen, as we have seen recently, for example?

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

Without a doubt the fabric of the current estate, as everybody knows, is in need of significant repair and rehabilitation, if I can put it that way. I think our original projections were to reduce the amount of capital, because we were planning on the basis that we would have a new hospital facility. What we have been able to do is to convince Treasury of the need to maintain at least £5 million to cover the cost of whatever maintenance we are going to face over the next couple of years, before we start to get the emergence of the new hospital estate. As things move around we have already seen that some of the services have been transferred now over to Overdale, so we are not having to maintain a second site in that respect up at Overdale. It gives us an opportunity to consolidate some of that maintenance cost in the acute hospital and I think it is only again a risk management approach that we can take to understand whether the £5 million for the life of this Government Plan will be enough. I think for any other eventuality we would certainly need to negotiate that outside of any routine maintenance programme with Treasury, if there was a need to do more.

**Deputy R.J. Ward:**

It is interesting that you said “at least £5 million” there from Treasury. Do you think the money will be forthcoming, if needed, because there is £5 million in the Government Plan?

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

Yes. I mean, I cannot answer that question for surety, but what I can say is that I do not think anybody in the Council of Ministers would not support the hospital to operate and maintain its functionality. I think our job is to use that money wisely and to make sure that we have got our maintenance programme targeted in the areas of highest risk and, as Anuschka has said, we would be happy to provide more detail on those areas and more detail as to how we are managing those risks, not just relate the fact that they have got a rating but to give you some more content about how we are managing those. There will be other things clearly that will need doing but we are in the process of prioritisation.

**Deputy R.J. Ward:**

Before I come to Deputy Howell, I just want to ask one more part that is linked to this. In a similar vein, this recent discovery of the R.A.A.C. (reinforced autoclaved aerated concrete) in the hospital, do you have any further concerns about the level of funding requested because of that? I recognise how difficult these are, but it is important that we ask the questions in this forum.

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

Yes, of course. There has been nothing brought to my attention that is necessitating any additional investment that is needed to address those particular R.A.A.C. issues. I have been advised that we do not have any particular risks relating to that at this moment in time.

**Deputy R.J. Ward:**

I muted myself there. Deputy Howell, do you want to ask a quick question?

**Deputy A. Howell:**

Yes. Just a quick question. If we move the patients from Samarès into St. Ewolds is that going to cause an additional cost?

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

The only cost I think it will incur will be the cost of the transfer and we are currently in the process of negotiating a contract for services, so again until those negotiations are complete I cannot really disclose that for you.

**Deputy A. Howell:**

But you have not asked for any more money in the plan, is that right?

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

No. We are seeing this as a ...

**Deputy A. Howell:**

Where will that money be coming from?

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

In a sense, that is all part of the contract negotiation that we are having with St. Ewolds and again we have not finished those discussions yet.

[11:30]

**Deputy R.J. Ward:**

Deputy Ward, do you have a question that is about this capital amount?

**Deputy B. Ward:**

Yes, just a follow-on from about negotiating with St. Ewolds for services. I appreciate the sensitivity. When you say "services" are you looking at proposing the healthcare staff who are looking after the patients in Samarès will move over and become part of St. Ewolds, part of St. Helier's pathway?

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

So the basis on which we are entering into negotiation has been to work with St. Helier to take advantage of the facility that is available to us. The staff have been over to see the estate and it is basically a facility. It is an estate solution to the question that we have been asking as to whether it is going to be safe to keep people on a building site up at Samarès when the hospital bricks or foundations start to be established, or whether we need to provide an alternative location for that in the meantime. We were approached by St. Helier Parish to say that this facility was available and my understanding is that staff and everybody have been to see it and it is quite an acceptable location. On that basis, the issue is how we transfer all of the resource that is invested in Samarès in terms of staffing and equipment into that facility, but clearly there will need to be a negotiation around whether or not there is an additional cost to that. That is where we are up to at this moment in time.

**Deputy B. Ward:**

The second part of my question was about staff employment rights because the staff at Samarès come under Health and Social Services.

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

Nothing will change on that. Nothing will change on that.

**Deputy B. Ward:**

Okay, because obviously there has been ... that is another conversation, a very serious conversation.

**Deputy R.J. Ward:**

I will finish off. There were some questions later about St. Ewolds but I think we have covered them now. Just finally on the health facilities. Funding for 2025 was initially reduced to 2026 due to a previous timetable for the new hospital facilities to be completed in 2026 and you advised that H.C.S. have requested that the £2.5 million was reinstated to £5 million for 2025 and 2026. This is not reflected in this year's Government Plan that we can see. There is nothing there. There is £2.5 million for 2025 but nothing for 2026. Why is that the case?

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

Well, I think we are hoping, are we not, that we will have something in place by 2026 that means that the new hospital development will emerge around that. I think we are going to have to re-evaluate that in next year's planning assumptions, to make sure that we have got any continuing need for expenditure on that basis reflected in our plans for next year.

**Deputy R.J. Ward:**

Yes, I think that is very much the case. I always hope to win the Premium Bonds but I have to evaluate every month, so there we go. Okay. Deputy Alves, you have got some specific questions about the specialist accommodation for those with learning difficulties.

**Deputy C.S. Alves:**

Yes, that is right. Thank you, Chair. In recent correspondence the panel was advised that the feasibility plans for this capital project were due to be concluded in early 2024, however last year the panel was advised that the project would be delivered between March 2023 and 22nd April 2024. Is this delay due to the delay in delivery of Clinique Pinel?

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

Sorry, is Andy online? Anuschka, are you able to ... sorry, Andy, I meant Andy Weir, because I think they would be best placed to talk about this, but Anuschka, if Andy is not here would you be happy to answer Deputy Alves, please?

**Director of Improvement and Innovation, Health and Community Services:**

Yes. As far as I can, just to clarify you are referring back to the learning disability specialist accommodation? Yes, okay, great. No, this is not related to Clinique Pinel, so this is specific facilities for learning disabilities in-patient facilities.

**Deputy C.S. Alves:**

Sorry, Anuschka, I was just asking about the delay; if the delay is due to the fact that there have been delays in delivery for Clinique Pinel?

**Director of Improvement and Innovation, Health and Community Services:**

No, I think these 2 things are separate to each other. I am happy to provide some more detail from Andy Weir on that afterwards.

**Deputy C.S. Alves:**

Okay, so is it not still your intention to relocate Aviemore to Rosewood House, and if not why not? I do not know if anybody can answer that.

**Director of Improvement and Innovation, Health and Community Services:**

I would have to provide that information later, I am afraid.

**Deputy C.S. Alves:**

Okay, so I am not sure if you are going to be able to answer my final question. I will say it anyway and then we will see. It was stressed to the panel that there is an urgent need for specialist accommodation to ease pressures on the service. Does anybody know what the new delivery timeframe is for this project?

**Director of Improvement and Innovation, Health and Community Services:**

I do know that the revised feasibility and strategic planning will be undertaken in the first quarter of 2024 to determine then the options. So out of that will then come out a new project plan.

**Deputy C.S. Alves:**

Okay. All right. Thank you very much. I am going to hand back over to our Chair who is going to ask some questions on the digital care ... sorry, not the Chair.

**Deputy R.J. Ward:**

I think that is the other Deputy Ward. This is the confusion of having the same name. It needs to be banned, but there we go. Deputy Barbara Ward, do you want to take these questions? Go on.

**Deputy C.S. Alves:**

Oh, no, sorry, I think it was meant to be Deputy Andy Howell.

**Deputy R.J. Ward:**

No, it is Deputy Barbara Ward, because she is here, yes. Go on, then.

**Deputy C.S. Alves:**

Deputy Howell, do you want to ...

**Deputy B. Ward:**

It is not me to talk on this, Rob, but okay.

**Deputy R.J. Ward:**

I have got your name by it, but I do not mind who does it because you are all capable. Go on.

**Deputy B. Ward:**

Item 17, is that correct?

**Deputy R.J. Ward:**

Yes, that is right, yes.

**Deputy B. Ward:**

Okay.

**Deputy A. Howell:**

And 16, Barbara.

**Deputy B. Ward:**

I must have been offline. The question about urgent need for accommodation, that has been asked by my colleague, so if I may, this is about the digital care strategy. How much of the £5.3 million that was approved in last year's Government Plan for the purpose of the digital care strategy was spent? We are led to believe that was being covered by the Treasury and that they picked that up, so in some ways there is some double dipping, if I have understood this, because if you have already had that money why are we now spending £5.3 million for 2024 onwards?

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

Okay, could I ask Anuschka to lead on this because she has got the detail around this.

**Director of Improvement and Innovation, Health and Community Services:**

Thank you, Deputy. Thank you, Minister. So the digital strategy was a 5-year programme with money allocated for each year. As the project progressed some projects did not need so much money as allocated for that year, so there was a reprofiling done every year and that was then projected further forward.

**Deputy B. Ward:**

Okay, so how much was spent when it was first allocated? Have you got the funding stream and a confirmation on what that has been spent on during 2023?

**Director of Improvement and Innovation, Health and Community Services:**

Yes, we do. I am happy to share that with the panel.

**Deputy B. Ward:**

That would be very helpful, thank you. Did you underspend on that?

**Director of Improvement and Innovation, Health and Community Services:**

As I understand it, there was already forecast an underspend which had then been transferred over to 2024-2025.

**Deputy B. Ward:**

If we could have the details of that, that would be most helpful. Thank you.

**Director of Improvement and Innovation, Health and Community Services:**

Yes, of course.

**Deputy B. Ward:**

Okay, thank you.

**Deputy R.J. Ward:**

Thank you very much, and just to be clear on that, that is the digital care strategy, which is distinct from the digital systems from the Jersey Care Model, which I think Deputy Alves is going to ask about in a moment. I think whenever we mention "digital" we need to make those separations because it comes under one blanket otherwise. Carina, go on.

**Deputy C.S. Alves:**

Okay, thank you. Under the Jersey Care Model digital systems the Government Plan requests £1 million in 2024 for the capital project. Is this funding that was not spent in 2023?

**Director of Improvement and Innovation, Health and Community Services:**

Minister, would you like me to answer that question?

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

Yes, please, Anuschka.

**Director of Improvement and Innovation, Health and Community Services:**

Again I am happy to provide the detail of how the projections were done and how capital money was then spread over the years. Money was spent in 2023 but some of this project, particularly around application management and the primary community integrated healthcare records, will be spent in 2024.

**Deputy C.S. Alves:**

Okay, thank you. I think now we are moving on to growth requests not included in the Government Plan.

**Deputy A. Howell:**

Sorry, I just wondered if we could possibly hear again the absolute detail of how this money has been spent, please, Anuschka. Just what it has covered because I am really sorry but it is pretty unclear.

**Director of Improvement and Innovation, Health and Community Services:**

No, I am more than happy. We have that detail for each project in the digital workstream, so I am happy to provide that.

**Deputy R.J. Ward:**

Thank you. Those things are really helpful when we do scrutinise the Government Plans, so that is really good. I am going to ask some things on growth requests that are not included in the Government Plan. We are aware from the Minister for Treasury and Resources' response to our recent Written Question 371/2023 a number of growth bids for projects were proposed but the decision was taken to not include them in the Government Plan. Can you explain why the decision was made not to progress the request for the funding of breast cancer screening, Minister?

[11:45]

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

Thank you, Chair. I think with everything there is a prioritisation exercise that is needed and what we have done through our bids for our programme this year is we have tried to secure the investment

that we possibly could to focus on some of the priorities that we have identified. That does not mean to say that we will not be stepping up efforts to make the case for improving screening overall, and this will be a key element of our health strategy going forward. There are things that have not been funded that we are providing now that we have to fund now and that was the premise on which we made the bids for money in the Government Plan for this year. What I can assure Islanders is next year our focus will shift somewhat into having consolidated our financial recovery or at least making great improvements in maintaining our financial rigour around value for money and that we will shift our attention to prevention services, and this is one area that I am very concerned to make sure that we have got the appropriate arrangements in place.

**Deputy R.J. Ward:**

I see a couple of hands, but before I get to that, can I just ask: will there be any impact and if so what will it be on breast cancer screening services?

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

One of the things that we have at the moment is that we have an opt-in service, so rather than an opt-out service. What we want to make sure from a prevention perspective is that we get the right approach to screening services in place. What that means is that we will continue for 2024 to raise the public messages around how people access screening services in the way that they are currently organised, and then we have got to do the thinking and the planning as to how we focus our prevention work so that we can expand the prevention and the screening services as widely as we possibly can.

**Deputy R.J. Ward:**

Okay, I get that. Deputy Howell, you had your hand up, and then Deputy Ward. Go on.

**Deputy A. Howell:**

I was just wondering, surely this should have been a priority and are you not disappointed that you have not got the money?

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

Everything is a priority in health services and I do not wish to minimise it in any shape or form. One of the things that I am really concerned about is our breast cancer rates but, at the moment, I have to do the planning to get that screening service in a place where we are making better attempts to prevent and detect breast cancer through a breast screening offer. At the moment, our resources will only require us to deliver the service as is currently organised in the way that it current is but my intention, certainly from next year onwards, is to improve on that. It is not that it was not a priority. As I have said, everything is a priority for health. Everybody wants to have their screenings, their

operation and their appointments but we only have so much resource that we have to utilise effectively and, as Obi has mentioned earlier on, we have to pull some of the waste out of the system at the moment. If we are in a position throughout the year to take note and redress some of this, then we will do so, but at this moment in time, yes, I am disappointed that I have not been able to secure the amount of investment for Islanders in this particular area. I understand, in the context of where we are, that we are going to have to do some more work to make that happen for next year.

**Deputy B. Ward:**

I am quite amazed that you have had to put bids in for breast screening and also for the G.P. co-op out-of-hours which may have been discovered but have not been funded. I am absolutely amazed how somebody, in time past, removed the funding for those 2 services. Breast screening has been going on for many, many years. The G.P. co-op out of hours was fully funded, because I was the manager for it, and it was properly fully funded at that time going back up to 2024. Has something happened as time passed? I am sure that Obi would be able to dig and find out why the funding was pulled because if the funding was all there then we would be into business as usual and it is already factored in certainly for your budget. You have 240 and that would be already factored in, so I am very confused as to why you have to put special business plans in for services that we have been enjoying for a number of years.

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

I cannot give you the history of what decisions took place about where things were but I think we have just talked about the demand on the health system to provide everything, that everything is a priority and my sense is that there have been some choices made about where and in what way that resource can best be deployed. What I want to be able to say to Islanders is that, at this moment in time, our health system is in a state of recovery. We are turning around the performance, we are turning around the money, we are trying to get better value for money out of the system and we are trying to challenge all of those historical decisions that have been made so that we can put the resource where it is needed in today's world so that we can make sure that we are delivering on the outcomes that we said we were going to do. What that means is that we have to prioritise how best we can do that, and every health system goes into this kind of review and exercise. There will be some things that will be prioritised over others. Strategically, the focus has been on getting services in place and focusing on treatments. Next year, what I want to see is a much more focused effort on prevention, which means that we stop people getting ill and experience disease in the first place. In my view and in the view of many clinicians - and I am picking up the same messages from yourself - we have a shared commitment to get screening services in place in a way that helps us to do that work and, at the minute, we cannot do that.

**Deputy R.J. Ward:**

Sorry, Barbara, before you go on, can I just confirm this does not mean that breast cancer screening will not happen? What it means is that it will go on as we are now.

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

That is correct.

**Deputy R.J. Ward:**

I think that is really important so that people do not get concerned when they are hearing this that there will not be that screening.

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

That is correct.

**Deputy R.J. Ward:**

One of the other growth bids that was proposed was the one for hosiery and dressings. Again, a decision was taken by C.O.M. (Council of Ministers) not to commission a business case for this project to create funding this year. Can you explain the reason given for that decision?

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

Again, it fits in the pattern of discussions around prioritisation and I am really alive to the fact there are a number of patients in our community who are experiencing difficulties and hardships in relation to this. This is going to be a conversation that I have with the Minister for Social Security again about what we can do to provide a solution to this. We have not been able to identify that for the context of putting it in this year's Government Plan but I can assure Islanders that this is really something that is very important to me to try and resolve in the same way that the breast screening and the prevention services is.

**Deputy R.J. Ward:**

Can I ask: is G.S.T. (goods and services tax) payable on medical equipment? I had a very specific query regards something called C.P.A.P. (Continuous Positive Airway Pressure) masks about having to get them from the U.K. and they were charged G.S.T. Is that correct or should that not have happened and they are exempt?

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

I have no idea. I would need to find out for you on that.

**Deputy R.J. Ward:**

It would be good if you could because I think there is a certain issue I would like to deal with there.

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

Yes, I would need to find out.

**Deputy R.J. Ward:**

Because we have a couple of minutes left and we have done well here, I was going to ask about one of the other things which is Article 60 of your Ministerial Plan, which was talking about commencing work on developing regulatory systems to provide for the safe prescribing of cannabis and the development of the medical cannabis industry. There is nothing in the Government Plan, I believe, for that. Is that something that will be pursued or not?

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

Yes, we are starting the work now around that. As Islanders will know, we have established a cannabis industry in the Island where there is a regulatory framework already in place for the cultivation of cannabis and that regulatory framework is well-established. The area that we now want to turn our attention to is in response to a rising number of concerns about the prescribing of cannabis and, clearly, that is an area that we need to do some more detailed work in, particularly given the concerns that Assembly Members have raised but also members of the public who are writing to me directly about the way in which people can access a prescription for cannabis.

**Deputy R.J. Ward:**

Can I just ask: are you looking at arbitrary limits on the prescription on the amounts of cannabis or would that be more specific to patients' needs which is the key thing?

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

Yes, we have literally, only 2 weeks ago, formed the group that is going to be scoping out the work for this so it is too early to say at the minute, but I will be providing the panel with more briefings on that as we go forward.

**Deputy R.J. Ward:**

Okay, that is great. The questions on St. 08:44 Ewolds were already asked. Is there anything anyone else in the panel wants to ask around these areas? Otherwise, I think we have covered everything we were going to cover in this hearing remarkably in the time that we have allocated online so that is pretty good. Deputy Ward, do you want to ask a question?

**Deputy B. Ward:**

Yes, it was still around what I am hearing are underfunded services that have been going on for years which I find really, really strange, which is the doctors on call and breast screening and I

wonder whether Obi could answer the question to see if he, in his excellent review of our finances, when he had discovered that these were not being funded, when were those stopped and by whom?

**Change Team Finance Lead, Health and Community Services:**

Just to underline the point that is being made, there has been a disconnect between the funding and the service provision of what is required. Therefore, the unfunded services have grown because of that disconnect and so the commissioning for services in a progressive way. Therefore, services have developed that needed to be provided including, as we have mentioned, the extremely important services like breast screening, and that is what we are trying to now address. So we are looking to address some of this disconnect of the past and then progress towards funding services in a prioritisation order so that they become sustainable. It is in doing that work, which is what the Minister was describing, the prioritisation work looks at all those services that we are providing yet we have never had money for, to now do that in a sustainable way. We have to go through them in an order of priority to establish them sustainably going forward, including things like breast screening, and then from the reinvestment of them, savings that we make and the additional investment we are getting from Treasury, begin to establish or grow the services that we have. So our initial priority has to be to consolidate and establish services that we are already providing, and once we have done that, is then to begin to grow on top of that, and I think that is the order for a health system to become sustainable. Otherwise, we will continuously be in this chaos of services and not be sure whether we have the money or not.

**Deputy R.J. Ward:**

Okay, thank you.

**Deputy B. Ward:**

Thank you, Obi. That is great and, to be honest, I am horrified at the fact that none of these services are properly funded. I am not going back to yesterday. I am going back to 2003 and 2004. What was going on? I am horrified as somebody who was part of that, yes, was misled. Thank you, Obi, and thank you very much for all the work that you have been doing for us. It is really appreciated. Thank you.

**Change Team Finance Lead, Health and Community Services:**

Thank you. That is much appreciated.

[12:00]

**Deputy R.J. Ward:**

Okay, thanks very much. We come to the end. There are a few very specific things that were linked to questions at the time in the chat from Deputy Howell. Sorry, I missed those as we were getting involved in the conversation. Minister, I do not know if there is anything you want to ask the panel or if there are any other questions from other members of the panel. Minister, do you have any last comments you want to make in the final 30 seconds and we are smack bang on time.

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

Okay, the final 30 seconds is what I want to get over to the panel is that this is quite a restrained Government Plan for this year but there is a reason for that, which is to get some discipline into the financial management of the health system. I think you have heard the rigour with which we are trying to apply some of those principles but we are also not losing sight of the fact that we have to deliver sustainable healthcare for people. Our absolute imperative is to optimise and maintain that quality within the resources that we have, recognising that we are going to have a significant amount of work to do where we feel that our offer to Islanders is comprehensive, well-resourced and that is our ambition.

**Deputy R.J. Ward:**

Okay, thank you very much. We look forward to a more exciting one then next year, so to speak.

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

Yes.

**Deputy R.J. Ward:**

With that, I would just say thank you to everybody. The online has worked well I think. I know it was last minute but thanks for your co-operation with that given what we have been through in the last few days on the Island. I am sure everybody understands and, with that, I will call the hearing to an end. Thank you very much.

[12:01]