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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 14th March 2024

Panel:

Deputy L.M.C. Doublet of St. Saviour (Chair)

Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter

Deputy P.M. Bailhache of St. Clement

Witnesses:

Deputy T. Binet of St. Saviour, The Minister for Health and Social Services

Deputy A. Howell of St. John, St. Lawrence and Trinity, Assistant Minister for Health and Social Services

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

Ms. A. Muller, Director for Improvement and Innovation

Mr. P. Armstrong, Medical Director, Health and Community Services

Ms. C. Thompson, Chief Operating Officer, Acute Services

Ms. G. Norman, Deputy Director, Public Health

[13:35]

Deputy L.M.C. Doublet of St. Saviour (Chair):

Welcome, everybody. We are the Health and Social Security Scrutiny Panel and today is a quarterly public hearing with the Minister for Health and Social Services. I am Deputy Louise Doublet, I am Deputy for St. Saviour and the chair of the panel. I will let my panel introduce themselves.

Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter:

Deputy Lucy Stephenson and I am a panel member.

Deputy P.M. Bailhache of St. Clement:
Deputy Philip Bailhache, panel member.

Committee and Panel Officer:
Sammy McKee, committee and panel officer.

Deputy L.M.C. Doublet:
Minister, if you could introduce yourself, and all of your Assistant Ministers and officers to introduce themselves en masse at the beginning, please.

The Minister for Health and Social Services:
Deputy Tom Binet, Minister for Health and Social Services.

Assistant Minister for Health and Social Services:
Deputy Andy Howell, one of the Assistant Ministers for Health and Social Services.

Director of Improvement and Innovation:
Anuschka Muller, director of Improvement and Innovation.

Director of Mental Health and Adult Social Care:
Andy Weir, director of Mental Health and Social Care.

Deputy L.M.C. Doublet:
Do we need to pass the microphone to officers who are at the back so they can be heard?

Committee and Panel Officer:
Once they come on to the table, they introduce themselves.

Deputy L.M.C. Doublet:
Okay, that is fine. We will let you introduce yourselves later. Thank you very much. Can I just make sure that everybody has their mobile phones turned off before we start the hearing? Thank you. Ministers, there is a statement in front of you. Could you confirm that you have read and understood that statement, please?

The Minister for Health and Social Services:
Is that the same statement as would have been previously ... that is fine, then the answer is yes.

Deputy L.M.C. Doublet:

Great, thank you for that. I am going to open with a general question. Minister, could you briefly outline what your main priorities are for 2024, please?

The Minister for Health and Social Services:

2024 for me will be commencing a series of jobs or a piece of work that probably will run beyond 2024. That really relates to the bigger picture issues. Some of the things that have become quite apparent to me in the 5 weeks that I have been in office are the fragmented elements of Health in terms of I.T. (information technology), H.R. (human resources) procurement and finance. I think there was a reordering of things a number of years ago which has caused considerable trouble, and I think that should be put straight so that we can create a single operating unit as a health service. In terms of an overview of things, that would be my principal priority. There are issues of morale and other areas, which are a bit more complicated, that need to be tackled as well. I think that would feature fairly heavily on my priority list.

Deputy L.M.C. Doublet:

Thank you. In terms of I.T., we exchanged letters recently where you advised that you were going to be looking into the I.T. outage. Do you have any further information to share about that?

The Minister for Health and Social Services:

Nothing conclusive other than the fact that I met the head of I.T. to say that there had been an update ... there had been a small system failure that had led to quite a big outcome, and that they were on the case to try and make sure that that does not happen again.

Deputy L.M.C. Doublet:

Was it human error or was it a technical equipment error?

The Minister for Health and Social Services:

I believe it may have been human error in terms of reporting a particular piece of work that was happening but, as I say, I do not want to be too detailed about that until I have got fuller facts.

Deputy L.M.C. Doublet:

Sure. As soon as you get that information, could you advise the panel in confidence, if necessary?

The Minister for Health and Social Services:

Happy to. Indeed, yes.

Deputy P.M. Bailhache:

Do you anticipate any pushback, Minister, in relation to your desire to bring back into the department the I.T. and finance sections and so on?

The Minister for Health and Social Services:

I think it may be more difficult in some areas than in others, but in terms of the chief executive, I think he understands the need for it to happen and the Chief Minister understands it is something that needs to be done. I think that with the support from the top, it is going to be doable. As I say, with all of these things, when you are reversing things, there are always difficulties but they are not insurmountable, I do not think.

Deputy P.M. Bailhache:

A legacy of a former chief executive officer.

The Minister for Health and Social Services:

Exactly right. It is only one of the areas where it has caused significant havoc.

Deputy L.M.C. Doublet:

In terms of the I.T. outage, is there a chance that that mistake might happen again, or is there a zero chance of it happening?

The Minister for Health and Social Services:

I am reasonably well assured that it will not, but I think it is fairly safe to say that if the changes had not been made in the first place, we would not have had the outage, without putting too fine a point on it.

Deputy L.K.F. Stephenson:

Just to go back to your main priority, is it cost driven or is cost likely to be a part of it?

The Minister for Health and Social Services:

I would imagine that there will be cost benefits from doing it, but it is not necessarily driven ... cost has to be one of the drivers but efficiency and simplicity has to be the main reason. I think it will bring down a lot of delays. It will give a lot more direct control in all of those areas, all of which are causing, from what I can see as it is only 5 weeks, significant problems.

Deputy L.M.C. Doublet:

Thank you. That leads me to another question. You have given us some of the practical things that you are going to address. In terms of your values and your ethos as a Minister, what kind of approach do you intend to take?

The Minister for Health and Social Services:

As I say, for me it works from the top down, from the big picture down. What you might find a little bit lacking from me today is points of detail on the ground, and I apologise for that. But as I say, that will grow as time goes on. It is my firm belief that all of the delivery points will improve in every area as a result of getting the core function right, and for me the big priority is making the core function correct and everything will flow from ... most things will flow from that. In terms of values, I just think they would be like most people, you want people over here to have a really decent health service. What I am very pleased about is that I have now got the opportunity to be looking after the political elements of health and the hospital, because it is at this point in time where they start to converge quite dramatically. I hope that is going to prove helpful in many respects in bringing the 2 threads together in time so at the end of this political period we have a hospital actually contracted and coming out of the ground and hopefully, with everybody's co-operation, a health service that is fit for purpose and ready to move in.

Deputy L.M.C. Doublet:

Thank you. The panel acknowledges that you are very new in post and it is a large portfolio. I think we would give some leeway at this hearing if you are not able to answer in detail.

The Minister for Health and Social Services:

Thank you.

Deputy L.M.C. Doublet:

But we will be directing our questions at any future hearings. Generally Scrutiny scrutinises Ministers rather than officers.

The Minister for Health and Social Services:

I understand that completely but, as I say, it will be hopefully an accumulation of knowledge over time.

Deputy L.M.C. Doublet:

Thank you. In terms of your Assistant Ministers, what roles and areas are each of your Assistant Ministers responsible for?

The Minister for Health and Social Services:

Deputy Rose Binet will continue with mental health. Deputy Howell has taken over the chairmanship of the Women's Health and Political Advisory Group, and I am talking with Deputy Ward at the moment to find some specific areas to be involved with, and that may increase. As we delve further into it, we will make further delegations.

Deputy L.M.C. Doublet:
So it is yet to be decided for your third Assistant Minister?

The Minister for Health and Social Services:
That is under discussion at the moment.

Deputy L.M.C. Doublet:
Okay, and which area is she interested in?

The Minister for Health and Social Services:
To be honest with you, it is not really something I am focused on at the moment, but we are looking around. As we find something that is deemed appropriate, then we will do that sooner rather than later.

Assistant Minister for Health and Social Services:
At the moment, if I might butt in, we are working as a team. We are supporting one another. That has been really helpful that we all know what everybody is doing.

The Minister for Health and Social Services:
As you can imagine, the health portfolio brings with it an awful lot of email correspondence from an awful lot of people and trying to co-ordinate and make that work is quite a major job, and that is where having a larger team is proving very helpful in terms of helping individuals and sending them on the right path to get their queries resolved. Nobody has been sitting around doing nothing. We have all been very well ...

Deputy L.K.F. Stephenson:
We do not doubt that at all. Recognising that it is still in some ways early and being worked out, how do you, Minister, envisage your team working together? Specifically, I suppose I am asking about when it comes to making decisions do you see your Assistant Ministers as making the decisions, having the autonomy to, or are you going to collectively make those together?

Deputy L.M.C. Doublet:
Can I just add to that before you answer? Will you be delegating specific functions to your Ministers?

The Minister for Health and Social Services:

Over the course of time, those which are appropriate to be made in isolation in certain areas ... of course, I am capable of doing those things but I think in terms of anything major there is a benefit in the fact that we are able to discuss things and make a collaborative decision, rather than ... I have been concerned about several areas of Health having single points of failure. One of those, for example, is we now have an independent board reporting to me ... previously essentially to one Minister, but I would like to have a setup where there is better governance there. So we have a structure so that the board reports to a structure rather than an individual. It might be headed by the Minister for Health and Social Services, but I think that should be broadened out. I made those concerns known at the time that the board was implemented.

Deputy L.K.F. Stephenson:

Could you just expand a little bit on that? If you say "a structure", what do you envisage by a structure?

The Minister for Health and Social Services:

A slightly differently composed board that the Health Board reports to. Rather than reporting to a Minister, reporting to a number of people; the composition of that yet to be decided. It is early days, but it is a concern I had at the time.

Deputy L.K.F. Stephenson:

Is that something you are actively pursuing currently?

The Minister for Health and Social Services:

As one of the many things that are on the agenda, yes. As I say, I want to wait a little bit ... we have only had one meeting with the board so I wanted to wait and see how that beds in, talk to them about what they think is appropriate, look elsewhere to see how the political cycle works; the reporting and the accountability.

Deputy L.M.C. Doublet:

Would that be like a political oversight group with States Members or lay persons?

The Minister for Health and Social Services:

It may be a combination. As I say, that is something to be decided. I have not got any absolutely firm views, but it is something that I would like to see done.

Deputy L.M.C. Doublet:

If you could let the panel know once you have more information, I think we would be interested in that. Thank you. Will you be publishing your own Ministerial Plan?

The Minister for Health and Social Services:
Yes, and that may change. I know one probably is not supposed to do this, but I think it is an evolving process. As I say, the clearer the picture becomes, the more you can refine that. I have a plan in mind that gives the basic bones of my thoughts on the matter.

Deputy L.M.C. Doublet:
What things would you anticipate changing from your current plan?

The Minister for Health and Social Services:
There is a lot of stuff in the current plan that makes sense, but I think my focus wants to change on making sure that the overall apparatus is in good shape.

Deputy L.M.C. Doublet:
You mentioned core function, overall apparatus. Can you just clarify what you mean by those terms?

The Minister for Health and Social Services:
Let us go through them. H.R., for example, is a complicated process in H.R., which makes recruitment difficult and long winded.

[13:45]

I think we need to be able to be more responsive. The people that run the health service should have greater control over how they go about the employment process. In terms of finance, to the best of my knowledge, and this is what I am reliably informed, is that there is not full visibility on finance as it goes through Broad Street and comes out the other side. I do not think that is a healthy state of affairs. Procurement is not timely, not as efficient as it could be. I.T. the same. They did have, prior to the changes that were made under the Parker regime, more control over their I.T. system and now they have not. I do not think that is a safe place to be. Does that make sense, you have got a more self-contained unit that makes it more functional, more efficient?

Deputy L.M.C. Doublet:
So this decentralisation of functions, is this something that would be happening just in Health or do you know if other Ministers will be ...

The Minister for Health and Social Services:

I have to say, my experience in Infrastructure was very similar. The H.R. function was withdrawn, as was the finance, and they found themselves on a limited budget, having to try and re-employ people to do the jobs that were supposed to be being done in Broad Street. I think this is a common feature that is going to need to be addressed across the piece.

Deputy L.M.C. Doublet:
So other Ministers are in agreement with you about this?

The Minister for Health and Social Services:
Yes.

Deputy L.K.F. Stephenson:
Do you think that the remainder of the term is long enough to achieve what you would like to?

The Minister for Health and Social Services:
No. Let us see what we can do with the time available.

Deputy L.M.C. Doublet:
I am going to ask you about the C. and A.G. (Comptroller and Auditor General) recommendations. As you will be aware, there were a number of recommendations made regarding the deployment of staff resources, which I think you have touched on with the H.R. function, workforce strategy and the development of a Government of Jersey private patient strategy. What will you be doing to ensure that these recommendations are delivered on?

The Minister for Health and Social Services:
The recommendations are clear, and I am just very keen to give the team the support that they need to make sure that they are implemented.

Deputy L.M.C. Doublet:
Are there any that you disagree with or will not be implementing?

The Minister for Health and Social Services:
Nothing fundamental no.

Deputy L.M.C. Doublet:
We are going to move to the subject of neurodiversity and the neurodiversity strategy. Deputy Stephenson is going to cover these questions.

Deputy L.K.F. Stephenson:

Can you tell us, has the scoping for the autism and neurodiversity strategy now started and which other departments are involved in that process?

Director of Mental Health and Adult Social Care:

Yes, it has. This is a piece of work that we are leading jointly with Autism Jersey, because there was a piece of work that was previously done by Autism Jersey that is going to be incredibly helpful in developing our neurodiversity strategy. We are going to build on that. We are not starting from the beginning. We are taking that piece of work. In the same way as the dementia strategy was developed jointly with Dementia Jersey, the neurodiversity strategy is going to be developed with Autism Jersey. We anticipate that the final draft will be available for Ministerial review in September 2024. There is a working group which has a range of people, including people who have experience of using neurodiverse services and other charitable and third sector partners, as well as people from within Health and C.L.S. (Customer and Local Services). Because it is not dissimilar to the dementia strategy, our view is that it needs to be a system-wide strategy. It is not just a health strategy by any stretch of the imagination.

Deputy L.K.F. Stephenson:

So not just Autism Jersey involved, there are others as well?

Director of Mental Health and Adult Social Care:

Absolutely correct. As part of the normal process as we go along, we will be doing some public engagement. We will be seeking people's views on the first draft, et cetera, so there will be lots of opportunity for people to contribute to it.

Deputy L.K.F. Stephenson:

I think you have touched on it there, but just can you confirm timelines and when we could expect the panel to be brought in on a draft as well?

Director of Mental Health and Adult Social Care:

We are anticipating having a final draft to the Minister in September for Ministerial approval, entirely for you to work out at what point you want the panel to become involved, but the more the merrier is our view, frankly, because this is the sort of thing that is best done by lots of engagement, is it not?

Deputy L.K.F. Stephenson:

Absolutely. I think last November, the previous Assistant Minister noted that work was taking place on reducing the timeframes for diagnosis. How have things moved on since there?

Director of Mental Health and Adult Social Care:

For autism, this is good news. The autism wait time has reduced. That has been done because we have reworked the diagnostic pathway and made some changes to the steps that take us. The clinical diagnosis is still the same but the process that we take to get to diagnosis, the clinical team led a piece of work where they made some changes to that, which has made it more efficient. So that is really good news. That is moving in the right direction. In terms of A.D.H.D. (Attention Deficit and Hyperactivity Disorder), which also sits under the neurodiverse strategy, of course, that is not the same. The waiting list continues to rise. It is currently 736 people. There is a raft of issues at play here. One of those that is particularly important is that there are about 220 people that are currently being treated in the A.D.H.D. pathway. Because of the way that prescribing regulations and funding of medicines works here, the prescribing can only be done by specialists. We have one psychiatrist in that pathway. Actually that psychiatrist is spending the vast majority of their time re-prescribing. Clearly that has a real impact on people waiting. We have been having a conversation recently about should we close the waiting list, which is a step that has been taken in lots of other jurisdictions because waiting lists have just got to the point where there is no point putting more people on them, frankly. We meet with the service regularly, we have met with the service at the beginning of this week. We have a number of other potential things that we might do to help alleviate the waiting list slightly. For example, we are looking at non-medical prescribers. We have done this previously. We have been out to agencies for non-medical prescribers, we have never been able to get one. But we are thinking we will give that another try. Fundamentally, the thing that we absolutely have to do is work out a shared care arrangement with primary care so that the routine prescribing is being done by someone else and the specialist resource is focused on specialist diagnostic assessment.

Deputy L.K.F. Stephenson:

If I have understood this correctly, previously Health was looking to recruit one or 2 extra people but was struggling to find anybody. Are you still looking?

Director of Mental Health and Adult Social Care:

We are always looking. Half of the consultant psychiatry posts are vacant and that is not unusual. This is a very international issue at the moment around access to psychiatrists, but we are always looking at additional resource. We then have to make decisions about if we get additional resource, based upon the speciality of the doctor where we put them, because there are so many competing demands at the moment in our system for psychiatry that we have to obviously make decisions about use of a finite resource. So we are always looking. We employed a junior doctor who is working with us at the moment, and we are training them in order to do some of the work within this pathway. But clearly that takes a bit of time and, of course, takes a bit of time from the people that

would otherwise be delivering the clinical service. It is a bit of an invest-to-save, but this is all balance, is it not?

Deputy L.K.F. Stephenson:

I wonder if I could bring it back to you, Minister, and just ask, with all of that in mind, it is obviously a situation that is far from ideal for Islanders going through it. Can I ask for your views on all of that, please?

The Minister for Health and Social Services:

Well, I think Andy's mapped out that we are doing everything we can. We have spoken about this a number of times, and I do not think I can ... it would take a better man than me to come up with a better solution than we have got at the moment, given that we simply cannot recruit.

Deputy L.K.F. Stephenson:

I note that the *J.E.P. (Jersey Evening Post)* recently ran a series on this and telling some of the stories of Islanders going through it as well. Not just the long waiting list, but the medicine shortages as well, people self-medicating with illegal drugs, having to use the hospital pharmacy and the 4-week wait. Do you have any comment on those?

The Minister for Health and Social Services:

International drug supply, if you cannot get the drugs you cannot get them. I do not think there is a great deal more that can be done, and which is being done.

Deputy L.K.F. Stephenson:

If an Islander is going through it or their child is going through it, what would you say to them today?

The Minister for Health and Social Services:

If it becomes a real problem then one has to have prioritisation. I do not know if there is some form of priority in the event that the situation became worse. But that is the route one would have to go down, I would have thought.

Deputy L.M.C. Doublet:

Could I ask for some further detail on a question Lucy asked about the wait times, and you said they had come down for some of the areas? Could you just quantify that and let us know what they were and what they are now?

Director of Mental Health and Adult Social Care:

I can, but unfortunately not off the top of my head. I will find them for you and send them to you. They are published. They were published in the H.C.S. (Health and Community Services) board papers 2 weeks ago, and they are in the public domain. But I will certainly get them to you.

Deputy P.M. Bailhache:

Did I understand Mr. Weir to say that the A.D.H.D. waiting list gets longer because there is only one person available to prescribe drugs?

Director of Mental Health and Adult Social Care:

That is correct.

Deputy P.M. Bailhache:

We really only have one person in the Island who is competent to prescribe drugs?

Director of Mental Health and Adult Social Care:

We have lots of people that are competent to prescribe drugs. The system here is that A.D.H.D. drugs can only be prescribed by a specialist. In other jurisdictions you would have your initial assessment and your treatment initiated by a specialist, and then your G.P. (general practitioner) would prescribe your treatment routinely and you would have an annual check by a specialist service; that may be a nurse, it may be a psychiatrist. That is the routine system. Here, all prescribing is done by the psychiatrist. There are 220 people that are currently prescribed for. Because of the shortage of medication internationally we have had to reduce the prescribing time. We are only prescribing at 4-week intervals. Literally that consultant psychiatrist is spending an extraordinary amount of their time just doing repeat prescriptions.

Deputy P.M. Bailhache:

This may be a stupid question, but why do we not delegate this to the G.P.s?

Assistant Minister for Health and Social Services:

Can I just say, that it is an area that I have discussed with one of the psychiatrists, and it is one of our projects that we are looking into, but it is how we do it.

Deputy L.M.C. Doublet:

Can I ask if the changes that would need to be made to the system to make it possible for G.P.s to prescribe, does that require changes to legislation? Is it policy? What would need to change?

The Minister for Health and Social Services:

There is work underway. It is better that Andy explains it because he will make a better job than me.

Director of Mental Health and Adult Social Care:
It is a bit of both. There is a meeting planned for next week to talk about this in detail. The Primary Care Board have been considering this for some time, both in relation to adults and in relation to young people because the same issues apply for young people with A.D.H.D. There is absolutely a meeting next week where I am hoping that we will start to move to resolution.

Deputy L.M.C. Doublet:
Is it legislation that needs to change or is it a policy change that is needed?

Director of Mental Health and Adult Social Care:
We think that it relates to the prescribing of medicines, but we do not think it is legislative. We think that it can be changed without a legislative change but that is part of the work that is being looked through.

Deputy L.M.C. Doublet:
Okay. Minister, are you minded to prioritise this work given the public interest?

The Minister for Health and Social Services:
That is a priority already.

Deputy L.M.C. Doublet:
Thank you. Any further information from that meeting would be really gratefully received, thank you.

The Minister for Health and Social Services:
Happy to pass that on.

Deputy L.M.C. Doublet:
Any further questions on this area?

Deputy L.K.F. Stephenson:
My final question would just be around some of the experiences that were quoted in the *J.E.P.*, specifically around using the hospital, pharmacy and others, and I appreciate there are lots of people needing to use the pharmacy, but if anything is identified, which could potentially be an easy win or an easy help along the way, is that an ongoing process that you are following?

Director of Mental Health and Adult Social Care:

This is all interrelated. The requirement for the hospital pharmacy is because it is a specialist psychiatrist that is prescribing and because it is a controlled drug. If we can move that, that in turn might move where people can pick up their medicines from. Certainly one of the things that we are asking the group that are looking at the strategy to think about is what support services can we provide for people while they are waiting, because not everything rests on a medical diagnosis and prescribing of medicines. There are other things that we can do that may be helpful to people while they are waiting for that psychiatric assessment. We have very much placed that in the hands of the group.

The Minister for Health and Social Services:

Is it safe to assume, if you do not mind me saying, that if we can get someone else to look after the prescriptions, you can then reopen your waiting list and get on with?

Director of Mental Health and Adult Social Care:

Yes.

Deputy L.K.F. Stephenson:

One of the things that you often hear complaints from people is around the changes in the opening times of the hospital pharmacy. Are there any plans to change that?

The Minister for Health and Social Services:

There are plans for a bigger piece of work on pharmacy in terms of making drugs available from elsewhere. I think once again, it is easier for you to explain what those intentions are, if you are able to?

Director of Mental Health and Adult Social Care:

I do not think we know yet. I think it is one of the things that has to be in the mix, is it not?

Assistant Minister for Health and Social Services:

But I think it is something that the rest of us are mindful. We are very conscious of the long wait people have for the pharmacy. We would be very keen to try to do what we could.

The Minister for Health and Social Services:

We are looking at that. That is going to take a little while to resolve, because there are some other issues of funding that go along with that as well.

Deputy P.M. Bailhache:

Is there not a simple solution to the problems at the pharmacy?

The Minister for Health and Social Services:
There are solutions, I believe, but there are complications about drug purchasing and pricing and where the drugs are funded from. As I say, the detail of it I am not entirely sure, but that is the basic principle. But what we would really like to do is have a situation where people can pick up more different drugs from different places.

Deputy P.M. Bailhache:
Whether one of your officials can answer this, Minister, but I would have thought that one of the solutions to the build up of pressure in the hospital pharmacy is to enable hospital consultants to prescribe in the general pharmacy area. I am wondering whether any consideration has been given to that.

Assistant Minister for Health and Social Services:
I think it is something everybody is looking into, because I think everybody is very aware of the problems at the moment, and we need to just work together with the Executive to see how we can sort it out.

[14:00]

The Minister for Health and Social Services:
I think Patrick can help us on this. Best that we get the right person.

Medical Director, Health and Community Services:
Patrick Armstrong, medical director for Health and Community Services. Absolutely, it would make perfect sense for hospital doctors, not just consultants, to be able to write prescriptions that could be honoured within community pharmacies. The reason that cannot take place at the moment is because of the way the funding works, in that drugs provided by community pharmacies are funded through the Health Insurance Fund, and as hospital doctors are not on the prescribers' list they cannot prescribe through that route. So that would require a change, but I think it is a legislative change.

Deputy P.M. Bailhache:
Why can the doctors not be put on the list?

Medical Director, Health and Community Services:

Because it requires a legislative change and also it requires that the Health Insurance Fund is held within a different part of government. There would need to be discussions between those 2 departments.

Deputy P.M. Bailhache:

The Health Insurance Fund exists to help individuals, patients to get their drugs. I do not understand why, if a patient goes to a G.P. rather than to a hospital consultant to get a prescription of drugs ... I should put it the other way round. Why a patient who goes to a hospital consultant rather than to a G.P. to get a prescription of drugs cannot cash in the prescription anywhere he wishes?

Medical Director, Health and Community Services:

I do not disagree with you.

The Minister for Health and Social Services:

That is the objective.

Assistant Minister for Health and Social Services:

It is how we do it.

Deputy P.M. Bailhache:

That is nice to know but why can something not be done about it?

The Minister for Health and Social Services:

Politically, it is really something that has emerged for us in the last week to 10 days. What we have asked for is a full briefing as to what the complications are, what the obstacles are, so we can all sit down and agree a course of action that will deliver something that is a lot more.

Deputy P.M. Bailhache:

There is no political or administrative against achieving this?

The Minister for Health and Social Services:

No, quite the opposite. I think there is a collective determination. Now that the problem has been properly recognised there is a real determination to get it resolved as soon as possible. The point I was trying to make is ... without having had a full briefing, it is difficult to articulate. I think Patrick has done a much better job than I would have done, but there are some problems. They are not insurmountable, and we will be working on that as quickly as we can to resolve the problem as fast as possible.

Medical Director, Health and Community Services:

About 40 per cent of the drugs prescribed through the hospital could be prescribed through community.

Deputy L.M.C. Doublet:

This briefing that you mentioned, when would you be receiving that?

The Minister for Health and Social Services:

Hopefully towards the end ... we have the Assembly next week, but hopefully towards the end of the week, if that can be fitted in.

Deputy L.M.C. Doublet:

So when would you be in a position to update the panel with further ...?

The Minister for Health and Social Services:

I will let you know soon. It depends on how complex the problem proves to be when we have been fully briefed. Once we have had a full briefing and we have a clear ... it is not worth trying to give you a date we cannot give. But what we will do is we will work out what needs to be done. Then we can scope out what the timelines are going to be; some realistic timelines. But please rest assured that there is a real determination to get this resolved. I go to hospital quite frequently myself and see queues round the corner, and it is not really acceptable. It is not good.

Deputy L.M.C. Doublet:

It is good to hear the problem is acknowledged.

The Minister for Health and Social Services:

And we are on the case.

Assistant Minister for Health and Social Services:

Because the frustrating thing is you think it is going to be really easy and then you realise it is not quite as easy. Nothing is as easy as it sounds, but I am sure we will keep you up to date.

The Minister for Health and Social Services:

I am very keen to get it resolved.

Deputy P.M. Bailhache:

Can we move back to a mental health strategy, Minister? I am sorry to cause musical chairs.

The Minister for Health and Social Services:

We will get an extra couple of chairs next time, I think.

Deputy P.M. Bailhache:

I understood Mr. Weir to say that in September 2024, this year, the draft strategy will be produced for the Minister to look at, which is very encouraging. What I wanted to ask you, I think, was how this strategy is being formulated. Are you engaging with the consultant psychiatrists who are in your department?

Director of Mental Health and Adult Social Care:

And others. The mental health strategy, we have a multi-agency Mental Health Strategic Partnership Board in Jersey, which we established 2 years ago, which is made up of people from H.C.S. We have clinical staff, we have some of the operational managers, we have people from a wide range of our third sector and charitable partners, we have police, we have C.L.S. Really crucially, we have service user and carer representatives, so people who use mental health services and their carers. The partnership board is overseeing the development of the mental health strategy. We have had one workshop already where we collectively looked at the previous strategy that has now expired, which had a series of aspirations in it and talked about what has been achieved, where are the gaps, what is left really. We now have a plan to do a whole raft of engagement with staff, which will include obviously the consultant psychiatrist, but staff in general, and not just in mental health services, because a mental health strategy touches on particularly social services, the General Hospital, primary care, C.L.S. This has to encompass all points at which people with mental health needs may have need. We are going to also do some public engagement because we think that that is really important. We set out 2 years ago with a plan for things that we were going to do in year one, year 2. We have done those. I have reported on those to the H.C.S. board in terms of where we are with those, but we really want to understand now from a public perception what people want us to focus on. We have heard really clearly from service users and from carers and from other agencies, that the focus needs to shift back to serious mental illness. There is a sense that there has been a lot of talk about well-being - and there needs to be, of course - but actually people with serious mental illness have been a bit neglected and left behind in that. That is a particular thing that we are going to focus this strategy around. In order to not wait, we asked the partnership board this year for the first time to create 4 strategic priorities for the mental health system because we have H.C.S. objectives and priorities, other organisations have their own. But collectively, we need to be thinking about what matters to all of us really. We came up with 4 things. The first is about equality of access, because we are still seeing under-representation from people from minority ethnic groups, particularly within secondary mental healthcare in the Island. The second was about homelessness. We have a particular group of people who have very specific needs, who are

homeless and have mental health needs, may have substance misuse needs and have physical health needs. We need to think about how do we work with that group of people differently?

Deputy P.M. Bailhache:
That is a very good answer to the question. Thank you very much. Can you tell us a little bit about Orchard House? We heard from the previous Minister that the aim was to get it open by Christmas, but what is happening?

Director of Mental Health and Adult Social Care:
It was handed over from the contractors to H.C.S. At the point of handover, unfortunately, there were some outstanding physical works that needed to be completed in relation to patient safety. Not least, there was outstanding fire works; the fire doors were not correct and created a patient safety risk. There were still a number of ligature points in the building that would not have allowed me to move people with acute mental health needs safely in. That is now being rectified, and my understanding is that we are hoping that work will all be done by the end of April. Today I am anticipating that we will move from Orchard House into Clinique Pinel in the last week of April or the first week of May, subject to any further delay.

Deputy P.M. Bailhache:
I am sorry to jump around a bit, but can I go back to A.D.H.D.? I am not sure whether we covered this. I may have missed it.

Deputy L.M.C. Doublet:
Question 21, I think we have covered that. So you can move on. So question 22, I think.

Deputy P.M. Bailhache:
The Mental Health Law 2016 is due to have some changes debated. Can you give us an update on that, do you think?

Director of Mental Health and Adult Social Care:
We are doing this in tranches. There is some stuff that is relatively easy. Change of language; I will give an example. At the moment we are still embedded in responsible medical officer. That means that there are a number of roles that can only be undertaken by a psychiatrist. That has moved on significantly in other places and we have other mental health staff who have the skills to undertake tasks that historically would have been undertaken by a responsible medical officer. They cannot come and work here because our law does not allow them to, because the law prescribes a responsible medical officer. So we are changing that.

Deputy L.M.C. Doublet:

This does link to, I think, the question about A.D.H.D., does it not?

Director of Mental Health and Adult Social Care:

Other professionals will have some of the roles that historically were prescribed to psychiatrists. That is very usual. That has happened a lot in most other jurisdictions now. That will certainly help us with recruitment and retention, I think, and attracting senior staff. There are some other quite simple changes, which the first tranche will be things that are relatively easy. The second tranche is the more complicated stuff where we are looking to make significant change. For example, at the moment here, if you are detained under the mental health legislation in the community for any length of time, you are still detained to a hospital bed and that is really unusual. So we have people who are living in the community, about 6 or 7 at any time, who are lawfully detained under the Mental Health Law, go nowhere near the hospital ever, very rightly, but in law they are detained to a bed in the hospital and could be recalled back at any time. We are looking at changing that legislation to bring it up to date and to make it fairer for individuals.

Deputy P.M. Bailhache:

I thought there was a clear distinction between a detained patient and an informal patient.

Director of Mental Health and Adult Social Care:

There is. In law you are either detained or informal. But we have a very small group of people who are detained but are not in hospital anymore. They are living at home. It is called long leave here. We have people who have not been in hospital for a year but are still, on paper, detained to a hospital bed. Now, in other jurisdictions, there is other legal authority that allows for that, such as community treatment orders, for example. We do not have those here. I am not suggesting that we should.

Deputy P.M. Bailhache:

Why do we not convert them into informal patients?

Director of Mental Health and Adult Social Care:

Because they require ongoing detention of some form. Because if they are not detained, they will, for example, cease to take medication or they will cease to comply with the treatment that is required of them. It is a very small group of people and should be.

Deputy L.M.C. Doublet:

I wanted to ask a follow up on the change that you are planning in terms of not just psychiatrists administering care. What evidence is there in terms of the outcomes for patients under that model?

Director of Mental Health and Adult Social Care:
There is really good evidence. In the U.K. (United Kingdom) ...

Deputy L.M.C. Doublet:
Briefly if you can. I am just mindful of time.

Director of Mental Health and Adult Social Care:
We move from responsible medical officers to responsible clinicians. It is not just any old nurse or psychologist, or what have you. You have to undergo a formal training. You have to be accredited. There is a whole raft, it is hard to get to that point of qualification. But there are some really good examples of clinical services now. For example, I came from a system where one of the acute admissions wards for women in the mental health service was run by a nurse consultant who specialised in the mental healthcare of women. Actually the outcomes for patients on that ward were exactly the same as they were for the wards that were run by psychiatrists.

Deputy L.M.C. Doublet:
So it is an evidence-based approach rather than just a resource.

Director of Mental Health and Adult Social Care:
Absolutely.

Deputy L.M.C. Doublet:
Minister, just to finish up on this area that Andrew was talking about the priorities. I am not sure he finished, but I would quite like to hear from yourself your main priorities in this area. I think you gave us 2, but if you could give just briefly the headlines.

The Minister for Health and Social Services:
In the mental health area? As I say, they have been outlined. One thing we have not mentioned here is dementia. I know there has been a bit of controversy because I was handed a dementia strategy saying: “Sign this” so I thought read it, and I did read it. I was not terribly impressed by the fact that it ... a number of things. I thought it was a bit long on describing what dementia was about and a little bit short on action, so I delayed it. But we subsequently discussed it, and the plan now is to release it with an accompanying action plan, and then to sit down and have a think about it afterwards. Because another thing that disturbed me was we can issue a dementia strategy only to find that we had no funding to do anything that was suggested in the 6 pages at the back that had the suggestions in.

Deputy L.M.C. Doublet:

Is that one of the 4 strands that you mentioned, the dementia strategy?

The Minister for Health and Social Services:
No, you just asked me to detail anything other than that which had been discussed. That is one of the things that I ...

Deputy L.M.C. Doublet:
I do not think we heard all 4, did we? Andrew, would you like to ...?

Director of Mental Health and Adult Social Care:
The other 2: the first one is the development of a standardised service user outcome tool. We spend a lot of time talking about what works and does not work for people, but we want to be able to measure it and we want to be able to measure it across the system. Regardless of whether you are using our services or you are going to Mind for service, actually having a standard tool. The last one is carer support. We have just recruited 2 carer support workers in H.C.S. who are going to co-ordinate carer support across a range of agencies. But also we are going to introduce a carers assessment because we have never done that in mental health services.

Deputy L.M.C. Doublet:
Those 4 key areas, Minister, can you give some description of why you have chosen to focus on those 4 key areas in mental health?

The Minister for Health and Social Services:
They were suggested as being the key areas. You have to once again come back to the fact that there is 5 weeks in and I am being led to large extent, and having had it explained to me that made perfect sense. Apologies if I answered the last question incorrectly. I misunderstood what you were actually saying.

Deputy L.M.C. Doublet:
Anything else to add on mental health?

Deputy P.M. Bailhache:
Going back to women's health.

Deputy L.M.C. Doublet:
I would like to ask some questions about the women's health strategy. There were, I think, some delays to that strategy for a number of reasons. One of the reasons given by the previous Minister was that she wanted to incorporate the results from the joint strategic needs assessment, which was

due to start last October. Could you give us an update on the timescales and whether that work has been started or concluded incorporating that?

[14:15]

Assistant Minister for Health and Social Services:
I am very lucky because I have been able to take over the chair, and I think the Women's Health Political Advisory Group is going to carry on as it was. It will be using the material that you worked on. We did meet and then unfortunately our meeting was curtailed short because the Chief Minister had a briefing after about 10 minutes, so we had to stop. But we are going to start again in April, and then we will be looking at all these strategies and working together to see what we should be doing. But I am so sorry, at the moment, I cannot give you definitive dates on when we will be producing things.

Deputy L.M.C. Doublet:
Have you looked at the joint strategic needs assessment and thought about how it relates to the women's health strategy?

Assistant Minister for Health and Social Services:
I think we are going to work together on that when we start because I think the others have been involved. There were just the 2 of you, I think, or 3 of you are missing. The others are going to be carrying on and they will be up to speed.

Deputy L.M.C. Doublet:
Yes, of course.

Assistant Minister for Health and Social Services:
Because we are going to lose you. We are sad that you are not there with us. But we would be grateful, thank you.

Deputy L.M.C. Doublet:
In terms of the consultation that I think is currently underway, is there anything that you can tell us about any initial responses or anything that has been identified from that so far?

Assistant Minister for Health and Social Services:
I think we had 400 people reply in the first 24 hours, which is extraordinary, I thought. I did ask that it was not just online, but I think there are paper copies for any woman or girl who would like to

complete the survey, and they can be found in the Parish Halls. It is really important that we hear from anybody who would like to take part, and we thank them for that.

Deputy L.M.C. Doublet:
Great. Thank you. It is good to see that there is a good response. Could you outline what you are doing to ensure that children and young people, that their voice is heard as part of this consultation?

Assistant Minister for Health and Social Services:
Just that they can complete online and they can also complete the other forms as well. But whether it is something we might need to ask the Youth Parliament if they might ... but I think it is just general that anybody can answer.

Deputy L.M.C. Doublet:
Is that something you could take back to the group? My understanding of the adult survey is that that probably would not be appropriate for children. A more targeted approach might be needed.

Assistant Minister for Health and Social Services:
This is something that we can consider, certainly.

Deputy L.M.C. Doublet:
Please update us once that has progressed. Thank you.

Deputy Director, Public Health:
Minister, if you would like, I can come back on the question about the women's joint strategic needs assessment.

Deputy L.M.C. Doublet:
Yes, if you would like to swap with someone. Would you mind introducing yourself?

Deputy Director, Public Health:
I am Grace Norman, deputy director of Public Health. So the women's strategy is happening across the system. It is being led by the health policy, which sits within S.P.P.P. (Strategic Policy, Planning and Performance), but within Public Health we are leading on the joint strategic needs assessment work. That work has been ongoing for a while and it is our expectation that it will be available in July/August time. It is a really big piece of work and it covers the full breadth of the age cohort of women and girls. It is quite broad. Absolutely, the team are working hand in hand with the health policy team on the developing of the strategy at the same time and also the consultation. It is being

well managed from that point of view. There is good engagement and the needs assessment is absolutely informing the strategy.

Deputy L.M.C. Doublet:
Okay. That is great. When the survey and the review consultation has concluded, how long will it take to incorporate the insights from that into the work and have something that is finalised?

Deputy Director, Public Health:
I do not know the answer to that unfortunately, because that element of it sits with Ruth, who cannot be with us today, but we can find out and we can let you know.

Deputy L.M.C. Doublet:
Okay. All right. Thank you for that. I am going to move on to termination of pregnancy. Which officers would you like?

The Minister for Health and Social Services:
Somebody must rescue me because there are 2 things I have not been briefed on at all, and that is one of them.

Assistant Minister for Health and Social Services:
That will probably be for me.

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Deputy L.M.C. Doublet:
The previous Minister was reviewing the Termination of Pregnancy Law and did some public engagement around that. Minister, do you intend to keep this as a high priority?

The Minister for Health and Social Services:
Indeed. I have no reason to suggest I will not. But, like I say, I have not had a full briefing on this yet. There are 2 or 3 things I have yet to be briefed on, but in principle, yes.

Assistant Minister for Health and Social Services:
I have been the one who signed off the consultation and put it out into the press that we had finished the consultation.

Deputy L.M.C. Doublet:
Some of the concerns in the feedback report were around the lack of support and counselling for women following a termination. What will you do to address this?

Assistant Minister for Health and Social Services:

I agree because when I read it through, I agree with you that it does have a significant effect on people who have undergone termination. I think it is probably something that we need to work with the Executive about to see who, or possibly Andy Weir with the mental health team, to see, because it is such a vital area and I think people are more affected than one can ever imagine.

Deputy L.M.C. Doublet:

There was also highlighted, I think, the cost of the terminations. Ministers, do you believe that there should be a cost attached to terminations in terms of women accessing healthcare?

Assistant Minister for Health and Social Services:

Per se or in termination of pregnancy?

Deputy L.M.C. Doublet:

Should there be a fee for accessing termination of pregnancy?

Assistant Minister for Health and Social Services:

I think that is probably another area the Women's Political Advisory Group needs to look into.

The Minister for Health and Social Services:

For me, as I say, I am reluctant to make any statement until I know exactly what I am talking about. Forgive me at this point in time. I am very happy for you to ask that question next time round.

Assistant Minister for Health and Social Services:

I think it is just an area that we should be discussing together. I do not think it is probably something you can just do off the cuff. You cannot make a comment off the cuff, I think probably.

Deputy L.M.C. Doublet:

In terms of healthcare being free at the point of access in our health service, it is quite unusual for a charge to be made for healthcare such as this. Do you think that it does need to be addressed and that perhaps that fee should be looked at?

Assistant Minister for Health and Social Services:

I think it is just going to be something that we will all discuss and then come up with a solution.

The Minister for Health and Social Services:

It is high likely that you are going to get a yes, but I think to push us to say yes before we have had a full briefing ...

Assistant Minister for Health and Social Services:
I think we have to understand all the circumstances.

The Minister for Health and Social Services:
We would both prefer to give you a fully qualified answer. It may well be the answer you are looking for, but if you just allow us that short period of time to take a full so that we actually give an answer based on the evidence.

Deputy L.K.F. Stephenson:
Just to follow on, can you remind us when the document was published?

Assistant Minister for Health and Social Services:
About 2 weeks, 3 weeks ago.

Deputy L.K.F. Stephenson:
Can I take from the answers that you have read it, Assistant Minister, but the Minister has not?

Assistant Minister for Health and Social Services:
I have read it all the way through, but I think perhaps the Minister has not had a moment. It was part of the responsibility that the Minister gave me and said: "Please, could you do this?" So I am very happy to do that.

Deputy L.M.C. Doublet:
As I mentioned, we would usually expect those questions to be answered and that for you to be briefed before the hearings, we will give some leeway today because of where we are.

Assistant Minister for Health and Social Services:
There is so much to assimilate.

The Minister for Health and Social Services:
You might even find I cannot answer some questions next time as well.

Deputy L.M.C. Doublet:
We will cross that bridge when we come to it. Do you want to go?

Deputy L.K.F. Stephenson:

There was recent media coverage which referred to the consultation and talked about some of the issues that maybe sit outside of the legislation. One of those was the absence of a dedicated gynaecology ward and the impact on privacy and dignity and things. Can you explain why the decision was taken to merge Rayner Ward and Portelet, and whether any work has been undertaken to understand the implications?

Assistant Minister for Health and Social Services:
I do not understand why that was. Perhaps we might need the medical director.

Chief Operating Officer, Acute Services:
I am Claire Thompson. I am chief operating officer for Acute Services. Gynaecology care had always been given within those areas of, as you described, the Rayner Ward, but those areas were used flexibly to ensure patients could be placed in the most appropriate way in time, across the week, in terms of ensuring that we are delivering our elective programme. There has been an opening out of those areas, but obviously none of that should negate the very personalised or specialist care in relation to all specialities, not just gynaecology. We still have the same staff, we have still retained the same skills and obviously we have the same leadership. Obviously as part of our approach around understanding patient feedback, we need to understand what all of those issues are and we will continue to look to how we respond and improve the care of all patients, but particularly elective surgery. Key to that has been the opening of additional capacity that started in February, which has allowed us to start really improving our elective access. Obviously a lot of patients, particularly having planned gynaecology procedures but also emergency, will be subject to the benefits of that. I think it is ensuring that we have a plan of approach around all patient experience, but understanding what those key areas are. There is a lot of work, particularly as well around gynaecology, that we know we could do in a different area as well. Particularly a lot of those procedures being either outpatient or day surgery. There is work that occurs within the main ward that could be done more appropriately in other areas. As part of our estates programme, we are really focused on that area and making sure that that is a priority in terms of our refurbishment work this year. That is something that the Women's and Children Care Group are really focused on and will be a real priority. Obviously you will be aware of some of our other priorities around maternity care but we are very committed to understanding what else we need to do around gynaecology. That is going to be a key focus as we go into 2024.

Deputy L.K.F. Stephenson:
Is there a specific plan strategy in place around gynaecology treatment and going forward?

Chief Operating Officer, Acute Services:

We have not described that in terms of priorities for 2024. One of the things that we did do at the end of 2023 was understand where we are giving hysteroscopy and cystoscopy procedures, and we have moved some of that care from Rayner because we had a peer review and it was recognised that there were some areas of physical improvement. That activity has been moved to improve the experience of patients. That has been very much led by our gynaecology team. Those have been the areas of focus. Now we have delivered those, we can then obviously focus on other areas.

Deputy L.K.F. Stephenson:
I think one of the areas that is sometimes highlighted as part of this thread of discussion is around those going through miscarriages. Where typically does somebody in that situation end up for their treatment?

Chief Operating Officer, Acute Services:
It can be in a variety of places due to the individual circumstances of care and what that individual patient needs. Again, that is something that I think we need to describe and improve. The Rayner end of the estate is one of the areas that we have not been able to refurbish recently. It is very much on the plan. You might be aware of wards that we have upgraded, such as Plémont; Bartlett is a key focus for us. Those are the areas where we were having more estates risk. Then we very much recognise that from a patient experience point of view, Rayner needed to be a key focus. That is something that we plan to get to as soon as possible.

Deputy L.K.F. Stephenson:
I wonder if I could bring it back to the Ministers and ask the question again about losing the dedicated Rayner Ward; is it something politically that you are happy with that?

The Minister for Health and Social Services:
I have to say, it is something that has only just emerged and will certainly come to my attention. I do not know enough about it. I certainly will be looking to have a conversation about that and checking on what the next stage of plans are for the new hospital facility as well to make sure that that is fit for purpose. But as I say, once again, early days. It has not long been out.

Assistant Minister for Health and Social Services:
Can I just jump in and say I was really sad when the Rayner Ward closed? I think it is something that we do need to probably have a discussion with, because some of the reports the people wrote in their termination of pregnancy was quite harrowing, I found. I think that we should be looking after people, and I think it was quite good having a dedicated area for women who are undergoing gynae procedures.

Deputy P.M. Bailhache:

Surely it is not appropriate for women who have had miscarriages or other treatments to find themselves in a general ward?

Assistant Minister for Health and Social Services:

I agree, Sir Philip. I think it is a discussion that we need to have.

The Minister for Health and Social Services:

It is a discussion that we are going to have when we go through. As I say, once again, until we have access to all the facts it is difficult for us to make a definitive statement. But as soon as we have gathered our thoughts on the matter, very happy to convey those to you.

Chief Operating Officer, Acute Services:

Just a point of clarification. We have not closed the capacity. It has been obviously incorporated into a surgical floor. Given the fact that we have to co-locate people, rightly so, in terms of gender, we do have those people having that care in a co-located area. There is not now one particular separate door. I think what is important, and that absolutely is in support of the Minister's comments, is identifying pathways of care, the team and everything about how we ensure that we are giving the very best experience. But we have not closed beds or lost a particular area. It was just opened out to allow flexibility of how we manage the bed base, which was with very much the aim of improving people's access to care.

[14:30]

Deputy L.M.C. Doublet:

Thank you. That helps of our understanding. I would like to ask a related question about location of services and perhaps for the officer to answer. In terms of termination of pregnancy, I understand there was a policy change during COVID to allow medical terminations to be delivered at home. Has that policy been maintained? Rather than a surgical termination, early termination with medication, has that been maintained?

Chief Operating Officer, Acute Services:

I am happy to go away and look. I have not been briefed that that has changed. As far as I would be concerned, yes. But let us go away and clarify that.

Assistant Minister for Health and Social Services:

As far as I know, you can have a morning after pill and you can buy that at the pharmacy, and then you can have a termination, taking a tablet within the first 9 weeks.

Deputy L.M.C. Doublet:
Yes, this is the one I am referring to.

Assistant Minister for Health and Social Services:
But after 9 weeks it might not be very satisfactory so you might have to go to the hospital at that stage.

Deputy L.M.C. Doublet:
Yes, so in that 9 weeks, the question is whether that medication can be self-administered at home.

Assistant Minister for Health and Social Services:
I think it can, but I think sometimes it is safer to do the first one in the hospital, is that right?

Deputy L.M.C. Doublet:
If you could come to the table. Thank you.

Medical Director, Health and Community Services:
It is getting a little bit outside my expertise as an orthopaedic surgeon, but I am not sure of the answer to your question. I know in other jurisdictions that you can have medical terminations at home, and that is the direction of travel. I am not sure because there is a lot of legislation, law and process, as the Deputy Minister has described, around this.

Assistant Minister for Health and Social Services:
That is something we can come back to.

Deputy L.M.C. Doublet:
That is fine. If you can get back to us.

Medical Director, Health and Community Services:
But I think broadly speaking, across all gynaecology services, it is one of those challenging areas for Health because it becomes increasingly subspecialised. We need to look at how we provide all the subspecialties of gynaecology, which are increasing and becoming separate from maternity, from obstetrics.

Assistant Minister for Health and Social Services:
I think sometimes you might need to have a scan first before you have the treatment.

Medical Director, Health and Community Services:
Yes, in some circumstances that is absolutely right, you do.

Deputy L.K.F. Stephenson:
I think the consultation document, if I remember correctly, talks about you have to take the first dose in the hospital and the second one, yes.

Assistant Minister for Health and Social Services:
Yes, just for safety; I think it is just for safety. That is why it is, just they can keep on eye on you.

Deputy L.M.C. Doublet:
Thank you. So obviously the consultation will be digested and there might be some changes. In terms of potential changes to the law, is it still on track to bring those changes to the Assembly before the end of this year?

Assistant Minister for Health and Social Services:
I am not sure. It just depends what the group decide and what changes need to be brought.

Deputy L.M.C. Doublet:
Is that something that ideally you are aiming for?

Assistant Minister for Health and Social Services:
Well, we will aim for it if it is the right thing to do, Louise.

Deputy L.M.C. Doublet:
So there is a potential it could be delayed?

Assistant Minister for Health and Social Services:
Yes, possibly.

Deputy L.M.C. Doublet:
Okay. When do you think you will know what the timeline is?

Assistant Minister for Health and Social Services:
When we have met and considered and taken into consideration what happens in other jurisdictions and what we should be doing here and we have consulted with the professionals, so all of that.

Deputy L.M.C. Doublet:

Okay. So you are meeting in April, I think you said.

Assistant Minister for Health and Social Services:
Yes.

Deputy L.M.C. Doublet:
So after your April meeting would you be able to get back to us with the timeline?

Assistant Minister for Health and Social Services:
Possibly.

Deputy L.M.C. Doublet:
Thank you.

The Minister for Health and Social Services:
At the earliest.

Assistant Minister for Health and Social Services:
At the earliest. We have to … all of those things I have said.

Deputy L.M.C. Doublet:
Sure. Thank you very much. I think we should move on now to section 6 which Deputy Stephenson …

Deputy L.K.F. Stephenson:
So we are on to the substance use strategy there. Minister, can you tell us how you are working with the relevant other Ministers to implement the strategy and which parts of the strategy you are directly responsible for, please?

The Minister for Health and Social Services:
I have to say at this point in time not something … I have had one briefing on substance …

Assistant Minister for Health and Social Services:
I think Grace knows.

The Minister for Health and Social Services:
Sorry, yes, Grace might be able to help. It is not something I am going to be able to give you a list of comprehensive …

Deputy L.M.C. Doublet:

Did you say you have had a briefing on it?

The Minister for Health and Social Services:

We touched on it in one briefing as part of something else, so at this point in time I will not be able to give you any detailed answer, to be quite honest with you, I have to say.

Deputy L.K.F. Stephenson:

Okay. Have you read the strategy?

The Minister for Health and Social Services:

No.

Deputy L.K.F. Stephenson:

No, okay. Are you able to tell us how … well it sounds like the Minister is not currently working with other Ministers, maybe it is happening at officer level. Could you tell us a bit about the way forward on this, please, Grace?

Deputy Director, Public Health:

Absolutely. There are 2 groups of officers that are working on this at the moment and we have got really good cross-Government buy-in. There is obviously a problem that needs really good cross-Government buy-in and we are really pleased that we have got that. There is effectively like an officer working group and that has got really good engagement, both across Government but also across agencies, because this is not a problem that sits in isolation within Government. Then there is also a Ministerial group as well which has its first meeting next week.

Deputy L.K.F. Stephenson:

Can you tell us who is on that Ministerial group, please?

Deputy Director, Public Health:

No, sorry. Apologies, that is not correct; that is about something different. There is either a Ministerial group or there is a … sorry, there is a strategic officer group and that is continuing to work. They were involved in the development of the strategy and will be continuing going forward.

Deputy L.K.F. Stephenson:

Yes, okay. But there is not one at Ministerial level?

Deputy Director, Public Health:
Not that I am aware of.

Deputy L.K.F. Stephenson:
Okay. Are you able to just explain which bits or give some examples of what falls under the Health remit specifically within that strategy?

Deputy Director, Public Health:
So what I can tell you is that there are 3 key objectives for 2024 particularly, and that is particularly around high-need populations and supporting those, so particularly areas like domestic violence and households with homelessness and that sort of thing as a challenge. The second is about education and working with C.Y.P.E.S. (Children, Young People, Education and Skills) and other relevant stakeholders to ensure that we have got education adequately covered. Then the third is about targeting interventions to help lower alcohol consumption in those who are drinking at the most hazardous and harmful levels so that we are prioritising the group where the harm is most likely to happen.

Deputy L.K.F. Stephenson:
Yes, thank you. Minister, maybe to come back to you on an area that hopefully you can share some views on is around, because you mentioned alcohol specifically and your role going forward when we are looking at duties, for example, and the Health thinking on duties on alcohol going forward, is that something that you envisage Ministerially wanting to look at how that is worked out?

The Minister for Health and Social Services:
Yes, indeed. It is something that was looked at by the previous Council and there was disagreement as to how it should be applied insofar as it was deemed taxing it across the piece raised the price of alcohol in pubs and restaurants and did not have a great deal of effect on very cheap alcohol in the shops. I will give you an example, it is an elderly man who lost his wife in his 80s, lives at Five Oaks, likes to go to the pub and have 2 pints every night and they said: "If you keep putting the … I do not want to buy cans of lager and drink them at home." So we are going to have to try and introduce something that raises the price of very cheap alcohol in the supermarkets and does not do that in restaurants and pubs. So it is a difficult piece of work that is probably going to need some legislative changes, but that is the sort of area we have got to be looking at where we do not ruin industry, ruin people's social lives but still target areas where people have got access to drinking excessive alcohol.

Deputy L.M.C. Doublet:
Is there any consideration being given to minimum unit pricing on alcohol?

The Minister for Health and Social Services:

Not at this point in time.

Deputy Director, Public Health:

If I may …

The Minister for Health and Social Services:

Well, not to my knowledge anyway but perhaps it is, sorry.

Deputy Director, Public Health:

We have minimum unit pricing already. There is currently a 50 pence minimum unit price, so it is in place already.

Deputy L.M.C. Doublet:

Or to increasing that, is any …

The Minister for Health and Social Services:

That could be part of what we look at in the future, yes, there is no doubt.

Deputy L.M.C. Doublet:

Or could I ask what the evidence base then is? Does the evidence point towards increasing that and there would be a benefit to Public Health in doing so?

Deputy Director, Public Health:

Price has a huge impact on all of the things that we buy and absolutely has an impact on consumption of alcohol as well. So, absolutely, we would expect that if we raised the price of alcohol then we would see a reduction in consumption. It is particularly consumption at home in high quantities that is the harmful type of behaviour that we are most concerned about because it is very easy to drink really quite a lot in those environments without appreciating necessarily the impact that you are having on your body. Because if you are really commonly aware of the idea of younger people being out and causing harm to themselves with really excessive drinking infrequently but it is the medium-level drinking consistently which is the type of drinking that causes considerable harm.

Deputy L.K.F. Stephenson:

I wonder if, to bring it back to you, Minister, around drinking levels, in pregnancy particularly is something that is highlighted in the strategy as well, and I think Jersey has some worrying levels,

does it not, compared to other places as well? Is that something that is on your agenda that might be considered?

Assistant Minister for Health and Social Services:
Yes. Funnily enough, we talked about it yesterday afternoon about drinking and people being pregnant. I think when you get to see your midwife or your doctor, they are very much on it, are they not, but up until then it is very easy to go home at night and for some people to have a glass of wine and then the glasses can get up to 2 glasses? It is something we all have to consider.

The Minister for Health and Social Services:
Not necessarily something that pricing in and of itself will deal with and that is why I think that has brought about strategy and targeting and information and education.

Assistant Minister for Health and Social Services:
Yes, because I think at the moment your targets are going to be for the people who are drinking the heaviest, that is what you said, did you not, yesterday?

Deputy Director, Public Health:
Yes, because at a population level that is the place that the vast majority of harm occurs. The number of people who have a problem caused by drinking during pregnancy is relatively small, which is not to say that it is not significant, and we absolutely do think it is significant. Fortunately, the people who are pregnant are a relatively obvious cohort. There is work that we can do with them more directly, which can support that but one of the things that has a big impact on how pregnant women drink is also how, as a society, we drink. Because pregnant women, as we all are, are all part of society so the more we can do to move towards like a healthy drinking culture and drinking with food and what have you, then the further away we will get by moving everybody down the spectrum a little bit.

Deputy L.K.F. Stephenson:
Thank you. Then, Minister, I would just ask around, would you support the idea of an in-committee debate around the strategy perhaps more specifically than that as a question? I think some of the themes that it pulls out around decriminalisation of certain drugs, particularly cannabis and others, would you support an in-committee debate in the States on that subject?

The Minister for Health and Social Services:
If we can assemble it in such a way if it becomes a highly useful piece of work, then in principle, yes. As I say, there are a lot of things to bundle into that, yes.

Deputy L.K.F. Stephenson:

Is the cannabis question, if I can call it that, something that is on your radar at the moment and are you …

The Minister for Health and Social Services:

Absolutely. Yes, cannabis, as you probably know, is a complicated exercise here and I think that we are quite a long way behind where we need to be in terms of regulating its use and its production. That is my initial findings on it. So there are 2 bodies being set up: one that relates to production and one that relates to regulation, and those 2 bodies have been working together to try and make sense of it.

Deputy L.K.F. Stephenson:

Do you recognise, as Minister for Health and Social Services, that you have a role to play in that discussion?

The Minister for Health and Social Services:

Absolutely. I have got a place on both bodies, so, yes.

Deputy L.K.F. Stephenson:

Thank you.

Deputy P.M. Bailhache:

Can we move on to health strategy, Minister? The Jersey Care Model died during the time of the previous …

Deputy L.M.C. Doublet:

Can I just suggest, I am sorry to interrupt you, but while we have the Director of Public Health, I did wonder if you might like to do the Public Health Law questions over the page to save playing musical chairs.

Deputy P.M. Bailhache:

Certainly, yes.

Deputy L.M.C. Doublet:

Is that okay?

Deputy Director, Public Health:

Can I just reply to your previous point?

Deputy L.M.C. Doublet:
Yes, let us just wait until the Minister is … yes, please go ahead.

Deputy Director, Public Health:
I think it is probably the same point. On the question of cannabis and the decriminalisation debate, there is a meeting next week specifically to look at this, and that is the meeting that I referred to earlier erroneously. That will be looking at the cannabis prescribing audit as well and there is potential where we need to go with that in addition to a discussion about decriminalisation. It is very much on the agenda.

Deputy L.M.C. Doublet:
Thank you. Sir Philip, would you like to proceed with …

Deputy P.M. Bailhache:
Yes. There is a plan, we understand, to replace the 1936 law, is it, the old Public Health Law, with a new law. I wondered if you would like to bring us up to date on that and tell us what progress there has been on drafting instructions for the new law and what it is aimed to do.

Deputy Director, Public Health:
Absolutely. The new law is from 1934, it is a particularly old law and we are very much looking forward to amending it. The work initially started in 2021 but there have been a number of recruitment challenges which has meant that it has not moved forward particularly since mid-2022.

[14:45]

There have been some changes about exactly where the responsibility for mending the law will sit and very recently has moved over to Public Health so that we can progress it differently because it has not been progressing as fast as we would like elsewhere, not through anybody's fault; everybody has been trying. Recruitment, as you know, is a challenge on the Island. So in terms of the process previously is there had been a public consultation and the consultation responses will be used going forward. We will need to have a second public consultation and so that will happen, I am not quite sure of the timelines yet. We have not yet recruited in order to fill the vacancies that we need in order to really kickstart this but it is our hope that in the next month or 2 that that recruitment solution problem will be solved.

Deputy P.M. Bailhache:
Okay. Thank you.

Deputy L.K.F. Stephenson:
Can I ask what is the reason for a second consultation?

Deputy Director, Public Health:
There has been such a long time since the first one and one of the most overriding elements of the law is about infectious diseases control. In 2021 we were in the middle of the pandemic still really and so that may have been influencing how people responded to it. Now that we are in more like normal times, it will be useful for us to do a temperature check then as well. Just to confirm, though, the Public Health Law will only cover normal times and if we were in a pandemic-type situation again, those sorts of responsibilities sit under the Civil Contingencies Law. That law is also being changed at a similar time and they will work hand in hand with each other.

Deputy L.K.F. Stephenson:
Thank you.

Deputy P.M. Bailhache:
So is work going on simultaneously on a draft Civil Contingencies Law or is that beyond your remit?

Deputy Director, Public Health:
It is beyond my remit but we will be feeding into the civil contingencies work. The Civil Contingencies Law work, I understand, has started relatively recently and has got involvement from a U.K. external body to support it because it is quite complicated.

Deputy P.M. Bailhache:
Okay. Can I go back to the care model?

Deputy L.M.C. Doublet:
Question 34 perhaps. Did we cover that?

Deputy P.M. Bailhache:
Yes, is this going to be debated this year, the draft law? It sounds unlikely.

Deputy Director, Public Health:
My understanding of the timelines is that is indeed unlikely but we are hoping for 2025.

Deputy L.M.C. Doublet:

Thank you. I think what I would like to do now is go to the dementia strategy because we mentioned that earlier and then I will come to you for the Jersey Care Model. Thank you. Yes, Minister, do you wish to shuffle around any of your officers for the dementia strategy? The previous Minister mentioned to the panel that there are focus groups and key stakeholder events happening around this strategy. Have those events finished and, if so, what has come out of them?

Director of Mental Health and Adult Social Care:
They have indeed.

The Minister for Health and Social Services:
I am happy to make some comments in a moment.

Director of Mental Health and Adult Social Care:
Yes, they have indeed, and the final draft strategy has been presented. You heard from the Minister earlier that subject to the publication of an implementation plan, we should shortly be in a place to publish the strategy. The strategy is a whole system strategy, it is not just about health, and particularly it is rather lengthy, but one of the reasons that it is rather lengthy is that there was a vast amount of information drawn out from the public engagement and user and care engagement is very much reflected back in the document. So, pleasingly, the document includes things like direct quotes about people's experience, what they feel would make a difference, that type of stuff.

Deputy L.M.C. Doublet:
So you mentioned that the strategy is shortly to be published. Is there a confidential draft that you would be willing to share with the panel before publication?

The Minister for Health and Social Services:
Absolutely. I think you could have the draft now, it is not a problem.

Deputy L.M.C. Doublet:
Thank you. I think we have a briefing arranged, do we not?

Director of Mental Health and Adult Social Care:
On Monday, yes.

Deputy L.M.C. Doublet:
Yes. I am not able to attend that briefing but I think panel members will be there to receive the briefing.

Deputy L.K.F. Stephenson:

Is it possible to have the report before the briefing, please?

The Minister for Health and Social Services:

Yes.

Deputy L.K.F. Stephenson:

Thank you.

The Minister for Health and Social Services:

You can have that now. No reason why not.

Deputy L.M.C. Doublet:

Thank you, we appreciate that. So there were … sorry, Minister, do you have something to add?

The Minister for Health and Social Services:

No. No problem, you carry on.

Deputy L.M.C. Doublet:

There are some cluster groups that were formed around this to drive the strategy and improve patient experience; have any outcomes already been implemented from any of these cluster groups?

The Minister for Health and Social Services:

Well, as I was alluding to when I misunderstood your earlier question about priorities, as I said in relation to the dementia strategy, it has been put together without any funding, which is a cause of concern to me because I see this happening increasingly in Government where people run off and they have a strategy or a policy only to find that there is not any money to back it up. So, that is one of our problems. I can talk a bit later on, if you like, about funding and intentions.

Deputy L.M.C. Doublet:

Could you? How much funding do you think would be necessary to implement the strategy?

The Minister for Health and Social Services:

That is something that I would have to ask Andy because I do not know.

Director of Mental Health and Adult Social Care:

So the work is currently being undertaken on the implementation plan that will come out with the strategy. There is some stuff that we can do within current resource; there are some other things that will absolutely require some additional funding but that work is currently being done.

Deputy L.M.C. Doublet:
Can you give a ballpark as to how much?

Director of Mental Health and Adult Social Care:
Because we have a number of these strategies that were being produced at the same time as part of the Government Plan process last year, we put in a figure of £1 million for the first 2 years of implementation across the strategies. That was a …

Deputy L.M.C. Doublet:
Just for the dementia strategy?

Director of Mental Health and Adult Social Care:
No, that was for the dementia strategy, the autism and A.D.H.D. strategy and the suicide prevention strategy. It was a ballpark figure that was worked up by the 3 groups doing those work with an understanding that these are 4-year strategies so over time things would develop but …

Deputy L.M.C. Doublet:
There is some funding that has been allocated?

Director of Mental Health and Adult Social Care:
Unfortunately, it was not allocated.

Deputy L.M.C. Doublet:
Oh, I see. Okay.

Director of Mental Health and Adult Social Care:
So, hence, we end up in the position where we have got a strategy but with no financial allocation.

Deputy L.M.C. Doublet:
Right. Okay.

The Minister for Health and Social Services:
What we are going to try and do over the course of time is identify within the strategies those that can be done with existing funding and those which cannot.

Deputy L.M.C. Doublet:
Okay.

The Minister for Health and Social Services:
But that all points to a larger problem about health funding.

Deputy L.M.C. Doublet:
So it could be £1 million, it could be slightly more, slightly less. Do you envisage that you would be putting a bid in with the Council of Ministers for some funding for those strategies?

The Minister for Health and Social Services:
No, I think we need to be looking at health funding in the overall and that would be my, as I say, model. It is so difficult when trying to - an organisation with 2,500 people, lots of different departments, lots of complexity - develop a very clear picture of how you, from a political point of view, want to proceed. But it is very, very clear to me that we are suffering from probably a decade or more of underinvestment in a lot of areas. I think we need to get a bigger picture together that is going to combine all of these things so that we can be honest with the public about where we are and what we need to do about it.

Deputy L.M.C. Doublet:
But it seems that you are firm on that some funding will be needed in order to implement certainly the dementia strategy.

The Minister for Health and Social Services:
I think I can categorically say, and correct me if I am wrong, but we have not got the money we need to implement the strategy that we are putting forward, and that is a practice that I think we have got to be getting away from, that we only come forward with ideas that we can fund or we come forward with ideas and we say before we start, this is a piece of work that we are going to do and we know we have got no money, we have not got sufficient money for it. As I say, it is early days, so I am happy to be corrected if I am speaking out of turn, but I think these are, from the public's point of view, quite serious issues.

Deputy L.M.C. Doublet:
I think we do have some general questions on Health funding that I think we will come back to. So just to go back to the dementia strategy, we were asking about the cluster of groups and, I am sorry, I think you did not get to complete your answer about the cluster of groups and what impacts they had had on the current practice.

The Minister for Health and Social Services:

That is something, given that Andy has gone through the process and I have not, that sort of question, he is much better to get a response from.

Director of Mental Health and Adult Social Care:

So the groups were very much about trying to determine the priorities and the specific work that needed to be in the strategy. I could not say that there has been a specific thing that has come from that group that has yet led to change but I do know, as I said, that the implementation plan will clearly set out there is some stuff that we can do now from the strategy within our current resource, so that will obviously be our priority.

Deputy L.M.C. Doublet:

Okay, thank you. Does anyone have any additional …

Deputy L.K.F. Stephenson:

I would just like to pick up on the Minister's point about … I completely take the point about the strategies without funding. Just to take us back to the neurodiversity strategy, we have just talked about developing a strategy which clearly fits into that category again because it was one of the ones that did not get through the Government Plan process. Again, are we going to have to go through the same process and is it still correct to be pushing ahead with it without any funding, given what you have just said?

The Minister for Health and Social Services:

As I say, in all of these various areas I would have to be guided as to what funding is available, what can be done with current funding and what additional funding will be needed. Like I say, when you start going through all of these things it is quite a complicated process and there are a whole number of them. So, that is part of the work that we are doing, is to ascertain what we can do and what we cannot do, identify those things and come forward and say so that people get a realistic idea. They do not see a strategy and look at it and instantly assume that everything that we say we are going to do, we are going to do. I have to say I found this in Infrastructure as well. Lots of things came forward, there were lots of ideas and then you release a strategy only to find that you have got no money to implement it. I think that is not really playing fair with the public, so these are the things we have to recognise and deal with.

Deputy L.M.C. Doublet:

Which of the 3 that we have discussed, the substance use, the dementia and the neurodiversity, let us just say if obviously funding is limited, which of those 3 would you deem to be the highest priority?

The Minister for Health and Social Services:

I would have to be guided. It is not a political thing, that really is a …

Deputy L.M.C. Doublet:

I think that is very much a political question I would …

The Minister for Health and Social Services:

Well, it is a political question that has to be based on the guidance of the people that are doing the job. I am not professional in any of these areas, so that is a discussion we would have to have by virtue of putting the evidence on the table and having a collective decision about which way we go.

Deputy L.M.C. Doublet:

When would you be in a position to make your decision about prioritising those strategies and …

The Minister for Health and Social Services:

I can tell you the same as I always tell you: soon as possible. The amount of stuff there is to be looked at and dealt with and the amount of days in the week, it is not an easy task.

Deputy L.M.C. Doublet:

We will make sure to ask the question again when we do a subsequent …

The Minister for Health and Social Services:

Yes. Well, I am sure you are going to hold my feet to the fire next time round, so we will make as much progress as we can between now and then.

Deputy L.M.C. Doublet:

Okay. Anything else on strategies? Okay, I think we will move on now. Sir Philip, would you like to go to the Jersey Care Model questions that were yours? Thank you.

Deputy P.M. Bailhache:

Yes. I am not sure, Minister, whether you are a man for grand strategies or whether you are a man for practical things.

The Minister for Health and Social Services:

I am not sure myself but I am going to find out, I think.

Deputy P.M. Bailhache:

The Jersey Care Model, as I was saying before, died during the time of the last Minister, and she indicated that she was going to have a health service of care strategy, which picked up some of the elements of the Jersey Care Model, which I think were important to implement, and also a primary care strategy and also a community framework. We are wondering whether you have it in mind to continue to develop this overarching health strategy or whether you are going to concentrate on smaller things.

The Minister for Health and Social Services:

I think we need to do both, do we not? Like I say, I think that we are suffering from a multitude of things: interference 4 or 5 years ago in terms of the structural elements of the service, underfunding, and perhaps a shortage of focus on governance over the course of time. So I think, as I say, as a layman at an early stage, this is not a brilliant place in which to be. So the way I look at it is there is firefighting to be done at the front line and there is major work to be done on the back line and a bigger picture to be created. I have to say that I never really understood the old care model and I still have to say, hands up, do not really, and we must not be too long before we have a very clear picture of what we are going to do going forward. I did have a very good briefing and an exchange of ideas with Ruth Johnson from policy last week; some ideas coming together with my initial thoughts and her considerable experience. Ruth is away this week so I am going to ask Anuschka to run through the updated position as it as at the moment, and I can add some of my thoughts to that.

Deputy L.M.C. Doublet:

Can I just ask something? You mentioned you were having a focus on the core functioning of Health and is this what you mean by core functioning, these strategies coming together? That would be my understanding.

The Minister for Health and Social Services:

Yes. One of the things I did when I first arrived is asked for as many chances as I could to get a picture of what the organisation is because, as I say, there are 2,500 people in it and there are lots of threads to this, and it is trying to get an accurate picture in my own mind of exactly how it works from the top right down to the ground floor. I think without a full, comprehensive understanding of that, and I go to one meeting after another, learn of another body that exists and then another one, so I am trying to …

Deputy L.M.C. Doublet:

Then you have to come and explain it to Scrutiny.

Deputy L.K.F. Stephenson:

I was going to say could we have those pictures; I would like those.

The Minister for Health and Social Services:
But, as I say, it is difficult from a political perspective because you are not a specialist. I do not think it is right to be making comments or decisions about an entity that is that size and that important unless you have got a reasonably comprehensive understanding about what the various component parts are and how they interrelate one to another.

Deputy L.M.C. Doublet:
I wish you luck with that.

The Minister for Health and Social Services:
So I am afraid I am still on that journey and I am only partway through. So, as I say, once there is a comprehensive understanding of that, I can start to talk to people in their various areas to try and make sense of it for myself. So if I am reticent about a few things, you have to forgive me but, as I say, it is easy to read the briefing paper and give some nice straightforward answers. It is going to tick the box, I have done the right thing, but I do not think that is going to help to deliver adding the political element to the people that are doing the job to make sure that we get the changes that we need.

Deputy L.M.C. Doublet:
We understand.

Deputy P.M. Bailhache:
Well it is a difficult question but can you give us some indication of when you might have succeeded in getting a broad picture of the whole of the organisation, how it works, how it all fits together, and whether then you are going to be formulating a particular health strategy to take things forward?

The Minister for Health and Social Services:
Yes, perhaps my brain works rather strangely but, as I say, it is an evolving picture. The more you learn you get some ideas together that tend to change a little bit as you go, as you learn some pieces more. So, as I say, in the company of a bunch of health professionals this is perhaps an embarrassing conversation to have but it is where we are. There is a political dimension to this and I think that is best served by knowing and understanding …

[15:00]

Deputy P.M. Bailhache:

I cannot pin you down to a time?

The Minister for Health and Social Services:
As soon as possible. Yes, I will try and be a little bit more specific the next time around. As I say, it is, yes …

Deputy L.M.C. Doublet:
Do you think given the time to bed in that you will be able to deliver significant improvements to the health service to Islanders in the time that you have got?

The Minister for Health and Social Services:
Yes, because I think as you progress you can start to make systematic decisions as you go, and that is already starting to happen. Once you have got clarity in an area, you can make some sensible decisions when you need to. So, no, I do not have any problem with that and I think, if all goes well, I can keep my job for 2 years, then I think hopefully we can start to make a real difference, yes.

Deputy P.M. Bailhache:
Have you yet managed to find an organogram which you can share with the panel?

The Minister for Health and Social Services:
Yes, I have got quite a few bits of paper now to eventually stick up on a table and just have an overview. You get a mental picture with that and you start to build that picture, yes.

Deputy L.M.C. Doublet:
I think you were about to pass over to Anuschka to answer some of these specific questions.

The Minister for Health and Social Services:
I was, to Anuschka, yes.

Director for Improvement and Innovation:
Yes, maybe just to lift it a level higher. The Minister mentioned the conversations with the director of health policy. So work is going on in terms of whole system strategy, so there are 3 strands to it. One is a whole system services strategy, the second one is the whole system funding reform and the third one is the whole system workforce strategy. So this work has been grouped together because they were initially seen as individual parts but particularly as we are driving ... the Minister is driving towards an integrated system, it would make sense to look at the whole system. The key reason for that is we want to look at basically from the start preventing people to get ill, so that is the whole public health agenda: prevention, living healthy, to how can we support people to live healthy

in the community and support them to stay at home. Once then, if they need treatment, how they are best treated in the hospital or with any other arrangements. Looking at it as the whole system, Government as the central department, provides policy but also it is a provider of some of the health and care services but not of all of them. It is important to look at the whole health and care provider system, so that is being part of the whole system services strategy. Later this year, towards the second half of the year in quarter 3, a stakeholder consultation will start on the whole system strategy, so you will get to see more of that. It will explore matters such as the infrastructure required to work across the whole system, for example, a single integrated care record, so that data sharing is really important, potential for cross-system commissioning boards, so we are looking at how as a system we can manage resources and identify needs jointly, particularly around patient participation. I think that is very important how to get the voice of patients, the voice of users into the whole systems design but also things that we touched on earlier: medicine management across the whole system that we have at the moment, responsibilities and funding across different departments. So, yes, the consultation will start in quarter 3. On the funding reform, very much around looking at the problem of demographic changes, increasing demand across healthcare, inflation, but also demand for new treatments, so these are driving increased service demands and pressures on the healthcare costs. So the whole system funding reform is looking at funding. Projections for the work have been done last year. You may remember the Jersey health accounts were O.E.C.D. (Organisation for Economic Co-operation and Development) produced. Funding projections are being produced and based on that, a cross-Ministerial group has been established to develop options related to potential solutions.

Deputy L.K.F. Stephenson:

On that point, could we ask when the options for funding reform might be brought to the States Assembly?

Director for Improvement and Innovation:

Yes, so at the moment the plan is to roll out public and stakeholder consultation in quarter 2/quarter 3 this year.

Deputy L.K.F. Stephenson:

Then for 4 proposals to come to the Assembly, is that later this year?

Director for Improvement and Innovation:

There is no timeline yet, so the consultation and then of course that will come afterwards, yes.

Deputy L.K.F. Stephenson:

I think the current Government Plan that we are working to, or the 2023 one, said that it would be brought in 2024, is that still the intention?

The Minister for Health and Social Services:
It might be an aim, yes. It is an aim.

Deputy L.K.F. Stephenson:
It is still the working intention?

The Minister for Health and Social Services:
Depending when the Government Plan gets debated, yes.

Deputy L.K.F. Stephenson:
Okay, thank you very much. Is it possible at the moment to talk about any of the options that are being considered at a political level around future funding?

The Minister for Health and Social Services:
No, I am trying to wade through the financial recovery plan document; it is not easy. I think, as I just alluded to before, we might need to take a slightly different view because I had a meeting with the turnaround finance director, Obi, and, to my horror, we are starting to cut things out to reach targets that I think are going to cause further damage to the health service and have further repercussions going forward. So, I am trying to catch up with him next week to get a comprehensive understanding of what that is going to result in and then perhaps come back and make some recommendations about funding or stopping some of those funding cuts.

Deputy L.M.C. Doublet:
Do you believe that any increased taxes or charges would be necessary to maintain or improve the health services to Islanders?

The Minister for Health and Social Services:
Yes, but it does not stop creating headlines about extra taxes, so all I am saying is that we are taking a very good look at funding. What we have got to make sure is we are not wasting money, and that is the one thing that people will not thank you for, for asking for more money if they can look in and see waste happening.

Deputy L.M.C. Doublet:
But you are not ruling that out at the moment?

The Minister for Health and Social Services:

No, I do not think anything can be ruled in or ruled out until after, from a political point of view, I have got a clearer picture of what is happening and what is likely to be happening as a result of a restricted access to funding.

Deputy L.M.C. Doublet:

In terms of your political views, if increased funding was needed, are you more likely to go down the route of user pays charges or an increase in general taxation?

The Minister for Health and Social Services:

It is a difficult question. As I say, and forgive me because it is just my initial thoughts, but I think the fact that we have suffered from underfunding, and I have said this now to a number of people, we have accumulated £1 billion in the Strategic Reserve and, in my view, to some extent on false pretences because some of that money should have been spent in various areas of the Island, one of them being health. I think we might have to accept that we have to put in an injection of funding over the next 5 years to catch up, after which time the costs could come down again because things are running more smoothly. When you are dealing with organisational problems, a shortage of governance procedures and so on, until you catch up and get those things in place things are not going to run smoothly. Once things are running smoothly, your running costs go down. So, as I say, I do not know how long it is going to take to build this picture up but we need a clear picture of what needs to be done now, what extra needs to be done so that we can catch up. I think the idea of cutting funding to create more problems into a system that is behind the curve is not in the public interest. So, as I say, I am sharing these things with you perhaps earlier than I ought to but I just like to be honest about what my initial thinking is. That possibly will change but I do not think it will because all of the signs seem to point in that direction for me.

Deputy L.K.F. Stephenson:

Minister, do you believe that the budget for Health for this year is sufficient?

The Minister for Health and Social Services:

If I am completely honest, no, because the turnaround finance director is informing me that he is having to make a number of cuts that I think are detrimental in order to meet the budget that has been ascribed to the service. So I think, yes, we have got some serious discussions to have going forward.

Deputy L.K.F. Stephenson:

Bearing in mind we are only in March, then how confident are you that the department will stay within that budget this year?

The Minister for Health and Social Services:

I cannot give you a level of confidence, like I say, but, believe me, it really is quite complicated. A lot of bright people have done a lot of work over a long period of time, 25 working days, it is just not enough to absorb everything I need to absorb to make a proper statement about any of it other than to offer you my initial findings and those are what they are so.

Deputy L.K.F. Stephenson:

It is fair to say you are concerned about it?

The Minister for Health and Social Services:

I intend to try and do something about it. I do not think making a health service worse to try and solve a problem financially is good for the long term because it is going to raise your costs. If your standard of health goes down, your costs of healthcare going forward are going to increase. Unless we break that cycle, we are not going to get to grips with it. So, as I say, we will be working on that and happy at each stage of the game to divulge what the findings are as we go forward.

Deputy L.M.C. Doublet:

Within the current year, are you minded to seek any reallocation of funds to make up any shortfall?

The Minister for Health and Social Services:

That may well be the case. As I say, I do not yet know, I want to get the scope of where we are for the short term and then get a bigger picture.

Deputy L.M.C. Doublet:

Is that something, if you were to request it, that you think the Chief Minister or the other Ministers would be minded to support?

The Minister for Health and Social Services:

It depends on how compelling the case is but I think for me it seems quite compelling, yes.

Deputy L.K.F. Stephenson:

Have you raised your concerns with the Minister for Treasury and Resources yet?

The Minister for Health and Social Services:

I have with the Chief Minister and the chief executive at this stage because it is very early. It was the tail-end of last week, so, as I say, I am passing on my early thoughts to you almost as quickly as I am passing them on to anybody.

Deputy L.M.C. Doublet:

What was the response when you raised those concerns?

The Minister for Health and Social Services:

Nobody is going to be smiling, are they? But in fairness, I think, as explained, they took it seriously, so I think they appreciate that it is something we have got to give some serious consideration to, as has the Assembly.

Deputy L.M.C. Doublet:

Were any actions agreed upon?

The Minister for Health and Social Services:

No. No, as I say, it was just for me a very, very early warning as to initial thoughts.

Deputy L.K.F. Stephenson:

One of the points raised, there were a lot of interesting things in what you had said, so apologies for diverting there, but around the workforce strategy, that is a health-specific workforce strategy or is that the same as the whole Island workforce that the previous Council of Ministers had committed to working on?

Director for Improvement and Innovation:

Both. So there is a health-specific for the Department of Health specific workforce strategy underway but also the whole system workforce strategy which will be quite important when you consider international shortages of qualified workforce. How do we work across the Island, across all providers using health and care professionals, what can we do to be attractive to share resources and make it as attractive as possible for people. So, yes, both.

Deputy L.K.F. Stephenson:

Thank you. I believe that the whole Island strategy had been due to be published in quarter 1 of this year; do you happen to know when it may be coming?

Director for Improvement and Innovation:

It is not there yet, so that work is ongoing but we will let you know; so we will provide an update later.

Deputy L.K.F. Stephenson:

This year, is it fair to say?

Director for Improvement and Innovation:

I do not know. To be honest, I do not know, sorry. It is not my expertise but I will seek that to …

Deputy L.K.F. Stephenson:

Fine, okay. Yes, an unfair question, apologies.

Director for Improvement and Innovation:

No, absolutely fair. I will seek the answer and feed that back to you.

Deputy L.K.F. Stephenson:

Thank you very much.

Deputy L.M.C. Doublet:

Sir Philip, you had a question here that may relate. I do not know if you wanted to … or if you feel that has been covered. It has possibly been covered.

Deputy P.M. Bailhache:

At the hearing last November, Minister, you obviously were not there at the time, but the previous Minister advised that she was going to discuss the financial forecasts with the Council of Ministers the following week. Do you have any knowledge of whether or not that happened or whether …

The Minister for Health and Social Services:

No. I know that I think I missed the Council of Ministers' meeting they had last year due to COVID, so off the top of my head I cannot remember that far ... I may have attended, I may not, but, as I say, given that it was not a priority issue for me at that time, I probably would not have retained sufficient to be able to make a proper comment on that.

Deputy P.M. Bailhache:

Right.

The Minister for Health and Social Services:

Were there any specifics that I might be able to comment on?

Deputy L.M.C. Doublet:

Should we move on?

Deputy P.M. Bailhache:

Yes, of course.

Deputy L.M.C. Doublet:
Thank you. I would like to ask some questions about medication shortages. I think there are many areas where there are shortages, and one area that we have been made aware of is the shortage of diabetes medication. Can you advise whether this is an issue in Jersey and if anything has been done to address it?

The Minister for Health and Social Services:
Genuinely do not know, so I am going to hand over to Patrick about that.

Medical Director, Health and Community Services:
I do not have absolute detailed knowledge of it but, yes, it is an issue in Jersey and, yes, it is affecting the way that some patients can be treated and alternative treatments, as far as I am aware, are having to be used for some patients. This specifically relates to one called GLP-1 (Glucagon-like peptide-1) agonists, so it is affecting some patients' care and we are having to use what resource or what we have as best as we can.

[15:15]

Deputy L.M.C. Doublet:
Is patient safety being impacted?

Medical Director, Health and Community Services:
No, because in these circumstances there are other ways of managing it. They may not be the preferred way but it is not that people are not getting treatments, they are just getting a different treatment.

Deputy L.M.C. Doublet:
Are there any risks of patient safety being impacted?

Medical Director, Health and Community Services:
Not as far as I am aware, no.

Deputy L.M.C. Doublet:
Is any action being taken to mitigate any risks that may arise in the future?

Medical Director, Health and Community Services:

Patients are seen regularly by healthcare professionals, they have a treatment and they will be monitoring and managing their diabetes, and they will continue to do that, but there are obviously some treatments better than others. It is just that this preferred treatment is not necessarily available in the way that we want.

Deputy L.M.C. Doublet:

Okay. Are there concerns that this situation might worsen?

Medical Director, Health and Community Services:

My understanding is that this is not a Jersey thing, this is a global supply thing. So in those circumstances, yes, it can always worsen but I am sure the team will be seeking other treatments if that is the case.

Deputy L.M.C. Doublet:

Okay. Minister, would you seek to receive a briefing from your officers on this as it is ongoing to ensure that you keep a watching brief on it?

The Minister for Health and Social Services:

Certainly, if the officers deemed it to be of sufficient concern. I am not looking to take busy people away from their work if I do not need to but I would rely on them to flag up issues that they consider to be of major concern. I am very happy to do it if that is what is deemed appropriate.

Deputy L.M.C. Doublet:

Yes. I think given it has been raised with the panel, it is of concern to some members of the public and therefore the panel.

Medical Director, Health and Community Services:

Drug shortages are not uncommon. We receive or we source our drugs through the U.K. supply chain because it is the most efficient and effective way of doing it but obviously the U.K. is a jurisdiction that has far more influence and buying power than Jersey but we benefit from that because we go through that system. So if we are suffering, the U.K. is suffering, and they will be doing everything they can to supply it. But to give you some context, there is usually between about 90 and 120 drugs at any one time where there are shortages.

Deputy L.M.C. Doublet:

That was going to be my next question. Gosh, 90 to 100.

Medical Director, Health and Community Services:

Yes.

Deputy L.M.C. Doublet:
Right, okay.

Medical Director, Health and Community Services:
Yes. But when you consider the vast amount of drugs that are available, but we are constantly monitoring it. We do get our drugs from the U.K. If we are particularly worried, we can source them from other countries but it is likely if the U.K. is struggling then other countries will. But it is largely to do with supply and demand and where the markets are.

Deputy L.M.C. Doublet:
Okay, thank you very much. I think we have some questions about rheumatology that we could cover if you would like to go to that one, it is on question 37.

Deputy P.M. Bailhache:
Yes, Minister, are you in a position to update the panel on the rheumatology review?

The Minister for Health and Social Services:
If you would allow me, I would like Patrick to do that so that it is comprehensive. I have a couple of comments on it but I think in terms of the review it is going to be much more accurate if he did it than I.

Medical Director, Health and Community Services:
So we have obviously had the Royal College of Physicians' report for some time and it has provided us with recommendations, most of which are now implemented. We have gone beyond obviously the Royal College review in terms of reviewing all patients who have been under the Rheumatology Department and those audits are ongoing; some of them are finished and some of them continue. A lot of this is obviously in the public domain and published with the last board papers but effectively we divided patients into 5 separate groups. The first group were patients who were on biologic drugs, which is where the first issues were raised. All those patients have been reviewed in the clinic and all their treatment has been reviewed. The second tranche of patients were those who had been prescribed what are called …

Deputy P.M. Bailhache:
What was the outcome of that review?

Medical Director, Health and Community Services:

What we found across the board in rheumatology is that 46 per cent of patients have had their diagnosis changed and as a consequence they have had their treatment changed, but that is across all, not just in that group.

Deputy P.M. Bailhache:
Sorry, 46 per cent, did you say?

Medical Director, Health and Community Services:
46 per cent.

Deputy L.K.F. Stephenson:
That is the actual diagnosis, not how they are being treated for a diagnosis, it is their whole diagnosis changed?

Medical Director, Health and Community Services:
Yes, 46.8 per cent was the last figure, so they had that changed. As a consequence obviously they will have had their treatment changed or in a lot of instances there were patients who had been diagnosed with a rheumatological condition who did not have a rheumatological condition and therefore had been given these drugs, biologics, or what are called disease-modifying.

Deputy L.M.C. Doublet:
So that percentage you have just quoted, is that all people who now do not have any rheumatology-related diagnosis?

Medical Director, Health and Community Services:
Yes.

Deputy L.M.C. Doublet:
Okay.

Medical Director, Health and Community Services:
So we continue with the audits. All patients who have been within the clinic and under care have been reviewed probably on more than one occasion, and so we are happy that they now have been seen by a rheumatologist who is on the specialist register. We now have our substantive rheumatologist in post and she has been in post since last summer and she continues to do the clinics and providing the care that is required. The ongoing audits, which are not completed, are looking at patients who had been under the Rheumatology Clinic at some point and who have died

from any cause to see whether there was potentially any causal link between their treatments and their death.

Deputy L.M.C. Doublet:
What is the number of those patients?

Medical Director, Health and Community Services:
We have looked at 3 years prior to 2022 and there are 180 patients within that group who are being looked at.

Deputy L.M.C. Doublet:
Have families of those patients been informed that those cases are being looked into?

Medical Director, Health and Community Services:
No, they have not. Obviously, depending on what we find will depend on how we communicate with those. That audit has been partially completed and the results of those are being discussed with the Viscount, and we will work with the Viscount as to how he wishes us to proceed but there is still some work to be done within that group.

Deputy L.M.C. Doublet:
Okay.

Deputy P.M. Bailhache:
Do you think there was anything amiss in the way that the Rheumatology Department was supervised and/or supported over the past few years?

Medical Director, Health and Community Services:
Yes, I think probably both. I think there are organisational issues and departmental issues and issues relating to individual practitioners as well. These things are never one cause for them and I think there are lessons to be learnt from that. One of the underlying issues was the lack of robust clinical governance within the organisation which goes back a long time. Well not probably decades. The clinical governance function and structure within H.C.S. fell behind significantly compared to other jurisdictions, so that oversight of what was happening in various areas was lacking. There is a responsibility in all clinicians, medical, nursing, allied health professional or otherwise to follow guidelines and then work in a particular way updating their knowledge. So there is some individual responsibility as well but you cannot put your finger on one single thing that would have caused this or fixing one single thing that perhaps might have prevented it. I think it is the whole system needs to reflect and that is what we have, but particularly around the clinical governance.

Deputy L.M.C. Doublet:

Yes, I would like to pick up on the clinical governance. If that is the issue, does that impact in other departments? Other areas and departments?

Medical Director, Health and Community Services:

I think we have got to remember these events occurred prior to 2022 and since then we have had the Hugo Mascie-Taylor report and that was the reason that myself, the previous chief nurse and the previous chief officer requested that report because we felt that the clinical governance was not where it should be, recognising that we needed support and help to progress that agenda. The report did exactly that, it highlighted the issues, and then support from the change team and obviously hopefully the political support that we need to enact some of the changes. As the Minister has referred to earlier on, we have fallen behind and we need to catch up on that vast resource and investment and learning across the board.

Deputy L.M.C. Doublet:

Do you think in-depth reviews are needed into any other areas?

Medical Director, Health and Community Services:

We regularly review services and we regularly get Royal Colleges, for example, to come in and review services, that is just good practice.

Deputy L.M.C. Doublet:

What is the next one on the list for review?

Medical Director, Health and Community Services:

We have a number that are ongoing. The next one I think is looking at emergency general surgery and that is purely to understand how you provide emergency general surgery in a jurisdiction such as this where you have got small numbers of clinicians covering rotas. As it all becomes more specialised, how do you have a small group of people providing such a breadth of services, so we just want advice on that.

Deputy L.M.C. Doublet:

Could we possibly have the list of which areas are being reviewed currently and which areas are being planned to be reviewed because I note the time and we cannot discuss them in detail today.

Medical Director, Health and Community Services:

Yes. No, absolutely.

Deputy L.M.C. Doublet:

Thank you. I think I have one more question. Could I just ask, in terms of the rheumatology, what percentage of the patients who have been re-diagnosed were private patients?

Medical Director, Health and Community Services:

I do not know.

Deputy L.M.C. Doublet:

Could you deliver us some of the stats around that?

Medical Director, Health and Community Services:

I am not …

Deputy L.M.C. Doublet:

If it is not … perhaps it is in the report, we could have a look ourselves.

Medical Director, Health and Community Services:

I am not sure we could because we do not have access to all the private notes.

Deputy L.M.C. Doublet:

Oh, I see. Right, okay.

Medical Director, Health and Community Services:

So we might be able, I can ask, but it is not something that we specifically looked at.

Deputy L.M.C. Doublet:

Yes, okay.

Deputy L.K.F. Stephenson:

Were private patients reviewed as part of this or was this just public?

Medical Director, Health and Community Services:

No, both. Both. But where we were aware that patients had been seen privately, then they were reviewed.

Deputy L.M.C. Doublet:

Okay. Any final questions from the panel? No? Okay. Minister, do you have anything further that you would like to add before we close the hearing?

The Minister for Health and Social Services:
I just want to, following on from what Patrick said, the whole issue of governance for me needs to be discussed and looked at across the piece rather than … as I say, we have not had a full discussion on that yet but it strikes me as the governance of the entire service needs to be looked at. Now whether we do that with additional support from us but, as I say, I am not sufficiently far into that, but it is very, very clear to me that that needs to be addressed and addressed very, very quickly. If resources need to be made available for that, if nothing else, then that would be a priority for me definitely.

Deputy L.M.C. Doublet:
Thank you. Assistant Minister, would you like to add anything?

Assistant Minister for Health and Social Services:
No, just to say thank you very much and it is good to see you.

The Minister for Health and Social Services:
I should have said that too. Thank you.

Deputy L.M.C. Doublet:
Thank you for attending the hearing, Minister, Assistant Minister and officers, we appreciate your time today.

[15:28]