



## **Health and Social Security Scrutiny Panel**

Government Plan 2022 - 2025

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

Thursday, 28th October 2021

**Panel:**

Deputy M.R. Le Hegarat of St. Helier (Chair)

Deputy K.G. Pamplin of St. Saviour (Vice-Chair)

Deputy C.S. Alves of St. Helier

**Witnesses:**

Deputy R.J. Renouf of St. Ouen, The Minister for Health and Social Services

Deputy T. Pointon of St. John, Assistant Minister for Health and Social Services

Ms. C. Landon, Director General, Health and Community Services

Dr. A. Muller, Director, Improvement and Innovation

Ms. R. Naylor, Chief Nurse

Ms. I. Watson, Associate Managing Director, Mental Health and Adult Social Care

Ms. G. Norman, Interim Public Health Consultant

Mr. G. Ramsden, Head of Corporate Change Delivery, Modernisation and Digital

Ms. M. Roach, Head of Finance, Health and Community Services

Mr. P. Bradley, Director, Public Health

Ms. R. Williams, Director, COVID Testing and Tracing

Mr. S. Graham, Associate Director of People, Health and Community Services

[10:10]

**Deputy M.R. Le Hegarat of St Helier (Chair):**

Good morning, everybody. Apologies for the delay, but we are having some technical problems this morning. We have got people working both remotely and within the Le Capelain room, which always creates a few problems in relation to the technology and some feedback, but we seem to be now back on track. Apologies to those listening that we are just over 10 minutes late starting but hopefully we will still be able to get through all of the questions that we have prepared. This morning's public hearing with the Minister for Health and Social Services is in relation to the Government Plan. I am the Chair of the Health and Social Security Scrutiny Panel, Deputy Mary Le Hegarat, District 3 and 4. We are going to ask everyone that is going to speak this morning to introduce themselves and what their job title is so that the people listening are able to hear.

**Deputy K.G. Pamplin of St. Saviour (Vice-Chair):**

Good morning, everybody. Deputy Kevin Pamplin of St. Saviour and I am the Vice-Chair of this panel.

**Deputy C.S. Alves of St. Helier:**

Good morning, everyone. I am Deputy Carina Alves of St. Helier District 2 and I am a member of the panel.

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

Good morning, I am Deputy Richard Renouf, and I am the Minister for Health and Social Services. I will pass on to my Assistant Minister.

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

Good morning. I am Trevor Pointon, Deputy for St. John. I am the Assistant Minister for Health and Social Services with responsibility for mental health.

**Director General, Health and Community Services:**

Good morning, I am Caroline Landon. I am the Director General for Health and Community Services.

**Director, Improvement and Innovation:**

Good morning, Anuschka Muller, Director for Improvement and Innovation, Health and Community Services.

**Chief Nurse:**

Good morning, I am Rose Naylor, Chief Nurse, Health and Community Services.

**Associate Managing Director, Mental Health and Adult Social Care:**

Good morning, it is Isabel Watson, Associate Managing Director for mental health and adult social care.

**Interim Public Health Consultant:**

Good morning, I am Grace Norman. I am Interim Public Health Consultant.

**Head of Corporate Change Delivery, Modernisation and Digital:**

Good afternoon, I am Graham Ramsden, Head of Change Delivery in Modernisation and Digital.

**Head of Finance, Health and Community Services:**

Hello, I am Michelle Roach, Head of Finance for Health and Community Services.

**Director, Public Health:**

Good morning, I am Peter Bradley, Director of Public Health.

[10:15]

**Director, COVID Testing and Tracing:**

Good morning, Rachel Williams, Director of COVID testing and tracing.

**Associate Director of People, Health and Community Services:**

Good morning, Steve Graham, Associate Director of People for Health and Community Services.

**Deputy M.R. Le Hegarat:**

Thank you. We appear to have had all of those introduce themselves with their job titles. If anybody joins the meeting or has not spoken and they do contribute can they please identify themselves and their job title; if they have not already done so. Normal rules apply as if we were in the States Assembly so we are going to start off with questions in relation to the general budget. I will hand over to Deputy Pamplin.

**Deputy K.G. Pamplin:**

I might change my first question. Will we see I.T. (information technology) in the Government Plan, but I jest. Easy one to begin with. We would just be grateful if you could briefly provide the panel with an overview of your priorities, Minister, and the inclusion for your proposed Government Plan for 2022-2025.

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

I see the necessity following the period of the pandemic we have gone through so far to restore our health services to the position they were in pre-COVID to catch up on so much screening that we need to and to address specific issues that have arisen as a result of COVID, with both children and adult healthcare.

**Deputy K.G. Pamplin:**

Also, as mentioned in the proposed Government Plan, the refurbishment programme of work to deliver the ongoing maintenance in the existing Jersey General Hospital as part of this proposed Government Plan. Just as an outset, do we have the total - I know this is something we have talked about in the past - cost of maintenance at this time?

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

Do you mean an annual cost?

**Deputy K.G. Pamplin:**

Yes. The last time round we had a total of all works broken down that was presented after the previous hospital project was concluded and then last year we had a table breakdown of all the work that was put forward. It was in the region of £39 million a year but I could be wrong.

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

Can I ask Michelle Roach, our finance officer, to address that detail?

**Head of Finance, Health and Community Services:**

Unfortunately I do not have the breakdown but I can certainly take that away and bring that back.

**Deputy K.G. Pamplin:**

Thank you. I mention it because it is in the opening programme of the Government Plan, the list of work to deliver the ongoing maintenance. So it is about that detail. We are going to move on now to the sustainable healthcare funding. Minister, we noted on page 177 of the Government Plan that you have committed: "To undertake a wider health economic review during 2022 to inform funding options for increased healthcare costs and for any potential new healthcare access schemes." Are you able to provide us with some information about that review?

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

It is necessary to do because notwithstanding the money that comes into health and social care each year, and the increasing amounts that we do receive, we know that the challenges for healthcare in the future are just going to grow, whether it is in terms of delivering care in the community or greater demand in acute services. There are innovations in healthcare and new

treatments, which are expensive. The question is, is it sufficient just to rely on our present tax base as a means of funding healthcare into the future or do we need to work out new ways of doing so. We have committed this year to investigating what the future might look like and what we might need to provide and how we could provide it. There is a working group established that is going to be meeting shortly to start that study and it will work throughout next year.

**Deputy K.G. Pamplin:**

Who is the working group being led by?

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

It is being led by Anuschka Muller here, on my right.

**Deputy K.G. Pamplin:**

Political oversight, will that be yourself or one of your Assistant Ministers?

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

It will be myself.

**Director, Improvement and Innovation:**

Just to add on that as it is across departments, it is not just led by me. It is also led by officers from S.P.3 (Strategic Policy, Performance and Population) for Social Security policy and also a few people from Public Health. The Director of Public Health is part of that as well as it is a wider health and economic review, and Public Health plays an important role. From a Ministerial side, it will be the Minister for Health and Social Services and the Minister for Social Security.

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

Of course Treasury will have a great interest on that work as well.

**Director, Improvement and Innovation:**

The Treasury is part of the group as well. At that time probably then oversight definitely going to the Minister for Treasury and Resources.

**Deputy K.G. Pamplin:**

And briefings when everything is in place and you start going into the new year, I guess.

**Director, Improvement and Innovation:**

Absolutely.

**Deputy K.G. Pamplin:**

That leads me on to the next question because obviously following the approval of P.156/2020 in December last year, this was brought by the Minister for Social Security relating to the Health Insurance Fund. The panel had understood that Ministers, as is in part B of the original care model proposition as well, that a plan relating to sustainable healthcare funding for the future of the States debate was going to be by July 2021. That was in the proposal as put forward by the Minister for Social Security. I do not know if you have that anywhere near you. But it says: "The Council of Ministers have committed to propose a plan on how to deliver the sustainable healthcare funding for States debate by July 2021." Obviously this has not happened so we would like to just delve into why.

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

I think there has been a wider consideration of the issues, if I could pass over to Anuschka to give the detail of how we will be planning that plan.

**Director, Improvement and Innovation:**

The Health Insurance Fund review sits of course with the Minister for Social Security but the sustainable healthcare funding review was a joint commitment, particularly for the Minister for Health and Social Services, that has been delayed. It is not, as it was initially intended, to have options available in July 2021 mainly due to resources and further, I must say, COVID engagement. But also as just naturally myself, I only started a year ago so there was not enough time to put the actual resources in place to commence that work. However, it was also recognised that it is a very important piece of work to understand how do we fund something about health funding and health in the future. So it was agreed that this needs a proper appraisal option model for ideally the next Council of Ministers and the State Assembly to make an informed decision rather than a rushed piece of work. The key one here was even though it states it was a permissible, the options, for the States budget in 2021 the Government Plan said quite clearly that for implementation, so to go live with any options, by 2025. With this slight delay now, we are still on track for that. So the current plan is to have the options all available by the end of next year, that is 2022; to have for discussions and decision-making at the beginning of 2023, which will then go into the Government Plan for the beginning of 2024. It is still here where we planned, as it was originally permitted for.

**Deputy K.G. Pamplin:**

Obviously it is a critical component of the proposed care model, and this is a political point now, Minister. We did a huge piece of work last year between this panel and obviously your side. The concern that was raised by the Assembly is the underpinning of the care model is the funding. Even in the care model itself, that was stress-tested and the options that were put forward were clearly stated, but even in their review they said this is complicated. But of course the Minister for Social

Security said this because of the concerns around the Health Insurance Fund. Again, in part of her proposition on that debate, following the Government Plan, she says again: "As needed the Minister [the Minister for Social Security] will amend the law again to implement additional transfers out of the Health Insurance Fund following agreement as to the actions to be taken following the review of the Health Insurance Fund and sustainable healthcare funding for the future." At this stage, the points that we are raising is we are looking for the funding for the tranche 2 of next year, which this year was supported by that transfer out of the H.I.F. (Health Insurance Fund), which we know the Minister has now been briefed in, is due to transfer the money into the Consolidation Fund soon. But it does not seem to be that agreement for next year and, as we are hearing now, delay for the sustainable healthcare funding of the care model as well. We raise this as a political point because obviously in a few months' time there will be a general election and things will slow down. I raise all these points, Minister, what your view is for this point of where we are coming from, as a panel, and we looked at this Government Plan where those 2 pieces of funding are.

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

Yes, I think it is vital though to make sure we get this right because it is not just taxation that meets the needs of our health and social care in the Island. But there is that Health Insurance Fund, which you can regard as a government fund, but there are also individual contributions. We pay for primary care and there is a lot of funding that comes through charitable sector organisations, and there is private provision. Healthcare is delivered in so many different ways and is funded in different ways in the Island. Were we to do something that is too quick, without involving everybody involved in healthcare, I fear then we would get it wrong. It is right that we take this time to bring a sustainable method of funding to the States Assembly and meanwhile the work on the Jersey Care Model and its development will continue. That has the support of the Minister for Social Security. We are in discussion with her about the precise funding needs for next year. The intention is that the H.I.F., as predicted, will be the source of that.

**Deputy K.G. Pamplin:**

But that is not so far agreed, that is why it does not appear in the Government Plan, is that right?

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

We are still in discussions. I do not know if Anuschka has more detail.

**Deputy K.G. Pamplin:**

Just to be clear, at this moment we are talking about the funding for tranche 2 next year, which was predicted to be from the H.I.F. but as again those points were raised. The Minister is saying she is reluctant to do that until these things have taken place. She has also admitted in her hearing we did last week that that actuarial review can be pushed, so it has to happen in law by the end of next

year. But again, the point we raised last year is there is an election right bang in the middle of next year. There is a purdah period and then the Assembly does not meet until September. There is a huge chunk of time next year so this is why we are flagging it now because it is not in this funding plan now. You just said it is not agreed yet with the Minister for Social Security so this is why we are raising it now. I do not know if I made that point clear.

**Director, Improvement and Innovation:**

On the technical side, it has not been explicitly in the Government Plan because it was in last year's Government Plan outline for the next 4 years. What needs to happen is that the Minister for Social Security needs to bring forward a separate proposition to ask for that transfer in order to amend the H.I.F., so this will be separate to the Government Plan. We have to lodge that 6 weeks in advance of the debate. It is duly imminent.

**Deputy K.G. Pamplin:**

You are right, last year's funding was the projected funding that we see in this year's for the next few years, but as we have seen, as we will go into, there has been some adjustments to some of the figures for the next few years obviously. If that agreement is not raised, if that money does not come out of the Health Insurance Fund to support the funding for tranche 2, where will you make the savings to ensure that funding comes from?

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

The intention is, as was stated when the care model was debated, that it would come out of the H.I.F. I do not believe that the Minister for Social Security is suggesting anything differently. It is a case of just making the necessary arrangements behind the scenes.

**Deputy K.G. Pamplin:**

I am not saying she is saying differently. I am just quoting from the things that we voted for and that were in the propositions. Obviously it will be a vote in the Assembly after the Government Plan again, so there will be a debate. I would say it is the will of the Assembly even though she will be proposing it.

[10:30]

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

It is obviously.

**Deputy K.G. Pamplin:**



This is again why we raise it as a risk at the moment. I think we have covered that point. What we do want to get into now is the tranche 1 funding breakdown for this year, which was £11.3 million agreed to come out of the fund: £6.6 million for the care model, £1.3 million for the Jersey Care Model digital systems and £3.4 million for the digital care strategy. We were grateful for a briefing this week by Dr. Muller and we had some of the breakdown, which we can go into for the public's benefit now. But what we really want to hear from, if we can have that information there, is the digital care strategy funding as we are desperate to know who is responsible for that and the breakdown. If we could start with the breakdown spend on those points first.

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

The breakdown is as you said, Deputy. Do you want a further breakdown within each of those 3 lines?

**Deputy K.G. Pamplin:**

Yes, so the money spent so far of the £6.6 million allocated to the care model, the money so far spent on the £1.3 million and then we want to dig into the care strategy; who has responsibility and where that money is.

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

Can Anuschka help us with that detail please?

**Director, Improvement and Innovation:**

The current forecast for this year is that £6.6 million will be spent on the Jersey Care Model, as provided. There is a breakdown of programme management, which £2.1 million was allocated. The current forecast is that £1.9 million will be spent. A further breakdown I am happy to provide after - I do not have it with me here - in terms of current spend and forecast. The breakdown in broad terms is around intermediate care; it is about community services and then secondary unscheduled care as well, just to showcase the different areas.

**Deputy K.G. Pamplin:**

You will come in under or on budget, do you think, given the funding?

**Director, Improvement and Innovation:**

We are never going to get this exact. The current estimate is £6.6 million but of course there are a few items we are dependent on procurement. Whether this actual contract will go through, for example, at the end of the year; finance is working on that to review regularly.

**Deputy K.G. Pamplin:**

The digital health project, so if you firstly talk about the digital systems and what has been achieved this year against that £3 million.

**Director, Improvement and Innovation:**

The H.I.F. funding was for the J.C.M. (Jersey Care Model) and for the digital project, as you rightly said. The digital delivery part does not sit with the Health and Community Services Department so that has moved into the central I.T. Department called Modernisation and Digital, so that team, under Graham Ramsden, is responsible for delivering against these major projects. I would suggest we have got Graham on the line who gives an update on this.

**Head of Corporate Change Delivery, Modernisation and Digital:**

Thanks, Anuschka, and hopefully you can hear me okay. In terms of the digital delivery and you mentioned there the numbers of the £1.3 million and the £3.4 million in terms of how the funding is split across the digital care strategy and the digital aspects of the Jersey Care Model. In terms of managing that, the first thing to say around the total of that money, which is £4.7 million, is that we were asked around quarter 1, moving to quarter 2, this year to defer £1 million of that spend into 2022 to support some additional funding requirements around the hospital programme. That has been taken into account. The number that we have been managing to is £3.7 million, to take into account that deferment. In terms of forecasted spend against that £3.7 million then at the moment for the end of the year we are looking at £3.1 million, £3.2 million spend by the end of the year. In terms of what has been achieved through there, there is a whole portfolio of projects, some of which are large, some of which are small, some of which are system replacement in nature, which are new and improved services. If I look at some of the bigger areas of spend for 2021 then there has been a lot of work undertaken on the replacement of the electronic patient record system, so the replacement of the track care system, which has reached end of life. That programme has been progressing through procurement this year and the contract award has now been made for that system replacement and is moving into implementation. We further continued with the rollout of the electronic prescribing and medicine administration platform. That has been rolled out to additional wards and services. We have been continuing on with what is referred to as G.P. (general practitioner) order comms, which is the ability for G.P.s to electronically place orders. Initially that has been into radiology and that project is now extending out into pathology. Other projects that are initiated is around the replacement of systems in radiology and the implementation of what is referred to as a bend and neutral archive platform, which allows images from various services to be centrally collated for review from a central archive, irrespective of where they have come from, which is something that will support wider distribution under the Jersey Care Model. Those are some of the things that we have been working on in terms of the larger projects. There are pieces of work that have been initiated in quarter 4 as well around demographics, which is the central golden patient

record and the document management system, so the transfer of paper records across into digital records.

**Deputy K.G. Pamplin:**

That is very helpful. Can you just go back to the deferment of the £1 million? Can you explain again what that was for and who authorised it?

**Head of Corporate Change Delivery, Modernisation and Digital:**

That came as a request I think that initiated from within Treasury. So my understanding of the background to it, and recalling when we were briefed on it at the time, was that there was some additional funding requirements to support the work required on the Our Hospital programme this year and that programmes across government were asked to look at opportunities to not give up money but to defer money into 2022, to support the funding requirements of Our Hospital for 2021. Forgive me, Deputy, I am not familiar with the exact total number that was being sourced but the options that we looked at across the spend on digital aspects of Health and Community Services total £1 million. We reviewed and agreed that with Anuschka and the H.C.S. executive, and I think the Minister was briefed on that at the time as well.

**Deputy K.G. Pamplin:**

I think Deputy Alves has read my mind with where I was going to go next. But do you want to jump in?

**Deputy C.S. Alves:**

Obviously a proportion of this budget has been allocated specifically to digital projects around the care model. Can you tell us exactly what are those specific projects that are specific to the care model that have been worked on before as part of a wider project?

**Deputy K.G. Pamplin:**

Just to add on to that, that was £1.3 million; that was the breakdown for that specific area. Jersey Care Model, digital systems, £1.3 million. You start by saying that the budget has been amalgamated to £4.7 million so just to back up what my colleague is saying: what has specifically happened and been spent and the outcomes of that £1.3 million specially on the care model strategy?

**Head of Corporate Change Delivery, Modernisation and Digital:**

On the care model strategy the spend has been a lot less. There has been work done around, as I mentioned, G.P. order comms, which goes into the community and into primary care. There has also been work looking at the replacement solution for telecare in contracts that are coming to an

end, at the end of this year. But the bulk of the work that has been spent this year has been on the digital aspects. There have been other things such as the implementation of My mHealth, which is one of the applications that supports care services out into the community and that electronic connection through, and you probably remember My mHealth. But the bulk of that spend for 2021 has been against the digital care strategy.

**Deputy K.G. Pamplin:**

Minister, from our Government Plan review last year, we understood that the digital health projects were being run from one operational perspective. I know a lot has changed in a year. But as we are hearing, and has been confirmed, the funding is split for the purposes of the Government Plan in order to ensure that the elements relating to the care model are kept separate. Now what we are hearing is some of that budget has been amalgamated, £1 million has been deferred. We are hearing that some things have happened. I know we have about another month or so, I do not want to get into the realms of things that are outstanding. However, are you confident the split of the funding remains the way forward considering the pressures and the risks identified earlier of this care model going forward?

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

Yes, I am confident in the team. I believe that we have really made progress on the digital strategy and modernising our services. We have seen that coming through this year with the various innovations that have been mentioned by Graham, and more to come. At last, after what seems a long period of very little happening, it is now because the Government is putting money into this. If 2 funds have been consolidated that is fine with me because I believe there is good governance and a good programme to ensure that this money is used as intended.

**Deputy K.G. Pamplin:**

Does it not feel weird that this is a critical component, the care model, should be led by Health but it has been put into the centralised system, which it has been part of for the last few years. I understand there have been loads of changes but it just seems that this is the first time we are hearing it, as the Health and Social Scrutiny Panel. We have heard lots about the practical stuff from our briefing we have had and other hearings but it just feels like it is separated when I feel that this should be more incorporated.

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

It is incorporated as a central core government function.

**Deputy K.G. Pamplin:**

It is not led by Health.

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

“Led by Health”, this is the difficulty I think of the past. Each department was working in silos and had its own programmes that it led. But government needs to be central in this and deliver systems that are operable across government. It is quite clear in the centre that this work is being done for health needs. That is what I would say.

**Head of Corporate Change Delivery, Modernisation and Digital:**

Minister, if I may add one point, it just might help in terms of the Jersey Care Model as well. To be able to deliver the digital aspects of the Jersey Care Model then one important part of that is the central golden record, the central demographic service. If we look at the composition of that £1.3 million and how that money progresses on throughout the course of the remainder of the Government Plan, then that demographic service is funded out of that aspect of it. When we talk about amalgamation we do not completely amalgamate everything, and it is not about cross-spending. But we are managing it as a set of inter-related activities because if you take demographics, which is really important to be able to progress with the Jersey Care Model, it is also very important for the implementation of the new electronic patient record in the hospital, which relies on that central demographic service as well. That is an example of a development that has been done where the funding is coming out of one place but the benefit that will come from it will not just be in respect of delivering against those digital aspects. It supports the delivery under the digital care strategy. The electronic patient record needs it, the replacement systems that we are putting into radiology require it. We will require it as we start to look at the construct of the Jersey care record as well, so that we are always referencing back to the true identity of the patient and one single record. That is an example of how the funding may be split but there are cross-dependences between all of this, which is why it is sensible to manage it together.

**Deputy K.G. Pamplin:**

I guess the point really we are just making as a panel is it is the first we are hearing of this. We have had a good detailed arrangement with the Minister and his team, we have been regularly updated and there are other issues, but all I am saying is it still needs to be part of the one big thing. It is great we are getting this detailed explanation now. I guess it is a request, especially for our next update, which is going to be a big one before we go back to the Assembly, that we get this detail, if that makes sense, is what we are asking for.

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

That is noted.

**Deputy K.G. Pamplin:**

And also a breakdown, before I hand back to the Chair, and then I am done for this stage, could you just also provide us a breakdown of the funding to be spent on the digital care strategy project for 2022, while you are on that vein?

**Head of Corporate Change Delivery, Modernisation and Digital:**

A breakdown of the spend for 2022?

**Deputy K.G. Pamplin:**

Yes.

**Head of Corporate Change Delivery, Modernisation and Digital:**

I do not have that detailed breakdown to hand. I know that in terms of the digital care strategy then we have £3.9 million I think is in the proposed Government Plan for 2022.

[10:45]

A large proportion of that is in respect of the implementation of the electronic patient record system but is also bringing in the electronic document management system, which again dependency on the implementation of the new EPR to be able to move the paper medical notes across into digital format. Those are 2 of the big deliveries in 2022. But I would be happy to provide separately a breakdown as to how that £3.9 million is expected to be spent across all of those projects.

**Deputy K.G. Pamplin:**

That would be good. Does that £3.9 million include the deferred £1 million?

**Head of Corporate Change Delivery, Modernisation and Digital:**

No. The deferred £1 million in addition to that.

**Deputy K.G. Pamplin:**

There is an additional £1 million. Last year the £3.4 million was coming out of the H.I.F. into the Consolidation Fund by the end of this year, are you expecting that to be the same next year?

**Head of Corporate Change Delivery, Modernisation and Digital:**

In terms of that detail I do not know. We are working with finance at the moment to make sure that this is all brought across into 2022. That process is underway with finance on the Chief Operating Office side and the support that we get from Treasury.

**Deputy K.G. Pamplin:**

That is it from me for now.

**Deputy M.R. Le Hegarat:**

Thank you, Deputy Pamplin. Just for my own clarification, the £1 million that was deferred, where do those funds come from?

**Head of Corporate Change Delivery, Modernisation and Digital:**

In terms of the funding source?

**Deputy M.R. Le Hegarat:**

Correct.

**Head of Corporate Change Delivery, Modernisation and Digital:**

My understanding, in terms of that funding source, is that all of this comes from the H.I.F.

**Deputy M.R. Le Hegarat:**

I have a question here then. I do not know whether it is for yourself or for the Minister or someone else. But the Assembly agreed the funding from the H.I.F. in relation to the Jersey Care Model. The £1 million that you talk about that has been deferred is for the Future Hospital Project, so this is what I would like to clarify because the money that was given from the H.I.F. is only for the Jersey Care Model and not for the Future Hospital Project; can we clarify please?

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

It seems to me it was not expenditure on the hospital, it was when the hospital funding is topped up that deferred money will be repaid to help to continue with these digital strategies. It is a temporary loan, in laymen's terms.

**Deputy K.G. Pamplin:**

I can help, I have the breakdown here. As the proposition from the Minister for Social Security last year, the £11.3 million in that proposition from the Minister for Social Security was, as I said earlier, £6.6 million for the Jersey Care Model, Jersey Care Model - digital system £1.3 million and the digital care strategy £3.4 million, so what we are hearing is the £3.4 million that was allocated for the digital care strategy, which will go some way to support the future care model, has had £1 million of that transferred to next year; have I got that right?

**Head of Corporate Change Delivery, Modernisation and Digital:**

That is right. What we can do, because obviously this is a very detailed point in relation to the finance side on Treasury, is we can take this away and come back with a clarification statement just

in terms of how that funding worked and the deferment. We will work with colleagues in finance on that and revert to the panel.

**Deputy M.R. Le Hegarat:**

I am going to flag this because for me this is manoeuvring of money, I fully accept that, but I am going to flag that during the course of this hearing it has been said that this money was pushed towards the Future Hospital. My clarity from that is the fact that, and I fully understand what my colleague at the end of the table who is looking at the thing, but I just want to flag that. The money that was provided from the H.I.F. is not for the Future Hospital Project, so I am going to leave it at that and move on. Thank you.

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

We can give you more information.

**Deputy M.R. Le Hegarat:**

You can see where I am coming from.

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

Yes.

**Deputy M.R. Le Hegarat:**

I am coming from the aspect that the Assembly voted and agreed funding from the H.I.F. for the Jersey Care Model, whether that was digital or other elements of it, it was to do with the Jersey Care Model, not to do with the Future Hospital.

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

The money will only be used for the care model and not be used for the hospital, I can assure you.

**Deputy M.R. Le Hegarat:**

Thank you, Minister. That is what I wanted to clarify. Resource allocations mapping to the Minister for Health and Social Services profile. We can see the resources mapped to your Ministerial profile on page 127 of the proposed Government Plan 2022-2025. Comparing this to last year's Government Plan we note that your estimated allocation has changed for 2022. The projected net revenue expenditure has changed with an increase of over £4 million, whereas the change in 2023 and 2024 sees decreases in the estimated expenditure. Please could you provide further information and the reasons for the different estimates in comparison to last year's Government Plan please?



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

Can I hand over to Michelle Roach to answer that please?

**Head of Finance, Health and Community Services:**

We have the 3 portfolios for the Minister. We have the H.C.S. (Health and Community Services) budgets. There has been a net reduction there of £1.6 million. The COVID head of expenditure, there has been a net reduction there of £1 million. For S.P.3 we have a net increase of £1.3 million. That is from the opening budget of 2021 to the planned budget for 2022. They are the 3 portfolios that sit under the Minister.

**Deputy M.R. Le Hegarat:**

Thank you.

**Head of Finance, Health and Community Services:**

Do you want the detail behind those movements?

**Deputy M.R. Le Hegarat:**

It would be helpful, yes, please.

**Head of Finance, Health and Community Services:**

We will start with the H.C.S. budget, the £1.6 million. This is a net reduction of £0.72. This is primarily linked to increases for growth, specific business cases. There are inflationary increases in there. There is transfer of services to other departments and also the efficiencies of £6.2 million, which give the net movement of £1.6 million. That is on the H.C.S. budget. On the COVID budget, we have a net reduction of £1 million. This is made up of P.P.E. (personal protective equipment) warehousing, a slight increase of £69,000; the COVID vaccine reduction of £1.3 million, the Jersey Nightingale due to the closure, a net reduction of £4.3 million, service recovery increase for COVID £1.3 million, and P.P.E. usage, which is £3.3 million estimated for 2022.

**Deputy M.R. Le Hegarat:**

Looking at the revenue heads of expenditure for Health and Community Services on page 126, the estimates for 2022 to 2024 have decreased from last year's Government Plan. Please could you outline the reasons for this?

**Head of Finance, Health and Community Services:**

In regards to the opening budget of 227 to the planned budget of 225, is that your question? The £1.6 million reduction?

**Deputy M.R. Le Hegarat:**

Yes.

**Head of Finance, Health and Community Services:**

As I mentioned there, this is due to growth, transfer of services, pay awards, pension increases and new business cases, along with the rebalancing programme. I have the full detail. There are quite a few items. I am happy to provide that detail.

**Deputy M.R. Le Hegarat:**

I am conscious of time so I think maybe we will ask for some of the more finite financial detail by way of a written response at the end because otherwise we will not get through all of our questions, but thank you for that. Looking at the revenue heads of expenditure estimates for H.C.S. the Government Plan estimates that there will be £229.6 million required in 2023 but that H.C.S. heads of expenditure will fall in 2024 and 2025; please can you outline the reasons why?

**Head of Finance, Health and Community Services:**

I think part of that reduction will be linked to the ongoing rebalancing programme. There is also, as mentioned, additional pay awards year on year. The pension contributions increase year on year.

**Deputy M.R. Le Hegarat:**

Comparing Ministerial portfolio budget to H.C.S. budget, looking at page 126 and 127 of the Government Plan we note that the resource maps and the Ministerial portfolio and the estimated heads of expenditure for Health and Community Services do not align with each other. For example, in 2022 there is £236.9 million mapped to the Ministerial portfolio. But in comparison to the estimated heads of expenditure for H.C.S. is approximately £225.7 million. Please could you confirm the expenditure cut estimates create this difference?

**Head of Finance, Health and Community Services:**

The difference is in respect of COVID. The COVID expenditure for 2022 is £9.1 million and the S.P.3 is £2 million.

**Deputy M.R. Le Hegarat:**

I am now going to move on to efficiencies. Page 84 of the proposed Government Plan details that £6.25 million of efficiencies have been identified from the Ministerial portfolio for 2022. Of this please could you provide some more details of the £3.75 million of this that is identified as general reduction in non-staff budget?

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

Perhaps, Chair, I could give an overview of that and ask Michelle if any further detail is needed. Of course with a large budget and a multi-faceted service I believe there are always efficiencies that could be sought out. Over the last year or so, the department has been moving to a zero-based budgeting system that really takes a hard deep look at exactly what we need in the department and how we procure it and how we get best value for money. That is achieving next year £2 million in savings. We have many contracts with outside bodies and in our tertiary care hospitals outside in the U.K. (United Kingdom). We can review and challenge those contracts and that is set to produce savings of £750,000. In pharmacy, drugs expenditure can be reduced through constant review, managing contracts, and adoption of less expensive drugs which are just as effective. That will produce £500,000 in savings. Then we can be more efficient with our laundry and catering service, that will produce £150,000 in savings. Then we are budgeting for an increase in private patient activity and associated income to produce £550,000 in savings. There is good work going on, which I know Rose will be able to speak to, in reducing our agency staff. That is happening now with the result that we will not be paying those agency fees and we will be recruiting substantively. That is projected to provide savings of £1,800,00. I hope that gives an overview. We can try and give more detail.

**Deputy M.R. Le Hegarat:**

No, as I said, I am very conscious of time so I think that overview will be sufficient for the time being. Thank you, Minister. In the last Government Plan, H.C.S. was asked to make £5 million worth of efficiencies in 2021 through the implementation of the zero-budgeting exercise. Was that achieved?

**Head of Finance, Health and Community Services:**

Yes, it was.

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

It was and much of it was as a result of savings on agency, renegotiating contracts, drug expenditure, the same thing that continues.

**Deputy M.R. Le Hegarat:**

This Government Plan identifies a further £2 million of efficiencies as part of the ongoing embedding of the zero-based budgets. Are those newly identified efficiencies or are they carried over from those identified for 2021?

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

Can I ask Michelle to give us that answer?

**Head of Finance, Health and Community Services:**

I think it is building on the previous success of the zero-based budget and taking that to the next level, so we are exploring further options, deep dives on all of the budget to see where efficiencies can be made, economies of scale, purchasing all of those areas will continue to build. I think it is about highlighting the importance of Z.B.B. (zero-based budget) not being a separate exercise; it is embedded as part of business for health going forward. So it will continue to drive savings. We will continue to review budgets year on year to ensure that they are fit for purpose and align to the business need.

**Deputy M.R. Le Hegarat:**

Please could you provide some more detail about the £1.8 million that has been identified as general staffing productivity increase? How many job roles could this impact?

[11:00]

**Head of Finance, Health and Community Services:**

Again this is around the savings and this is around the recruitment to ensure that recruitment continues and as we recruit to substantive posts agency expenditure will go down. There is a premium on agency expenditure circa 25 per cent, 30 per cent. As we recruit to substantive roles that will then reduce.

**Deputy M.R. Le Hegarat:**

Based on that, how successful are you being with permanent recruitment then?

**Head of Finance, Health and Community Services:**

It is an ongoing programme.

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

Michelle, can I ask Rose to reply?

**Head of Finance, Health and Community Services:**

Yes, certainly. Sorry, Minister.

**Chief Nurse:**

At the moment we have got across nursing 35 vacancies, 10 of which are in theatre, 7 of which are in adult mental health and learning disability, the rest are across hospital wards. That is registered nursing staff out of a total workforce of 641. So it is sitting around a 5 per cent vacancy rate. I think it is fair to say that we have over the course of summer experienced some real positivity in recruitment. Whether that is a pandemic effect, we do not know, but we have had staff looking to

relocate. I think overall we have 131 vacancies across the whole department for various different pay groups. I know Steve will be able to give a breakdown of those. Then again we are very well supported to our on-Island offering as well. So we have 54 students in training at the moment.

**Deputy M.R. Le Hegarat:**

Just on that, you said there are 10 vacancies within theatre. How many theatre staff do we have overall?

**Chief Nurse:**

That 10 is out of a total workforce of 86, and those 10 posts are filled at the moment with agency staff.

**Deputy M.R. Le Hegarat:**

There should be 86?

**Chief Nurse:**

Yes, in total.

**Deputy M.R. Le Hegarat:**

In quarterly hearings and other correspondence with you in 2021, we have heard about the intention within H.C.S. to increase permanent staff levels and decrease the reliance on agencies. We have just heard ... I think I will ignore that question. It has been pretty much answered. We will leave it at that. We are going to now take a 5-minute comfort break. I think we are pretty much halfway through the questions and halfway through our time. We will just pause for 5 minutes.

ADJOURNMENT

**Deputy M.R. Le Hegarat:**

We have resumed our hearing with the Minister for Health and Social Services in relation to the Government Plan. I am now going to hand over to Deputy Alves in relation to staff costs.

**Deputy C.S. Alves:**

Please can you provide us with some further information about the estimated staff costs for H.C.S., as provided on page 31 of the Government Plan annex?

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

Can I ask Michelle to give that information?

**Head of Finance, Health and Community Services:**

Just to clarify, is that for forecast staff costs for 2021 and the request of agency expenditure?

**Deputy C.A. Alves:**

The figures that we are looking at were the ones taken from the Government Plan 2021-2024, page 25, and the current Government Plan taken from page 31.

**Head of Finance, Health and Community Services:**

The first thing to highlight was around the agency expenditure or forecast agency expenditure for 2021. This is currently circa £10.2 million, which is 6.4 per cent of the forecast spend. If we take that as a percentage of the overall budget for staffing, this is then 6.2 per cent of the overall budget on agency alone.

**Deputy C.S. Alves:**

Just looking at the estimated cost, why is there an increase in 2023? You have mentioned agency staff quite a lot there, but there does seem to be an increase for 2023 and then a fall in 2024 and 2025.

**Head of Finance, Health and Community Services:**

I would have to take away the 2024 and 2025. For 2023 that will be linked to incremental drift. That will be for pay awards. It will also be for pension increases. It will also include growth business cases, which is primarily linked to increase in staffing. So there will be an increase to those growth business cases.

**Deputy C.S. Alves:**

You mentioned there £10.2 million is currently spent on agency staff.

**Head of Finance, Health and Community Services:**

It is forecast to the end of the year.

**Deputy C.S. Alves:**

So the overall proportion of expenditure on agency staff is 6 per cent?

**Head of Finance, Health and Community Services:**

6.4 percent of forecast spend on staffing.

**Deputy C.S. Alves:**

We have heard that the overall aim is to reduce the reliance on agency staff. Is the use of agency staff at the moment a necessary part of the business model? Going forward, will there always be a need for agency staff and, if so, what proportion would be acceptable? Or are you expecting staff costs would cover agency staff in the future?

**Head of Finance, Health and Community Services:**

In any organisation you will always have an element of agency staffing. It is not just for vacant posts, it is to cover various reasons, for leave, maternity leave, long-term sickness. You would not backfill substantively, so you would always use agency to cover periods and gaps in service to ensure that we deliver service and that we are still meeting the service delivery for the patient and meeting patient safety.

**Deputy C.S. Alves:**

I am going to move on to COVID-related spending. We note that a £20 million reserve provision has been set aside in 2022 for the COVID-19 test and trace programme and technology investments. Are you able to provide a breakdown of the estimated costs and why is £20 million considered to be an appropriate reserve provision?

**Head of Finance, Health and Community Services:**

Sorry, Minister, I will hand over to you there.

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

Thank you, Michelle. I was just going to say it is difficult to predict exactly what we will need next year. These are large, rounded figures to make sure that we do not run into difficulty. I remember discussing them with the Chief Minister but we had to choose a figure, which was thought appropriate and safe. I do not know if Michelle or Peter Bradley can add anything to that?

[11:15]

**Director, Public Health:**

Just to say that is entirely the case. We are not sure how the pandemic is going to unfold over the coming months and this was seen to be a prudent figure. I also would like everyone to know Rachel Williams, who is the Director of Test and Trace, is on the call and she may also wish to comment if the Minister would like her to do so.

**Director, COVID Testing and Tracing:**

I agree with everything that was said. This is a prudent rounded figure estimated for 2022. We will continue to work closely with policy colleagues as the pandemic continues to develop and as we

experience the impacts of COVID-19 in Jersey, particularly in response to the winter strategy, which was produced last week, and then subsequent strategies as we move forward. We keep costs under review. We are constantly working to reduce our costs wherever we can do to make sure that the spend is appropriate but is also targeted in the right way to continue to keep Islanders and the Island safe.

**Deputy C.S. Alves:**

Thank you. The £20 million estimate is detailed as “Fund as required”. That is on page 122. Please could you provide some further information about how that will be approached, particularly from a governance and control perspective, for the approvals required, for spending the budget as required?

**Director, COVID Testing and Tracing:**

We have a draft business case, which was produced a number of months ago based on the assumptions that we had at that time. Now that we have the winter strategy approved and in the public domain, over the coming weeks we will refresh that business case based on what we know about the pandemic right now and based on the winter strategy and the operational responses that we need to put in place. We need to continue to make sure that we can meet the objectives of that winter strategy. As we go forward into next year, we keep that under review, and our operational response is adjusted and amended based on subsequent strategies or subsequent policies around COVID. The business cases go through the normal business case approvals mechanisms with oversight from Treasury colleagues and the Minister for Treasury and Resources and from the relevant Ministers, including the Chief Minister and the Minister for Health and Social Services.

**Deputy C.S. Alves:**

Thank you. Moving on to the COVID-19 recovery, we understand that the proposed £1.296 million investment for the COVID-19 health service recovery will be used to address backlogs of referrals, assessments and preventative screenings created as a result of the 2020 lockdowns and pandemic measures. Page 62 of the annex says that the investment will substantially expand capacity at the affected services on a temporary basis and temporarily increase the volume of preventative services. Please can you confirm what services have been affected and potentially how many patients have been impacted?

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

Yes, Deputy. The services that we want to bring back to pre-COVID levels relate to cervical screening, bowel screening and breast screening. Our plan is, by the end of next year, 2022, to return those to pre-COVID levels because of course it is a concern in the longer term if people are not getting timely scans. That can ultimately lead to disease, which is too far advanced to give any



preventative care. Numbers: I am told that for cervical screening at the moment there is no backlog, extra clinics are running to ensure it will be up to date by the end of this year. But we are concerned that not enough people come for cervical screening, so we are working with health promotion and public health to try to increase that uptake, which is hugely important, and we plan an awareness campaign also. Bowel screening is interesting because the way we do it I understand is going to change and can be done in the comfort of people's own homes. That will increase the uptake because previously it has been complex and painful to come into hospital to do that. There is a delay, but we plan to take the patients that should have been seen in 2020 by early-November this year and the 2021 and 2022 cohorts will be seen in the whole of next year. Breast screening is currently about one year behind. Extra clinics are scheduled all day Saturday and 2 evenings a week. We have brought in additional staff to ease some of the pressures and increase the number of patients that we see. We are looking at bringing in resources from the U.K. to try to get through that backlog in an even shorter period of time.

**Deputy C.S. Alves:**

You mentioned there bringing in resources from the U.K. Can you advise how the funding would be used to increase the capacity and the volume of services?

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

If we bring in resource from the U.K. it will be a team who are fully trained in breast screening just to add to the services we can provide here. Caroline, can you please provide further detail?

**Director General, Health and Community Services:**

Some of the challenges we have had around COVID is around outpatient activity and activity through our theatres. Quite rightly, because patients were not able to access primary care, so they were not getting referred in. So the additional money is being spent on these initiatives, so putting on additional clinics, putting on additional theatre lists, so that we can get through our waiting list backlogs and start to address some of the need that we have in there.

**Deputy C.S. Alves:**

So basically getting extra staff in.

**Director General, Health and Community Services:**

No, just utilising our time differently, using our capacity differently, so do Saturday lists, weekend lists, Saturday clinics, weekend clinics. But obviously it will be tied into how we can be more flexible, 6-day-a-week service, which is our ultimate aspiration. But this money is specifically to allow us to tackle that backlog around waiting lists and screenings.

**Deputy K.G. Pamplin:**

I cannot ignore this. We have talked about waiting lists a lot on this panel of the last year, at our last quarterly hearing when we looked our waiting lists were improving. But when the Minister says that breast screening is a year behind, that will be heard by the public and a few alarm bells. This is one of the parts that concerned everybody about the pandemic, people who were told: "Do not come into hospital, do not go to see a doctor" because of COVID. Now people are vaccinated, so people are feeling more safe. This million-pound investment, not just part of the backlogs and referrals, this was the reality of the consequences of the actions we had to take because of this emerging illness. This needs to be carefully handled because when people start hearing things like a year's delay for breast screening, how this will be handled. So it will not just be cancer, there will be quite a few other areas I would imagine. My rounding point is, is £1.296 million enough?

**Director General, Health and Community Services:**

Please be assured for the public that we do safety impact assessments around our waiting lists. Our clinicians are very connected to their patients and are very conscientious about ensuring that patients waiting are not coming to harm. But of course there are patients out there that have not been screened and this money is absolutely to ensure that we can put on additional activity, additional capacity, to reach those patients. We are utilising the money as effectively as we can. Of course, if we need more money, we will come back and ask for that. But at the moment we think it is sufficient.

**Deputy K.G. Pamplin:**

Can you break it down? I know you were doing a bit of that. Because part of the process is referrals from G.P.s. So if patients are not going to their G.P.s to get the referral, how do you use that money to work with the G.P.s? Is there a problem at that end, is what I am trying to get at? Is the backlog there the G.P.s referring across, or is it simply still people just are not coming forward enough?

**Director General, Health and Community Services:**

Our G.P. colleagues have been working tremendously hard throughout the pandemic. Since the pandemic, I know they have seen a significant increase in their activity and they are having to see so many more patients who have been holding back that need. So we are working closely with G.P. colleagues around how we can support them with that, both from a financial perspective but also from an organisational perspective. Because sometimes primary care feels very much on their own to deal with the problem. Of course, as you have rightly identified, Deputy Pamplin, going forward for an integrated care system, primary care do most of the healthcare on this Island, not H.C.S., so we need to support them. So we are meeting regularly with them to try to do that. But we cannot underestimate the pressure that G.P.s are under currently and the significant hours that they are having to put in to meet need and whether that is sustainable.

**Deputy C.S. Alves:**

Thank you. I am going to move on to the COVID vaccine. The proposed funding for the COVID-19 vaccine programme is £4.1 million in 2022. Details about this funding provided in the annex reference that this is confined to the COVID-19 vaccine booster programme. However, that has already started this year, so please can you confirm how much has been spent on the booster vaccine programme already in 2021 and also confirm whether any of the 2022 budget will be allocated to the costs incurred for the booster programme this year?

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

Michelle, could you provide that detail please?

**Head of Finance, Health and Community Services:**

Yes, certainly. The funding that has been provided has been over the 2-year period for 2021 and 2022. There was a split and the £4.1 million relates solely to 2022. Expenditure to date for the booster programme is forecast to be circa £2 million, which we will receive the funding for in 2021, so that will not impact on the £4.1 million ringfenced for 2022.

**Deputy C.S. Alves:**

So that is £2 million by the end of this year; is that correct?

**Head of Finance, Health and Community Services:**

Yes, financial year 31st December. Because of the success of the rollout of vaccine one and 2, the original £5.4 million, there was an underspend there that will be offset for the £2 million spend in 2021.

**Deputy C.S. Alves:**

Are you able to tell us how much has been spent on this booster vaccine programme up until today or your latest statistics?

**Head of Finance, Health and Community Services:**

I can get that for you. Do you want the year-to-date position or is it the £2 million up until 31st December?

**Deputy C.S. Alves:**

To date, to now.

**Head of Finance, Health and Community Services:**

So if you just roughly profile that evenly it will be the £2 million, I will have to go away and look at my records for that for you, sorry, I do not have it right in front of me. But, yes, I can get that.

**Deputy C.S. Alves:**

Thank you. We note that there is also £2.585 million reserve identified for the COVID vaccine in 2022, which is on page 122 of the Government Plan. Please could you provide some further details about what that could be used for and why that is an appropriate provision?

**Director, Public Health:**

We are in a position where there is yet to be issued formal guidance on the vaccination programme in 2022. But we are making some reasonable assumptions, which are that we continue to follow the U.K. advice from the Joint Committee of Vaccinations and Immunisations that the vaccination would be free of charge for Islanders. That there would be central procurement of the vaccine since this seems to have been a cost-effective option. Also that we will continue to provide boosters for people who need them at least for the most vulnerable people on the Island to keep them safe. So the reason why this figure has been arrived at is we are also assuming that there may be a slight change in the operating model around vaccinations, so we are making provision for the possibility of more community-based vaccination. So there will be a potential cost of venue hire. In addition to that, we need to make provision for the need for a surge capacity should it be required and that may incur agency fees. So, when we put all those things together, there is a considerable amount of uncertainty, but we are just advising a prudent budget to make sure that we can cover all eventualities.

[11:30]

**Deputy C.S. Alves:**

Thank you. If this reserve fund is to fund the booster programme in 2023 to 2025, why is this proportionally lower than the £4.1 million budgeted for 2022 alone?

**Director, Public Health:**

So a separate business case has been now developed, which will have a higher figure. So I am just trying to work out the comparative costs, maybe Michelle can help me here, but we are fairly confident that the business that has been submitted is going to be able to cover the need for flu and COVID and also the potential changes to the operating model in 2022.

**Deputy C.S. Alves:**

Moving on to the P.P.E., can you provide us with a breakdown of the costs for this, so that is increased warehousing?

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

Yes I can, Deputy. For the warehousing, we have taken a lease of premises, we need to look at page 65 of the annex. Yes, so the lease will expire in 2025 but the cost is a little over £400 per annum for each of the years 2022 to 2024.

**Deputy C.S. Alves:**

So on page 65 of the annex, it references that this budget will not just be used for the P.P.E. warehousing but also for the medical equipment from the decommissioned Nightingale hospital.

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

Yes, that is true.

**Deputy C.S. Alves:**

Can you confirm what proportion is related to that cost?

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

In terms of dividing the storage area between P.P.E. and equipment, I do not have that breakdown, but I will attempt to let you have it. I will need to go back to the property managers and find out the floor space.

**Deputy K.G. Pamplin:**

Just picking this up, before the pandemic we had the unit up at Five Oaks, which was the storage facility for such supplies that came up in the flu pandemic, the tables, an exercise which again I asked for and still have not seen that. But how does this work alongside? Are we going to keep the provision at Five Oaks and this as an additional, or are we going to take all that was in the Five Oaks facility and amalgamate it into this leased property? Or are we going to have these 2 properties?

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

The 2 properties are continuing. The Five Oaks facility is a store for all sorts of things that H.C.S. uses. But in terms of P.P.E. I understand it is the immediate stock that is required within, say, the next 2 weeks - so they run 2 or 3 weeks - is kept there. This warehouse referred to in the Government Plan is for bulk stocks, which we will draw from to put in the warehouse at Five Oaks and then to distribute. But we are keeping a stock as a reserve in case we should have further surges in COVID or indeed any other infectious disease, but let us hope not. Of course there is far-greater use of P.P.E. now throughout Health and all that has to be provided for. The Five Oaks building itself was insufficient to do this.

**Deputy K.G. Pamplin:**

We noted in page 65 of the annex of the Government Plan that the commercial approach was determined for this short-term option until 2025 but the longer term, there is an intended solution needed to ensure that the Island has secured storage and suitable distribution arrangements for all healthcare and P.P.E. needs. So that is why we picked that up. Are we able to visit both venues as a panel?

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

Yes.

**Deputy K.G. Pamplin:**

Can you also confirm whether P.P.E. funded by the P.P.E. provisions supplied will be used and just provide some further detail about the assumptions used for the calculations?

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

So thus far we have been supplying all healthcare venues, including care homes and doctor surgeries, with their necessary P.P.E. That is an exceptional measure due to the emergency we were facing. But we must now move into a situation where we plan for COVID to be with us, perhaps it is just with us. So it would be necessary for those other providers of healthcare services to fund their own P.P.E. in time. We have given them notice that this will happen because it is too much of a draw on taxpayer funds, outside of an emergency stage, to continue to fund that.

**Deputy M.R. Le Hegarat:**

Can I just ask, I assume that this P.P.E. has a shelf life, as in a sell-by date, how much provision have we got, 6 months, 12 months?

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

We have a 45-day pandemic stock at the moment.

**Deputy K.G. Pamplin:**

So we are going to move on now to the children's health recovery plan, page 59 of the annex. £2 million has been budgeted for the children's health recovery plan in 2022. That increases to £3.8 million in 2023 to 2025. Could you start by just outlining as briefly as possible how the funding will be used in the first year, which is only £2 million, and then how the fund will be used and why it increases in the future?

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

At this stage I will hand you over to my Assistant Minister who has been waiting anxiously to speak about this.

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

Thank you, Deputy, for the question. The panel will know that the inpatient services for children are woefully insufficient. The panel will also know that the ability of C.A.M.H.S. (Child and Adolescent Mental Health Service) and Adult Mental Health Services to work together is very limited. There have been occasions when children have been, for example, admitted to Robin Ward and it has been very difficult to find specialist staff to be with those children in Robin Ward or in Orchard House for that matter. Both situations we know are not ideal and we hope to remedy part of that in the new hospital. But what we are doing here with the children's health recovery plan is increasing joint working towards transformation of mental health services for children and young people through the development of a child health recovery plan. We will be setting up an emergency specialist C.A.M.H.S. home treatment liaison team that can in-reach into Robin and into Orchard House. Also outreach into the community and into young people's homes. This service will operate 7 days a week from 12.00 p.m. to 12.00 a.m. The service may operationally sit under health and well-being in C.Y.P.E.S. (Children, Young People, Education and Skills). But it will definitely be a co-operation service with H.C.S. The service is going to be delivered by increasing medical staffing capacity to support new pathways. There is going to be additional capacity to run an integrated perinatal mental health service. Also additional capacity to run neurodevelopmental clinics and an integrated therapy offer, including a paediatric health psychology offer. We will also be expanding capacity to support adolescents transitioning from C.A.M.H.S. into Adult Mental Health. I trust that answers your question.

**Deputy K.G. Pamplin:**

It does. I guess the question then therefore is, with all the 5 planned workstreams you have mentioned, for example the resources for the perinatal, which is a piece of work the N.S.P.C.C. (National Society for the Prevention of Cruelty to Children) are doing that we all know about, which I guess they will hand over at some stage, and also there are other bits of work. So it is the million dollar question I guess: how is this going to be prioritised? Is there going to be one workstream that is going to be given slightly more money because the need has more urgency? How are you going to juggle and spin those plates so that they all get the attention they deserve?

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

There are going to be several workstreams that will run side by side, albeit they will not all land at the same time. There is a problem in that we have in this project a lot of people to recruit. That recruitment process takes time and in itself is a limitation. So these various workstreams will land at different times, albeit they will be going on side by side.

**Deputy K.G. Pamplin:**

Of course. The pressure, and I will quote the Jersey Care Model here, is children and adolescent mental health services, alongside other children's services, are forecast to have a financial pressure of just under £2.5 billion by 2036, requiring a 50 per cent reduction in the expenditure of the service to be sustainable. So, again, just balancing up that quandary is why I guess this money at this stage is so urgent to get this work going on, but how vital is it to continue, knowing that those sustainable cuts are needed?

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

It is going to be absolutely vital to ensure that we are not simply playing a game. We do not introduce a service and then remove a service. We cannot possibly do that. We have seen how the service has been over recent years and now finally we have a plan for C.A.M.H.S. and we have a plan for children within the H.C.S. system. We are not going to backtrack on that because we will have wasted our time and we will be disrupting the treatment process or the support process for children and adolescents. So the answer to your question is, no, we will not be removing the services as soon as we put them into place.

**Deputy K.G. Pamplin:**

As a sidenote, can you send us across, with the other things we are asking for, a breakdown of the budget for each one financially. That would be great if you would forward that to us. But is £2 million realistically enough for 2022 after everything that young people have been through and all the things you are outlining, is that realistically enough? Why is it not £3.8 million to get everything up and running? Do you need more money?

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

As you heard previously, the costs of providing services do rise and those people that we employ are going to have pay rises, are going to have increases in their pensions, a lot of these people are nursing staff, health visitors, and these people each year, for a number of years, get an automatic rise in their pay because of their experience, their time served. So that £3.8 million is to build in those allowances.

**Deputy K.G. Pamplin:**

Moving on to adult mental health now, there was £1.6 million of additional funding for mental health revenue expenditure in 2021, providing a total budget of £4.18 million. We understand that this additional funding has driven changes to facility services, we know a lot about that in this panel. However, there are, as we now know, reported delays with the delivery of the replacement for



Orchard House by 6 months. So can you just give us some details about the changes? Then I will get into why there seems to be a reduction for next year.

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

Thank you, Deputy. I will refer this one to Michelle.

**Head of Finance, Health and Community Services:**

In terms of the reduction, it is not a reduction, it was a reprofile. If you go back to the business case of 2020, the original business case stated £4 million across each of the years. In 2020, due to slippage, this was deferred and £0.8 million was deferred into 2021. So the figure for 2022 is correct.

**Deputy K.G. Pamplin:**

The funding that has driven changes to facility service, could we have a bit of detail at this stage about the money spent thus far and the thing I mentioned about the delay of the delivery of replacing Orchard House? I guess that is going to be an additional cost.

[11:45]

**Associate Managing Director, Mental Health and Adult Social Care:**

Unfortunately, looking at the delayed works that are going on, it is the contractor, the problem is they have contractor-related issues in these sites, it is because of costs in building materials and also getting some labour in. They have now given us a new revised date of September 2022. That is outwith our control but we are working closely with the States to ensure that work is continued.

**Deputy K.G. Pamplin:**

The other works, we know about the Listening Lounge and the funding that was supporting that as a pilot programme, is that carrying on? Will there still be budget for the future to support the Listening Lounge?

**Associate Managing Director, Mental Health and Adult Social Care:**

Yes, absolutely. We are revising the waiting list at the moment and looking at every option possible. So we have workers working in tandem with doctors, revising the waiting lists and looking at the needs of the service.

**Deputy K.G. Pamplin:**

So they will still receive the funding that they have had since the conception of the Listening Lounge?

**Associate Managing Director, Mental Health and Adult Social Care:**

Yes.

**Deputy K.G. Pamplin:**

Then as we heard earlier, there is this situation with the backlog of referrals, as we heard with the screening. As we also know, it is a common subject we have talked many times over the last 3 years, it is the waiting list, the backlog for people to be referred. Yes, we know about C.A.M.H.S. and I know we talk about Adult Mental Health. So how is the money in this Government Plan going towards improving that situation? So the same situation where G.P.s are having a backlog of referrals, people need to be seen, talking therapies, et cetera, in mental health services. What is being spent and how is the money being proportionally invested to make the same urgent changes needed for the same service, if that makes sense?

**Associate Managing Director, Mental Health and Adult Social Care:**

The investment will be in looking at bringing outside resources in to try to bring that waiting list down, to try to mitigate and bring down all the waiting lists. So there is an action plan in place to do that and we are going ahead with that. We need to address the amount of people we have, for example, for autism, A.D.H.D. (attention deficit hyperactivity disorder), also J.T.T. (Jersey Talking Therapies). So there is a combination to look at and it is important that we look at all those lists together. That may involve having outside help and that is where we need to purchase the extra support to try to mitigate and bring down the waiting list.

**Deputy K.G. Pamplin:**

So what was the breakdown then of staff costs? Again, as we have been hearing this year, off the top of my head there are 10 vacancies in theatre, they have been replaced by agency, which comes as a cost. Is the same still happening with mental health? So we are bringing over agency nurses to fill that gap. Is that going to be the situation next year?

**Associate Managing Director, Mental Health and Adult Social Care:**

We have managed to recruit successfully to the H.D.T.(?) team 15 people, which is a great success. We only have one agency staff member. The challenge remains, and it is national, not just locally, to get people specialised and qualified in mental health, there is a huge demand. So we have done really well in mental health in managing to recruit successfully and when you look at the U.K. it is really difficult. However, we have one agency staff in that department and we have managed to replace nearly all of the agency staff where we can. So we have 7 vacancies in that area at the moment to try to do the crisis outreach.

**Deputy K.G. Pamplin:**

It is the same question I will ask you that I asked the Assistant Minister with responsibility for mental health, is there enough money in the Government Plan 2022 to meet the demand of, as predicted, the tsunami of people coming forward who need that mental health support for all those reasons? Is this enough?

**Associate Managing Director, Mental Health and Adult Social Care:**

There might not be. Because there is a huge demand.

**Deputy K.G. Pamplin:**

Finally, backing all of this up is the legislation piece, in last year's Government Plan there was money assigned for that work. We are hearing all sorts of pressures on law officers in drafting laws because of COVID. Where are we at for the funding for this?

**Associate Managing Director, Mental Health and Adult Social Care:**

We have managed to recruit with additional investment enabling 2 additional authorised officer posts. There is recruitment still in progress just now, so we have managed to achieve successfully, so hopefully this will resolve the problems.

**Deputy K.G. Pamplin:**

That is it from me at this stage and back to Deputy Alves.

**Deputy C.S. Alves:**

Thank you. I have a couple of questions around the obstetrics clinic and the gynaecological, I am not going to be able to say that, I am just going to call it the O. and G. (obstetrics and gynaecological) services. Please could you confirm whether the £646,000 per year for the O. and G. services investment is a staff cost and, if so, please could you confirm how many and at what level roles it will fund?

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

It is a staff cost to increase our consultants operating in that service to 7 in accordance with the Royal College recommendations. That is going to provide an improved quality of service, improve patient safety, give good access to care, and just mean a clearer patient pathway. We are enhancing the support and care offered in that department.

**Deputy C.S. Alves:**

Did you say 7 roles?

**Associate Managing Director, Mental Health and Adult Social Care:**

It is to bring it up to 7. It is learning arising from evidence in the U.K. and the Royal College guidance around consultant presence, particularly on the labour ward. So it is to enable us to meet those guidelines.

**Deputy C.S. Alves:**

Are those 7 just consultants or are they different levels?

**Associate Managing Director, Mental Health and Adult Social Care:**

It is not 7 members of staff. My understanding is, and I will need to get back to you, it is 3 senior level members of staff, which will be consultant level.

**Deputy C.S. Alves:**

As part of this panel's recommendations for the maternity services review, we recommended that an associate medical director, who was also a lead obstetrician, be appointed as part of the leadership team for maternity services. That part of our recommendation was not accepted and we were advised that you would be appointing a clinical lead for obstetrics instead who would be in post by the end of this year. Please can you advise how the proposed additional budget fits in with those plans relating to the leadership team for maternity services?

**Chief Nurse:**

I can confirm that she has started and is already in post as a clinical lead for the service. She started at the end of September.

**Deputy C.S. Alves:**

Thank you. I will pass you back to the Chair.

**Deputy M.R. Le Hegarat:**

Health P.82 reinstates 2019 new and recurring. The first Government Plan includes a line for health P.82 reinstate 2019 new and recurring, which has a budget of £3.597 million per year. From our review last year, we understand that this is not transformation funding of the Jersey Care Model, but relates to the revenue impact of previous transformation programmes to support existing services. Please can you provide an overview of the transformation programmes this funding has been used for to date and an update on the outcomes?

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

My understanding, Deputy, is that it has previously been used for providing keyworker accommodation in the public sector, for mental health nurse training, to establish a diabetes care pathway, and also an end-of-life care pathway.

**Deputy M.R. Le Hegarat:**

Thank you. Preventable diseases. The preventable diseases project was deferred in 2020. Please could you confirm how much of the 2021 budget has been spent to date and also confirm the priorities for the project going forward?

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

Peter, can you help with this?

**Director, Public Health:**

Yes, certainly. Currently this budget is underspent because of practical reasons in trying to, for example, establish some programmes in schools. But there have been areas of spend, nonetheless. So money has been spent on the smoking cessation, on breastfeeding, and in trying to promote healthy eating in particular. The plans now are for there to be a considerable increase in activity in 2022 where these things are going to be much more possible to promote. I cannot give you an exact figure on the amount that has been spent in the budget because what we have tried to do is to increase spending towards the end of the year. It would be advisable for me to revise the figures in the next few weeks and present them to you because it has been possible to spend some of the budget before the practical limitations prevented it.

**Deputy M.R. Le Hegarat:**

Can I just finish because I want to follow up, and then I will refer back to Deputy Pamplin? You said some of the things could not be done practically and that related to schools. What sort of programmes were those and when will they be established?

**Director, Public Health:**

So those programmes were particularly around healthy eating elements. So there were some school-based sessions that were planned to promote better nutrition among schools. They are already in the process of being re-established. We are expecting to have a considerable increase in activity. There have been some pilots, which have been conducted this year, and they will expand into more-established programmes during 2022. We can provide that information for you if that is useful.

**Deputy M.R. Le Hegarat:**

That would be useful.

**Deputy K.G. Pamplin:**

A lot of the preventable diseases project surely will be now aligned with the outcomes of COVID-19 where the data is now more available on the people who are affected most. As we are seeing worldwide, a lot of the people affected had underlying health conditions and, as we are seeing, such areas as obesity, diabetes, et cetera. So is some of this work going to be made out of the response to COVID-19, which seems to make a lot of sense to me?

**Director, Public Health:**

Yes, absolutely. We are planning a lot of our public health initiatives around what we know has happened during the pandemic. It will definitely inform our plans. More information is becoming available to us so currently we have just conducted a healthy lifestyle survey, for example. Every time we get a tranche of information we are able to make sure that we target these plans. We are in a stage where that information on the state of health in the Island is really essential for us. That is also going to be an area for public health in its core budgets to try to take forward in 2022.

**Deputy M.R. Le Hegarat:**

Maintaining health and community care standards. The requested funding for maintaining health and community care standards was reduced in last year's Government Plan due to the pressures created by the pandemic. Please can you advise how the transformation projects have been affected by the change in funding?

**Head of Finance, Health and Community Services:**

Michelle, can you help with those figures please?

**Head of Finance, Health and Community Services:**

Could you just expand on that question please?

**Deputy M.R. Le Hegarat:**

Basically we are asking about maintaining health and community care standards. Obviously, it was reduced in last year's Government Plan due to the pressures created by the pandemic.

[12:00]

What we are asking now is can you advise how the transformation projects have been affected by the change in funding?

**Head of Finance, Health and Community Services:**

The first point in order that is for 2022, if you look at the overall maintaining health and community standards for business as usual, we have had an increase within that area of £1.7 million for 2022. There has been an increase there.

**Deputy M.R. Le Hegarat:**

That is not what I was presented in front of me.

**Head of Finance, Health and Community Services:**

I can take that away and have a look at that for you. But there has been a net increase year on year from 2019, 2020 and 2021. Overall funding obviously has decreased because of the efficiencies targets and the rebalancing programmes. But if you take that area in isolation there has been an increase.

**Deputy M.R. Le Hegarat:**

Thank you. We will come back to you with that. Health service improvements programme: please can you advise what areas have been identified as a priority for this year's budget 2022 to 2025 please, Minister.

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

Finishing the work at Clinique Pinel is certainly a priority and we will be trying to work closely with the contractor to bring forward the date of completion. We know that some of it will be ready earlier on in the new year, before the completion of the final phase. That is certainly part of the improvements in the capital programme. There is digital care, which we have spoken of previously in this meeting. We continue to develop options around specialist accommodation for people with learning difficulties. Also in that area are the replacement assets, which is a rolling budget as and when equipment in health services need to be replaced.

**Deputy M.R. Le Hegarat:**

We are pretty much done in that case. We do have other questions that we have taken out that we will put in writing to you, Minister, because otherwise, as you can appreciate, we are well into the 40s of questions and it takes up time. But Deputy Pamplin wishes to ask a final question.

**Deputy K.G. Pamplin:**

It is in the realm of a general political question, Minister. There is a lot of information we requested today that we are going to have to wait to get back as part of the process. However, an overriding view of this budget, and it is interesting after the U.K. Chancellor's Budget Statement yesterday, which I know it is a different Government and they borrow money and it is a different place. However, there seems to be more movement in their budget that seem to be more reactive and responsive,

especially when it comes to healthcare delivery. With real big injections of funding into mental health, into recovery programmes. Whereas - this is my personal view at this stage - this overall Government Plan budget is very succinct to balance in terms of where we are as an Island; cautious. But given that we have just gone through a public health pandemic, it just seems like there seems to be a reluctance to hold back. We have identified during this briefing we are hearing people saying this is not enough money, we are having to balance the efficiencies programme. We are hearing budgets being deferred to other sources. The point I am getting at, Minister, is where is the additional need for next year and also staff pay. In this budget we could have predicted, it may have been predicted, that there would be an increase in rates of pay for all staff who went above and beyond for last year's pandemic. So this is not really the question, but do you think this budget is going far enough and what is needed? I know it is difficult because there is also an election coming and you do not want to see politics in play, but on a personal level is this Government Plan doing enough?

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

As you say, Deputy, it is very political. I am not sure I take the same view as you seem to. There is a considerable amount of money being addressed in this Government Plan to mitigate the effects of COVID and to bring people through the traumatic time in many cases that they have suffered. So we see, especially in children - and Deputy Pointon has spoken to this - the great plans that are coming forward to address the need that we have seen. But also in adult health to get our backlog sorted by the end of next year, which is far ahead of what the U.K. might be worrying about. Year on year there is additional money given to Health to manage the normal pressures that every healthcare service suffers, which includes recruitment, improvements in service. Against that, we have to make efficiencies. We cannot carry on in the same old way where it is possible to do things differently. Often doing things differently focuses minds and improves patient care at the end of the day. So I believe that this is a good solid plan, which embeds COVID recovery, it is the right amount of money to ensure that we have a rapid recovery. Bear in mind the significant sums that have been set aside as reserves. Because we just do not know what COVID might yet bring. We are not finally balanced on that. We have set aside very significant amounts in reserve to be able to address need, should it arise. So, all in all, I am very proud of this Government Plan and the provisions it is making.

**Deputy K.G. Pamplin:**

Then the final question, was there no discussion as part of this budget that has gone forward to fund any pay increases for nurses, doctors, the whole remit that comes under your remit? There are other questions of other staff elsewhere and we have heard a lot about education this week. Was there no conversation within this budget to find some funding to sort out this ongoing rumbling of pay issues that have been going on for years, not just the nurses.



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

Well I guess you mean additional funding because the Government Plan does provide funding for year-on-year increases. But, as you know, the nurses I believe are likely or have accepted a pay settlement that has been put to them more recently. So the pay scales are set by the States Employment Board; I do not have a power within my budget to award additional pay. But our medical service is attractive. We have additional trainees coming in and I am really pleased about the success of our training scheme. We are recruiting. We have brought in more people in the last quarter or 6 months than have left the service. As you reference, there is always discussion about pay scales, and I am sure we would all love to pay those nurses and medical personnel so much more, but that is a matter for the States Employment Board and negotiations and discussions are always taking place.

**Deputy K.G. Pamplin:**

Will that be part of these 2 reviews we talked about right at the very beginning of the meeting of the economic health spend and also we wait for the care model funding. Part of that will be looked at as how the staff are going, especially now we are hearing this inflation rise that is happening, it is starting to take effect, 4 per cent as we heard yesterday, for the next year. Where people who are on minimum wage or working hard for this Island are going to find it very tough for the next year with the increases in cost of living, cost of renting. Those people who we are trying to attract to work as nurses, who work all these hours, not just nurses, but staff, are going to find it very tough that there is no push anywhere to the States Employment Board to say: "Look, can you not address this in our review going forward?" However, how are we going to keep people working here to pay their rent, to pay their bills, and provide the services that we need them to do, that they want to do?

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

It is an issue affecting the whole of Government, how do we source the people we need and keep them here in accommodation they can afford? So it is being addressed across Government and you asked about our plans that we spoke about at the beginning of the meeting. Absolutely, the planning for the future will have to take account of the costs of employing staff and making it attractive for them to come here and to feel that they can settle here in a way that is affordable.

**Deputy K.G. Pamplin:**

It does not feature in this Government Plan.

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

This Government Plan is about maintaining the business as usual, bringing forward growth initiatives for next year. But all that other work is going on in the background, as we have discussed.

**Deputy M.R. Le Hegarat:**

Thank you very much to the Minister for Health and Social Services and all the officers for their contributions. Thank you for the public who listened in to our Government Plan hearing this morning. Thank you to all the panel and all the officers that are sitting around me from the Greffe who have contributed by way of our technical abilities. So thank you all very much. I will now close the hearing.

[12:10]