



Health and Social Security Scrutiny Panel

Quarterly Public Hearing

Witness: The Minister for Health and Social Services

Wednesday, 17th November 2021

Panel:

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

Deputy K.G. Pamplin of St. Saviour

Deputy C.S. Alves of St. Helier

Senator S.Y. Mézec

Witnesses:

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

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

Ms. C. Landon - Director General for Health

Mr. R. Sainsbury - Group Managing Director, Health and Community Services

Ms. C. Thompson - Deputy Chief Nurse

Ms. A. Muller - Director, Improvements and Innovation

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

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

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

Mr. A. Noon - Medical Director, Primary Care

Ms. B. Sherrington - Head of Vaccination Programme

Mr. P. Bradley - Director, Public Health

Mr. I. Muscat - Microbiology and Deputy Medical Officer of Health

Ms. J. Tarderfell - Head of Strategic Planning and Reporting

Ms. M. Clark - Head of Public Health Intelligence

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

[14:30]

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

Good afternoon, everybody, and welcome to the quarterly hearing with the Minister for Health and Social Services with the Health and Social Security Scrutiny Panel. Apologies, we have reverted to being online today, mostly because we have obviously got rising cases but more importantly a couple of colleagues have tested positive so we thought it was prudent to do it remotely rather than all together. This afternoon, as I said, we will be following up with some generic questions and also maybe dip into the Government Plan as well. I will firstly introduce myself and I will ask the rest of the panel to introduce themselves and the Minister, Assistant Minister and all those officers who are going to speak this afternoon. Normal rules apply as if we were in the States Assembly and I will ask people to switch their camera on when they are going to speak and switch it off when they are not, just so the technology works better. Thank you. I am Deputy Le Hegarat and I am Chair of this panel, and a district representative for St. Helier 3 and 4.

Deputy K.G. Pamplin: of St. Saviour:

Good afternoon, everybody, I am Deputy Kevin Pamplin of District No. 1 of St. Saviour. I am also the Vice-Chair of this panel.

Deputy C.S. Alves of St. Helier:

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

Senator S.Y. Mézec:

Good afternoon, everyone, I am Senator Sam Mézec and I am a member of the panel, just joined.

Minister for Health and Social Services:

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

Assistant Minister for Health and Social Services:

Good afternoon, all, I am Trevor Pointon, I am Deputy for St. John and I am the Minister's Assistant Minister.

Director General for Health:

Good afternoon, I am Caroline Landon and I am the Director General for Health.

Group Managing Director, Health and Community Services:

Good afternoon, I am Robert Sainsbury, I am the Group Managing Director for Health and Community Services.

Deputy Chief Nurse:

I am Claire Thompson, I am the Deputy Chief Nurse.

Director, Improvements and Innovation:

Good afternoon, I am Anuschka Muller, I am the Director, Improvements and Innovation.

Associate Director for People, Health and Community Services:

Hi, I am Steve Graham, I am the Associate Director for People, Health and Community Services.

Medical Director, Health and Community Services:

Good afternoon, I am Patrick Armstrong, I am the Medical Director for Health and Community Services.

Head of Finance, Health and Community Services:

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

Medical Director, Primary Care:

Good afternoon, I am Adrian Noon, I am the Medical Director for Primary Care.

Head of Vaccination Programme:

Hi, I am Becky Sherrington, Head of the Vaccination Programme.

Director, Public Health:

Peter Bradley, Director of Public Health.

Microbiology and Deputy Medical Officer of Health:

Ivan Muscat, Microbiology and Deputy M.o.H. (Medical Officer of Health):

Head of Strategic Planning and Reporting:

Hi, I am Jackie Tarderfell, Head of Strategic Planning and Reporting.

Head of Public Health Intelligence:

Hi, I am Margie Clark, I am Head of Public Health Intelligence.

Director, COVID Testing and Tracing:

I am Rachel Williams, I am the Director of COVID Testing and Tracing.

Deputy M.R. Le Hegarat:

Thank you, we will start. Minister, we asked the public for some questions for today's hearing and received several requests to question you about the future of Samarès Ward. There is a petition relating to Samarès Ward that has now more than 1,000 signatures for over 70 days. Please could you confirm whether you will providing a response to that position and, if so, when that response will be made?

The Minister for Health and Social Services:

Deputy, yes, I will be providing a response very soon. The reason I have delayed providing one so far is that I am taking an active interest in this, investigating and seeking assurances that the services that we deliver in the rehabilitation of stroke patients are the same services that always existed, notwithstanding that the location of the wards have changed. That is what I am seeking out to satisfy myself and asking questions, and ensuring that our service is meeting patient requirements and is sustainable going forward.

Deputy M.R. Le Hegarat:

Apologies, sorry, Minister, did you say when that response was going to be coming, though?

The Minister for Health and Social Services:

I cannot give a firm date yet but I want it to be within the next 10 days, let us say. I still need to be satisfied of some issues that I have.

Deputy M.R. Le Hegarat:

Briefly, can you explain why Samarès was closed, the changes made and the positive outcomes it has achieved so far or seeks to make for patients?

The Minister for Health and Social Services:

It was closed as a COVID measure, but I will pass over to Rob Sainsbury to explain the reasons precisely for its closure.

Group Managing Director, Health and Community Services:

Thank you, Minister. Yes, it was closed during the impact of wave one for COVID. The rationale for that was very much driven by the fact that the ward does not have any piped oxygen and it would not be a suitable inpatient environment for any COVID related activity. We were also had a lower inpatient bed base at that time as a result of our preparation for wave 1. So the service was relocated

to the general hospital. That also helped us to consolidate the staff together, particularly if we were starting to have some impact of staff absence as a result of COVID and, of course, since then we have obviously had the decision in relation to Overdale being the selected site. We have strived to establish the service that we had within Samarès, within the general hospital in terms of inpatient rehabilitation.

Deputy M.R. Le Hegarat:

The public certainly feel that the service that is provided now within the general hospital is not the same as the service that was provided at Overdale. Can you explain why that is the case?

Group Managing Director, Health and Community Services:

Yes, we might be joined by Cheryl who can support me with this response. She is our Head of Allied Health Professionals. I think it is multi-factored. We have had some impact in relation to wider community care delivery within services, particularly within domiciliary care. In terms of the environment, there is a notable difference between Samarès Ward and the inpatient ward within the general hospital. Probably the most prominent element to that is space. In terms of the actual application of care from physiotherapists, from occupational therapists, from the specialist registrar and the nursing team, it is the same people. So the service delivery should be the same but we accept that environment is different, we are working on making that better all of the time. It is not as big a ward as Samarès was but we are actively working with the team to ensure that they deliver the same model of care that we had within that environment. It is a different environment and care in the home is always different to inpatient services. That is something that is new for Jersey. I think that is taking some time to get used to. Can I just check if Cheryl is on line? Okay, so I will just add that our lead and chief allied health professional is working particularly around the therapist input because that is the area that we need to really ensure that we get right, that we have good community physiotherapy and occupational therapy. We have recruited a new head of service who is very specialised in community focused rehabilitation and she is developing that workforce to ensure that it is futureproofed and strengthened for that community model.

Deputy M.R. Le Hegarat:

Has any consideration been given to taking it back to Samarès?

The Minister for Health and Social Services:

No, Deputy.

Deputy M.R. Le Hegarat:

Why was that the case?

The Minister for Health and Social Services:

Well, because Overdale has been selected as the site for the future hospital and so Samarès will disappear as it has been laid out at Overdale.

Deputy M.R. Le Hegarat:

Yes, but what I am trying to say actually, Minister, was the fact that it could have gone back and then only move out again when all the necessary plans, et cetera, had been passed and then prior to all of the other services being moved to Les Quennevais and other locations. So, therefore, what you are saying is there would be no consideration whatsoever to taking it back to Samarès?

The Minister for Health and Social Services:

No. It has been established here at the general and that is where we are presently delivering the services. It is the service delivery that is important, rather than the location.

Deputy M.R. Le Hegarat:

Yes, I fully accept that, Minister, but, of course, it is the location and the facility at the location which I think a lot of people are concerned about and the fact that people do not feel that they are getting the service as they did previously.

The Minister for Health and Social Services:

I accept the ward at Overdale was very spacious and comfortable and was a very pleasant environment. People have missed that. Yes, I can understand that but we are providing the same services here at the general and it is the services that matter. It is rehabilitating patients.

Deputy M.R. Le Hegarat:

Will it be remaining at Gloucester Street until such time as the hospital is rebuilt?

The Minister for Health and Social Services:

Yes, it will be. That is the plan.

Deputy M.R. Le Hegarat:

Will it be returning to Overdale when complete? Will the facility be similar to what we have had previously?

The Minister for Health and Social Services:

It will be as described in the functional brief. I remember reference being made to gyms in the new hospitals and each ward would deliver its own rehabilitation for the patients under its care.

Deputy M.R. Le Hegarat:

What is the difference in clinical and economic costs in this change and impact of changes for patients based on former services that were provided? What is the clinical and economic costs in relation to this change?

The Minister for Health and Social Services:

As you will have heard the change was made not for economic reasons but arising as a result of the pandemic. I do not know if there has been an assessment of the economic costs. Clinically, there has not been I am told. There is no need to be because that is not the reason for doing this. Clinically I do not know if Rob can add anything?

Group Managing Director, Health and Community Services:

No, the service is still obviously following N.I.C.E. (National Institute of Health and Care Excellence) guidelines where possible, in the same way as it would have been within Samarès. We would need longer to understand whether or not there had been wider implications in terms of things like placement prevalence or increased package of care needs, but that is somewhat disrupted by COVID overall. Direct comparison to comparison is quite difficult with many of our metrics at the moment. We are not seeing any immediate impact in our indicators such as length of stay and general flow through those rehabilitation beds that we have. That looks to be quite comparable, if not slightly more favourable, within the new setting. We would need to do further analysis of that going forward, I would say.

Deputy M.R. Le Hegarat:

It would be helpful for us to have some understanding because, of course, the public feel that some of what they perceive to be lesser services are because we are trying to save money and that we will be having a system of user pays. It is quite important that this matter is addressed.

The Minister for Health and Social Services:

Thank you, Deputy. It is not a money saving measure and it is not a case that anyone is being required to pay for the services that have always been offered and we are concentrating on delivering that service as it was before.

Deputy M.R. Le Hegarat:

Has there been any opportunity for the department to actually seek feedback from those utilising the services? If that has happened, are you able to provide some of that feedback to us, please?

[14:45]

The Minister for Health and Social Services:

We do receive feedback, I do not think there has been a survey that has been commissioned but we have received plenty of feedback and, as you can imagine, this has received a certain amount of publicity and people have contacted me and members of the department. Members of the department have met with patients also to talk about their experiences. So we seek to learn from that.

Deputy M.R. Le Hegarat:

Have we received any positive feedback in relation to the facility once it had moved?

The Minister for Health and Social Services:

I see some people nodding their heads here so, yes, we have seen positive feedback.

Deputy M.R. Le Hegarat:

As I said, it would be helpful for us to understand, as a Scrutiny Panel, the feedback that has been received within this particular unit so that we can actually see or have some ability to assess the public's feedback in relation to it. It would be helpful to us to have some of that feedback provided to us. I am now going to hand over to Deputy Pamplin.

Deputy K.G. Pamplin:

Just to pick up, do you have any later statistics or numbers since, let us say, the service was coming back to normal after the COVID and the restrictions were lifted in the hospital bed occupancy rates and people needing the service. Do you have any latest figures or number of how many patients roughly are going through the service?

The Minister for Health and Social Services:

Yes, we have. Do you meant the stroke rehabilitation service specifically or are you talking general?

Deputy K.G. Pamplin:

Yes.

The Minister for Health and Social Services:

We will look that up and get that to you in the next few minutes.

Deputy K.G. Pamplin:

Okay, because it is going to be the start of the next section as well, which is all going to be about the radiotherapy, which again the members of the public that have got in contact with us wanted to raise. So, bear with me while I give a bit of research here. Back in January 2015 there was a

feasibility service carried out with the former Government and former heads of service. It was a study exploring the feasibility of providing radiotherapy on Island using a linear accelerator. That was completed in January 2015. The study basically concluded that it would not be feasible for Jersey alone, it would only be feasible as a Channel Island service but would require a 10 year contractual commitment with Guernsey and a significant risk to Jersey should they withdraw to the investment we have made. There were loads of other reasons given around that, one including around the then future hospital business case. Fast forward a bit to the launch of the Jersey Care Model, the group managing director was reported by a local newspaper on 31st October 2019 where he was saying specifically, and I quote: "Regarding cancer, we are exploring the opportunity to provide radiotherapy treatment on Island and our cancer strategy will be developed over the next 4 to 5 months." Now, the panel understand because of the pandemic, of course, were caused and from our latest briefing this work now sits firmly in the plans for tranche 2 of the Jersey Care Model next year. Fast forward to July of this, and I have quotes here from the clinical directors of the new hospital project who said the following to the Our Hospital community liaison group: "I understand that the business case for on Island radiotherapy does not stack up for a population of 110,000, it does stack up for a population of 180,000 and, of course, if there was a Channel Islands provision that would make good economic sense and it might start making good clinical sense. I understand that discussion along those lines are under way. I also meet up with our counterparts in Guernsey who are building 2 hospital extensions in 3 phases. This is just one topic we are attempting quite hard to engage with on a joint venture so we can make the clinical and economic case for radiotherapy on the Island. I am engaged in that because I would like it to be a provision from 2026. I know the Health Director General would like to see an extension to cancer services on the Island, including radiotherapy. She and her colleagues are exploring it at her level with Guernsey to try and make it happen." Bearing all that in mind, it brings us up to date, my first question is a numbers question: could you provide the numbers of Jersey patients needing radiotherapy off Island? I understand it to be roughly around 2 to 4 per week and back in 2016 it was roughly 150 people going off Island a year. Can you bring us up to date on those figures as of today?

The Minister for Health and Social Services:

Yes, I probably can, Deputy. So we have approximately 150 patients that are set off the Island for radiotherapy each year. I can take forward your history of this study of whether this is feasible on Island because we have had a group reviewing or carrying out a pre-feasibility study because I think there is ... I certainly wish, and there is wide intention and desire to bring this to Island if it is safe to do so and, of course, we have to be able to afford to do so. The pre-feasibility study highlights the better patient experience that would result, the better quality of life, perhaps, resulting from not having to travel away and economic impacts which are favourable by people not being away from their work and away from their families, or family members having to be in Southampton with the person receiving treatment. There is a clinical case to meet to ensure that we can deliver the therapy

in a way which is safe and means that clinicians will retain their registration while doing so for what maybe perhaps a limited pollution and, of course, the financial case is pretty large. This is an expensive piece of equipment. But the result is that we will be commissioning a full business case. We have said that must be prepared to give greater certainty around the potential costs and the operational needs of running the service in Jersey. That is being done at this moment and we expect it to report after Christmas.

Deputy K.G. Pamplin:

Great stuff. Can I just clarify, in 2016 - 5 years ago - it was roughly 150 people a year who were going off for regular treatments, you just said in 2021 it is still roughly around 150 people, is that right?

The Minister for Health and Social Services:

Yes, that is the figure I have been given. I am sorry, can I pass over to Anuschka Muller for greater detail on this?

Director, Improvement and Innovation:

Just to clarify that, so on average 150 patients per year, that is based on 2108-19 data.

Deputy K.G. Pamplin:

What might be interesting is to look at the impact of COVID and, as we know, the delays reported in the U.K. (United Kingdom) and the N.H.S. (National Health Service) but also it probably be interesting to see as part of our business case will there be updated figures and looked as the situation is now? I guess the obvious answer is yes but I might as well ask.

Director, Improvement and Innovation:

Yes, that is part of the business case development. It is not really a new pre-feasibility study, it is looking at what had already been produced, reviewing it, updating it, identifying which areas we need to gather more data and evidence on.

Deputy K.G. Pamplin:

Is that based on the feasibility study I was quoting at the beginning that was concluded in January 2019 or is it completely a whole a new piece of work?

Director, Improvement and Innovation:

No, it is using existing information, basically not starting completely from scratch but using what is already available and finding out what else needs to be taken into account. Not everything was addressed but using what information was available and further information since has been

produced. Of course technology has been updated since. It is just bringing things up to speed so we are not working with old papers but also not disregarding old information that had already been collated.

The Minister for Health and Social Services:

Can I add, Deputy, when we are considering numbers, there are also other patients in Jersey who choose not to travel for their radiotherapy, so there is that group also who would benefit from treatment in Jersey. There is the possibility of offering radiotherapy for patients who are having palliative care. You would not expect them at the moment to be travelling off Island but that is another cohort of people who might benefit from on-Island radiotherapy.

Deputy K.G. Pamplin:

Quite right. Going back to what research we have been doing, it comes back ... and that is why I quoted the clinical director of that hospital, who said that only a couple of months ago, and going back to that feasibility report that was and is available, by the way, on the States of Jersey website under F.O.I. (freedom of information), it comes back to the point, and he made the point as well, that it is not feasible for Jersey alone. Now, I appreciate technology has changed and there may be a way to do it with new technology, however it does come back to the issue of making it work clinically and economically using our counterparts in Guernsey to come on board. The question is: have there been, as he quoted, these discussions? Have you had discussions with your equivalent in Guernsey? Has there been any discussions around this at all?

The Minister for Health and Social Services:

I have not personally spoken about it yet with my equivalent in Guernsey but it transpires in the work in this pre-feasibility study, that is not the only option available. There are other ways perhaps of delivering a service. If I can pass over to Anuschka to talk about the partnership model that was discussed.

Director, Improvement and Innovation:

We just need to take into account barrier considerations and why it is feasible, if it is just seen from a financial point of view that is very limited, whereas of course it is very important to take the clinical and the patient experience, patient outcome, into canvas that. Particularly from a clinical perspective I will just hand over to Patrick Armstrong as the Medical Director because that is a very important part we need to take into account, which needs to be considered but also then, depending on the outcome, how it can be mitigated that we have a mere small number of patients.

Medical Director, Health and Community Services:

We absolutely want to repatriate patients to Jersey to get their treatment on Island where we can but, as Anuschka has alluded to, we need to make sure that treatment is safe and is of high quality, and in particular the outcome for people having that treatment is as good as they would get, particularly considering the group of patients that we are talking about in this instance. It needs to be as good as anywhere else. There are significant challenges in terms of maintaining skills on Island to run this service. It is a complex treatment. We also need to consider the resilience of the service. It is not like other conditions where you can ... if say, for example, we are unable to provide it for a patient on a particular day you cannot just go somewhere else and get that treatment, all of the equipment is calibrated in a particular way and you cannot just transfer it from one unit to another. That would need to be taken into account as to what would happen if our equipment failed here. What would we do? There is a lot of questions that I, and I am quite sure my colleague the chief nurse, would ask in terms of making sure it was safe, resilient and of high quality for our patients if we were going to go down the route of providing a service on that.

Deputy K.G. Pamplin:

I think it would be fair to say that obviously therapeutic radiotherapy would require the establishment of a completely new skillset on the Island at a time when obviously I think we all know that a shortage of such skills in the U.K. and international labour market currently is difficult. Do you see that as being one of the clinical challenges?

Medical Director, Health and Community Services:

Yes, absolutely. It is possible. We do have a clinician working on Island who has been involved in creating a service in a small jurisdiction, so it is definitely possible but, you are absolutely right, there are challenges there.

Deputy K.G. Pamplin:

Minister, just to tidy this up, you said in the Assembly as well ... you talked about the feasibility of a clinical and economic case and a working group. "The first workstream has updated the capacity and demand modelling and I will be in a position to report to States Members on the progress and next steps." You did say certainly by the end of the summer. Obviously that did not happen, is this what you are alluding to here in today's meeting?

[15:00]

The Minister for Health and Social Services:

Yes, I am conscious that the timetable slipped for various reasons but the work was still continuing and I want to find a way of responding to States Members. In fact I have met with Deputy Tadier,

who has expressed an interest in this, as you probably know. It may be that one way or another we will make sure that the States Assembly is updated soon.

Deputy K.G. Pamplin:

Just to push you because it is our last quarterly hearing of the year, we do not have many left, when will that be with States Members? When will that report and that first work stream be available?

The Minister for Health and Social Services:

I will update States Members but I have not finalised a plan or exactly how to. Deputy Tadier has spoken about bringing a proposition, which might be my opportunity but I will firm up with him whether that remains his intention and if it is not, then that will be another way in which I will report back.

Deputy K.G. Pamplin:

Minister, I guess the final political question here is, if this feasibility report and we see that there is an opportunity financially and the challenges that we just highlighted can be overcome, we can make this work, that it has been an opportunity missed not to provide this service in this brand new what is now called a hospital campus, which, as we have just talked about, is something that we all agree we would much prefer to see on the Island and, given those numbers that we are quoting around here, it does seem like an opportunity missed not to include it in the new hospital.

The Minister for Health and Social Services:

That could be investigated but I do not want to delay the building or planning of the new hospital by trying to insert another service but we will discuss whether that is feasible. But it is also a service that could be delivered in an ancillary building on the site or off site close by because it is primarily an outpatient service.

Deputy K.G. Pamplin:

Of course but, again, it might choose counterproductive because then costs will go up because you would need to find a safe unit for a radiotherapy unit and obviously, as we know, that is not easy to do on this Island. I guess timing is critical and I guess with the election looming, can you see anything happening at all before now and the end of this Assembly?

The Minister for Health and Social Services:

We will develop that business case and if it is positive we will seek to take it forward. As to where the service goes, where its location is, will be for something down the line, I think.

Deputy K.G. Pamplin:

Okay. That covers all my question areas, so I am going to hand now to Deputy Alves, who is going to be on the subject of mental health. Thank you.

The Minister for Health and Social Services:

Thank you.

Deputy C.S. Alves:

Good afternoon, Minister, thank you. The latest *Quality and Performance Report* has been published and while it continues to show overall most around 20 targets are being met, which is good to see, mental health figures stand out again. Can you explain the reasons for the following, please: admissions 46.7 per cent, which is over the target of 37 per cent; bed occupancy is up to 90 per cent and the length of stay 50 days when the target is 28 days?

The Minister for Health and Social Services:

Would you like to take this?

Group Managing Director, Health and Community Services:

Yes, certainly I can respond to that. We have definitely seen additional pressure in this service and that is demonstrated in the *Q.P.R. (Quality and Performance Report)*. We have looked at some benchmarking for this, it does look like this is quite consistent with what is happening in the mainland. The key indicators we have looked at is that we have seen an increase in admissions, given our population. We have also seen an increase in law application, so that is telling us that the number of patients who are coming into the adult unit are also coming in sicker and requiring more intensive care and support. They are then staying longer as well. You have that triple combination of where you have got higher acuity coming in and higher law applications, so patients who are often under an Article within the unit; we have had a higher number of them coming in as well. We also had 2 persons under the age of 18 that are reported in the period. I think this is painting a picture to us that we are seeing a period of pressure. Our community teams are working hard to support that pressure. One of the limitations we are seeing is onward care, so getting patients discharged in a timely manner. The Community Team and Home Treatment Team are now working with the acute team in the hospital to see how they can support that additional level of activity but of course they also have some caseload pressure. The Listening Lounge is our sort of front door and our eyes and our ears and they are describing some increased activity, particularly relating to housing, employment and sort of the wider sort of indicators that are driving anxiety and some exacerbations of our clients who have underlying or severe and enduring mental illness. We have got that mix happening within the system. All of the teams are working hard to address that. We are seeing some early indication of a recovery to slightly more normal levels of admission and length of stay

within the adult unit within Orchard House. But we are seeing some continued pressure in the older adult unit I would say.

Deputy C.S. Alves:

Okay, thank you. You mentioned there the 2 admissions of people under 18, obviously we are aware that this goes against best practice. Are you able to give us the reasons for these 2 cases?

Group Managing Director, Health and Community Services:

I cannot really go into the specific cases but they are legitimate and agreed reasons for admission within the unit. They required support from specialist psychiatric input. The decision was that that needed to be provided on Island. Our adult mental health teams have been working with our Child and Adolescent Mental Health Services. Because we have obviously had increased activity in this area, so we have now got much more formality in the way those 2 teams are having dialogue around continuity and care for the individuals and, fortunately, we have seen a reduction in that. I know that within C.A.M.H.S. (Child and Adolescent Mental Health Services) they are working very hard to develop what they are describing as their Home Treatment Team; that will have an impact on this activity we feel. Our focus at the moment is trying to get as much preventative support for the young people. Where we do then have the need for admission, we are trying to make sure we can get the young person back into a community-based setting as soon as possible.

Deputy C.S. Alves:

Okay, thank you. Obviously you have mentioned there that there has been an increase in activity and I think further in the report it shows an escalation, again, of the first assessment wait times with Talking Therapies, which has increased from 122 in June to 285 in September. Again, what are the reasons around that?

Group Managing Director, Health and Community Services:

Yes, we are looking into this now. I have been with colleagues in the Listening Lounge and we linked in with our lead at H.P. (Hospital Project), who has responsibility for this, only today. What we are seeing is a lot of activity in all of the steps for Jersey Talking Therapies and the Listening Lounge is seeing activity in relation to counselling service that is required. Some of that is thematic, there is definite increased anxiety and a lot of that is pandemic-related again. We understand that is quite consistent with the U.K. It is becoming very clear to us that looking at the total available support for therapeutic support for J.T.T. (Jersey Talking Therapies) and for the Listening Lounge counselling service, we are going to need to look at that case mix again and think about how we can start to make sure we have got the right practitioners dealing with the right complexity of care. Our new lead at H.P. for the service, Sarah Edge-Pimlott, has done a whole demand capacity analysis and we are just working with our providers to work out how we can start to get that working. The

Listening Lounge as the front door is helping but we very much need now to focus on that back end of activity, which is what Sarah and the team are doing.

Deputy C.S. Alves:

Okay, thank you. In our Government Plan review hearing with you, Minister, on 28th October we heard about the huge demand for mental health services and that funding proposed by the Government Plan might not be enough. What service areas require more investment?

The Minister for Health and Social Services:

I think the comment that the funding might not be enough is just a reflection that there is always need, need seems to increase and we would love to have an unlimited pot and unlimited resources. It is not that any service has been starved of resource. We are provisioning as much as we can and improving services all the time.

Deputy C.S. Alves:

Okay, thank you. Deputy Pamplin wants to come in now, so I will let him ...

Deputy K.G. Pamplin:

Sorry, I just wanted to pick up on what Deputy Alves was just alluding to there from our previous Government Plan hearing. We highlighted the funding that was put forward but we did pair it up with what we were concerned about, the effects of the pandemic. Just hearing from the Group Managing Director where we are seeing the waiting list increase, we are seeing the Listening Lounge, which has continued to take on huge shoulders of responsibility and the pressure is building, that if this continues and we are still in the pandemic and we are now going to hit a very nery, anxious period of Christmas and new year, are you sure there cannot be any relook at investment to help the burden, where we are doing increased investment in other areas to help businesses and other areas get through this period? It seems to me that this growing anxiety and the pressure being put on waiting lists and people needed, are we utterly convinced there cannot be an extra case made to enhance the services to meet the growing demand?

The Minister for Health and Social Services:

Can I ask Mr. Sainsbury to address that?

Group Managing Director, Health and Community Services:

Yes, of course, Minister. We have to be clear that we have invested, so we have had an additional £4 million into these services. The Listening Lounge alone, when we established this service it was quite a definitive expectation between £150,000 and £300,000. The cost of the service is significantly much more than that and we are funding that additional activity and we continue to fund

that. We work with that provider every day around their activity requirement. They have gone up to around 26 staff, which we have supported in terms of them needing to recruit and that is taking a lot of activity. In relation to the wider services, there is definitely a need for us to ensure we have more capacity in crisis prevention and in the home treatment function, so that is the area that we are focusing on. There is funding within that, within the Government Plan. What the activity is telling us is that while we have a high level of occupancy in Orchard House and we have seen an increase in law application, we still do not have a unit, an inpatient unit; that has all of this inpatient activity that is Article activity. We think that is telling us that there is an opportunity for the Community Team to work differently. Our plan very much is to make sure that we can have the caseload managed effectively and that we recruit into the right areas with that. That is targeted medical workforce, increase nursing staff within the Home Treatment Team, that is all in plan and we continue to recruit to that, build on street triage, which we know is having an impact. Our colleagues in the police and wider stakeholders are telling us they can feel that difference. They are the areas we are going to continue to focus on. In terms of future investment, we continue to monitor that. If we have to then think about whether or not we adjust personnel support within one part of that service, we can relook at that. At the moment we are recruiting into the levels set with the increased investment that we have had.

Deputy K.G. Pamplin:

Great, thanks, Rob.

Deputy C.S. Alves:

Okay, thank you. Going on to the Mental Health Improvement Board, when did the Mental Health Improvement Board last meet and can you provide this panel, as a matter of urgency, an update on the Mental Health Improvement Plan, plus the work against our review recommendations?

The Minister for Health and Social Services:

Thank you. I do not think I have the precise date it last met. I am sorry, Peter ...

Director, Public Health:

No, sorry, we can find that out for you, Minister.

Deputy C.S. Alves:

Okay, if it is going to take too long, I think if you could just get us that information as soon as possible, that would be great, please, I am just conscious of time. We understand that there have been further delays to the work at Clinique Pinel. The revised completion date is now 9th September 2022 but that most of the ground floor, including the place of safety, will be handed over to H.C.S. (Health

and Community Services) for use by 7th March 2022. Please, can you confirm if those handover dates remain correct and also confirm when the new facilities will be operational?

[15:15]

The Minister for Health and Social Services:

Okay, can I begin with? Yes. Deputy, you mentioned a date in September, I would just like to make clear that that is not what the services currently regard as the accepted completion date. It is a date that has been put forward by the contractor. We wish to engage with the contractor and explore the reasons why the contractor is saying that they cannot finish before that date. We would have hoped for the contractual completion date or we will accept that there is some additional upgrade works that have taken place, which might extend that completion date. But there needs to be a discussion within the contractual framework about what would be the appropriate date because we are still working to a contract.

Deputy C.S. Alves:

Okay. How will you ensure that there are no adverse impacts on patients or staff from March next year if the site is not completed for another 6 months or if you are not able to look at bringing that date forward?

The Minister for Health and Social Services:

I am sure that there will be careful planning around whatever date it might be and that has already been in train. But perhaps Mr. Sainsbury can give some detail around that.

Group Managing Director, Health and Community Services:

Yes. We have already got quite extensive mitigation for the current position. I have to acknowledge that we are trying to operate a clinical environment while we have got the work going on. We have consolidated our bed base to try and speed up this programme. It is very disruptive for our staff. Every day they are managing mitigation for that, ensuring we have got a quiet time for patients and staff where possible and to make sure that we do not breach anything from a health and safety perspective for the inpatients that are impacted by this and the staff of course. We would need to extend those mitigations if we have any further delay. But obviously it becomes more impactful when we have more pressure on the service. If we look at the current position of higher admissions and extended length of stay, all of those things put pressure, which is why, as the Minister describes, we are still pushing that we get completion within the date that had been contractually agreed. Because we are already dealing with a difficult inpatient scenario with limited capacity, so that is why we are very much pushing that we stick to the date that was set. But our mitigations are in place around the current position and any future delay.

Deputy C.S. Alves:

Okay. What is the plan for all external adult mental health wards, buildings in the short and long term, for example, i.e. the former Beach Ward and Maple Ward currently and taking on board the impacts from the work on Clinique Pinel pre-work and disruption continuing?

Group Managing Director, Health and Community Services:

In terms of the short-term plan, obviously we would repatriate the activity back to the new facility where we have co-located adults and older adult inpatient services. We are very much working on the model of care for that. We are also looking at the space outlined because we are mindful and recognise that we are seeing increasing C.A.M.H.S. activity. We are looking at the plans to see whether or not there is any area that we could possibly use that could be away from adult bed base for some of that adolescent activity. But our medium and longer-term plan is very much that we have an integrated all-age adult inpatient unit within Clinique Pinel, so that will incorporate what would have been the previous 3 wards and then they work closely with the Community Team going forward. That model will evolve when we get to the co-located new hospital at Overdale. We would obviously see that you still have a blended all-age adult unit but you would by then have much more prominent crisis prevention services. You would probably see a high level of patients under Article in the unit and possibly a different level of acuity.

Deputy C.S. Alves:

Okay, thank you. Minister, as of today there is still no ministerial order delegating official responsibility to your Assistant Minister for adult mental health services shown to be online or provided to us, unlike the M.O. (modus operandi) to the previous Assistant Minister. Can you on record say that this has been done and provide us with that by the end of this hearing?

The Minister for Health and Social Services:

I have every confidence in Deputy Pointon, who has been overseeing the mental health services under my remit. We may not have got round to a formal delegation but that does not need to be the case. He has been exercising the functions of an Assistant Minister and I am very satisfied with that.

Deputy C.S. Alves:

Okay, thank you. In our quarterly hearing in August the panel was advised of some of the vacancies in the adult mental health service. Are we able to have an update on how many vacancies there are currently in the service? What is this as a percentage of the total roles in that team?

The Minister for Health and Social Services:

Yes. Could I ask our H.R. (human resources) Director to give you those details?

Associate Director of People, Health and Community Services:

Thank you, Minister. We have a full establishment in the mental health teams of 285 people and we currently have 39 vacancies in those teams, which is a vacancy rate of 13 per cent and that is across all peer groups and staff groups.

Deputy C.S. Alves:

Okay. It was also noted there was a couple of agency posts in the community and mental health team in the hearing in August, is that still the case?

Associate Director of People, Health and Community Services:

Yes, we are still running with agency to cover some of those vacancies, as we continue to fill the gaps.

Deputy C.S. Alves:

Okay, thank you. Are you able to tell us, approximately, what is the staff turnover for the mental health service at the moment?

Associate Director of People, Health and Community Services:

Over the last 12 months we have had 22 leavers, which is a turnover of about 7.5 per cent and in the last 6 months we have had 6 leavers and 13 new starters, so, again, just showing that we are bringing in more people than we are losing.

Deputy C.S. Alves:

Okay, thank you. I have just seen that Deputy Pamplin just wants to chip in there, so I will just hand over to him.

Deputy K.G. Pamplin:

Yes, thanks. I just want to pick up the official responsibility delegation of functions and refer you to recommendation 4 of our review, where it says: "The Government should transfer official responsibility for mental health to a designated person. The Government should demonstrate it considers this matter." You did agree that in our review and you obviously did that with Senator Steve Pallett previously and obviously I totally agree. We know Deputy Pointon very well with his time on this panel but obviously without that official responsibility, you understand where we are coming from and it seems like that has not happened, so I just wanted to be clear about that. Lastly, can we have that date if you have got it by hand, the last meeting of the Mental Health Improvement Board in its new guise because that is really important also?

The Minister for Health and Social Services:

Yes, we will get you that information on the date and I note what you say. It is an administrative matter, is it not, when there is that formal delegation? But I will look at it, Deputy, and speak with Deputy Pointon about it but, as I say, he is exercising the functions as my Assistant Minister very effectively, I believe.

Deputy K.G. Pamplin:

Thank you, thanks.

Deputy C.S. Alves:

Okay, that is great, thank you. I am now going to hand over to Senator Mézec, who is going to be asking some questions around the Jersey Care Model and the Health Insurance Fund. Thank you.

Senator S.Y. Mézec:

Yes, thank you. Just to kick us off on this we got a question sent through by a member of the public who said: "I would like to ask if the introduction of the Jersey Care Model is merely a means of saving money and is it true that many services will be user pays and how will this work?"

The Minister for Health and Social Services:

In answer to the latter question, none of the services that are presently provided for free will be converted into user pays. In answer to the first part of the question and we can go into a lot of detail about this, the costs of delivering health and social care in just about every jurisdiction are going to rise inexorably. The Jersey Care Model does not mean that costs will reduce, it will mean that costs will be less than what they otherwise would be if we did nothing.

Senator S.Y. Mézec:

There is 2 ways that you can get to that, you can get to that by more effective spending in the earlier stages, so that in the last stages things are less expensive or you can do things by cutting services and that is something that some people out there in the public are concerned about. You have said that no services that are currently free will be made user pays in the future, can you confirm that the services where there is currently a charge will not have those charges raised considerably in a way that might impact on people's ability to access those services?

The Minister for Health and Social Services:

I think I would ask you to be more specific, Senator. There is no plans to increase charges considerably.

Senator S.Y. Mézec:

Thank you, Minister. I was asking you to just confirm that and have that very clear on the record. On the subject of wider funding of healthcare and you have previously said that you are committed this year to investigating what the future might look like and how we might need to provide it. Can you expand on some of the options that will be explored as part of that and what that may end up looking like and how Islanders might be affected by that?

The Minister for Health and Social Services:

Not really because that is the point of the review, so I cannot go into options when they have not had that full consideration.

Senator S.Y. Mézec:

As you remember in the last electoral term, one option that did come before the Assembly was the option of a health tax and that was one which, I believe, was narrowly rejected by the Assembly. You could provide some commentary over whether that particular previous proposal is not being looked at again now or if a version of it is being looked at. You can surely give us some indication for the sorts of things that you are considering.

The Minister for Health and Social Services:

I voted against the imposition of the health tax in the last Assembly. But it is not off the table; everything needs to be considered. Other options might include further payments into the Health Insurance Fund. It might include an insurance-based option. It might just include taking more out of general taxation. There are many ways that can come forward. Those options need to be fully appraised and evaluated.

Senator S.Y. Mézec:

You mentioned the Health Insurance Fund in there, is the place of the Health Insurance Fund in our general health funding being reviewed as part of this? Are you considering keeping its place as it is or restructuring it or, potentially, even replacing it?

The Minister for Health and Social Services:

That will form part of the review because it is one of the streams of revenue which currently pay for services, together with general taxation, together with the individual contributions that we make when we visit services. Funding comes from various sources and they are all under review.

Senator S.Y. Mézec:

Okay, thank you. When do you think you will be in a position to provide a more detailed update, not just to Scrutiny but to the wider public as well?

The Minister for Health and Social Services:

I think this review will report to the next Council of Ministers, rather than the current one or myself. But if I can pass over to Anuschka for more detail on the timeline.

Director, Improvements and Innovation:

Yes, thank you, Minister. The review will be undertaken over the course of next year, as it is a commitment in the Government Plan 2022 and it will inform the next Council of Ministers. The aim is to have the review maybe by the beginning of 2023 so it can feed into the Government Plan 2024.

Senator S.Y. Mézec:

Given that timeline then, and I suppose this is a question back to the Minister then, we know that money from the Health Insurance Fund is being used for purposes other than what the Health Insurance Fund is meant to be funding in terms of implementing the Jersey Care Model and its related strategies. How confident are you that that is being done correctly and appropriately, given that the point at which we would be making decisions on health funding into the future is pushed back further than when we initially anticipated that would be made?

[15:30]

The Minister for Health and Social Services:

Just to correct you, Senator, the use of the Health Insurance Fund is perfectly proper. These are Islanders' funds for primary care services. This is not a fund that is exclusively for G.P.s (general practitioners), it is for primary care services. This is what is being delivered in the Jersey Care Model; the planning of primary care services being delivered in the community. This is a proper source of funding. Were it not then the Government would have been told that this is an illegal way of proceeding but it is not.

Senator S.Y. Mézec:

Government could also be advised to propose changing the law so that it would not be illegal, so that is how parliamentary democracy works, we can change the law if we consider it appropriate to.

The Minister for Health and Social Services:

So if we can ...

Senator S.Y. Mézec:

Thank you, Minister. What alternatives to using the Health Insurance Fund were considered for this, if any?

The Minister for Health and Social Services:

That is taking us backwards because the States have already agreed that the Health Insurance Fund should be used to launch the Jersey Care Model and establish and plan the services until that wider sustainable funding comes into effect.

Senator S.Y. Mézec:

Okay, thank you, Minister, but I am still asking the question, what other alternatives were considered at the time? The reason I asked that question is because, as I have just said, the point at which we make decisions on the long-term future of health funding is now a little bit later than we first anticipated, so that there may be people who want to be absolutely sure that there is not going to be more attempts to get more out of it in future, which at the point of making the initial decision on it we were not aware of. These are legitimate questions, Minister.

The Minister for Health and Social Services:

Attempts to get money, it is the States Assembly that agrees spending from the funds; it is not being raided in the way you might suggest.

Senator S.Y. Mézec:

I did not use that word, Minister. Can you please just answer my question?

The Minister for Health and Social Services:

It is a detailed question as to what might have been considered some years ago now. I cannot recall and I do not have the paperwork of a couple of years ago in front of me. Can you help, Anuschka?

Director, Improvements and Innovation:

In terms of the timeline it is not delayed as such. There was the commitment in the Government Plan and in the Jersey Care Model proposition at the end 2020 that a sustainable funding mechanism will be in place by 2025 and that is what we are working towards too. It might be even earlier in place, beat the current timeline as explained, it will go into the Government Plan to 2024, so it is even a year earlier. The actual proposal of options was anticipated to come back this year but due to COVID that just was not possible to achieve in that timeline. The proposal is being undertaken, this has started and will be undertaken probably next year but it is still in the timeline, as proposed initially and agreed by the States Assembly.

Senator S.Y. Mézec:

Thank you. I think the next couple of questions ... so just to ask you to elaborate on your understanding of the reasons of why particular things have been said in the Government Plan. It

said in page 177 of the proposed Government Plan, let me just get this right, that: "The split in funding and responsibility between the Health Insurance Fund and the Health and Community Services departmental budget is considered a key barrier to long-term progress." Could you just explain what you mean by that?

The Minister for Health and Social Services:

It is like having 2 pots and you can achieve better and more integrated planning if you have a single source of funding or you co-ordinate between the 2 or however many sources of funding there might be?

Senator S.Y. Mézec:

Okay, thank you. You also say on that same page of the Government Plan that: "The fees for accessing healthcare services are not equal for all Islanders." Could you just elaborate on your understanding of what that inequality is?

The Minister for Health and Social Services:

Is that referring to G.P. services? I do not have the plan in front of me, I am afraid.

Senator S.Y. Mézec:

Yes.

The Minister for Health and Social Services:

Yes. It is known that there is pressure in that some people feel they cannot afford to see their G.P. in a timely way and, as a result, their conditions may worsen. That is recognised as an issue which we need to deal with and funding will be one way of dealing with that, finding new ways of funding our G.P. and primary care services.

Senator S.Y. Mézec:

Do you anticipate that the work you are doing on long-term health funding is something that will have a solution proposed within it to reduce inequalities in that sense?

The Minister for Health and Social Services:

Yes, I think it will need to. The problems have been recognised and they are seen in our Emergency Department with people attending there, instead of in G.P. surgeries. We want them to get the right care at the right time and that will involve funding the G.P.s, I believe, in a different way but all this is for the review to consider.

Senator S.Y. Mézec:

Okay, thank you, Minister. In P.102/2021 from the Minister for Social Security which relates to the transfer of funds from the Health Insurance Fund to the Consolidated Fund for the Jersey Care Model project, it allows for the amount remaining from the £11.3 million that have not been transferred in 2021 to be transferred in 2022 and that transfer will be based on information provided to the Minister for Social Security by Health and Community Services. Are you able to tell us how much of the £11.3 million tranche from the fund will not be transferred until next year?

The Minister for Health and Social Services:

Yes, if I may I will pass over to our Finance Director.

Head of Finance, Health and Community Services:

Thank you, Minister. Currently we are looking to take that up to £2 million. Obviously we have another 2 months of the financial year. We have accruals to take account of for October for timing of expenditure. But just for clarity a deferral does not mean that we are losing any funding, it means will admit into the next financial year to make sure we return the funds and it is available for future works in 2022. It is also worth highlighting that as part of the year-end process any take of deferral would require the Minister for Treasury and Resources' approval as well. We will put forward the up to £2 million and once that is agreed, if that figure changes we will keep the Ministers updated.

Senator S.Y. Mézec:

Okay, thank you. Is that amount what you anticipated it would be or has that been affected by less progress being achieved than you had anticipated or more being achieved than you had anticipated or is it about where you expected it to be?

Head of Finance, Health and Community Services:

I think you often find, do you not, in large programmes and large projects you will often have slippage in year one? That is normal on the scale of this work that is to be undertaken. At the time the plan was developed, no, I do not think we did think we would slip up to £2 million. As I say, there is 3 months of the financial year left, we will work on that every month. We will look at it as a quarterly forecasting to ensure that those figures are up to date.

Senator S.Y. Mézec:

Okay, thank you. That is all I wanted to ask on this, unless any other members of the panel wanted to chip in but, if not, it then goes on to Deputy Le Hegarat.

Deputy K.G. Pamplin:

Thanks, Senator. I have a quick follow-up question for the Minister. Minister, are you aware that currently P.114/2020, the Care Model as amended and amended by yourself, then subsequently all

voted through by the Assembly, has not met part of the proposition? I am referring specifically to part 2, section A of that proposition regarding the yet to be established independent non-executive board, the amendment we brought and then was accepted, so in fact is a failure of that States-approved decision. As it is worded - because the panel were responsible for the publication of that amendment and you agreeing it - also that the detail of that for public knowledge is the publication at the end of tranche 1, which was to be reviewed by that independent board, with then also a detailed analysis of the progress against set targets and also a detailed look ahead to the delivery and any changes because of slippages or changes for tranche 2. That is not going to happen by the end of the year and I just would like your comment on that.

The Minister for Health and Social Services:

Yes. I think we have previously explained to the panel and I think the panel is fully aware of the long and tortuous process involved in setting up this independent board, which took far longer than either myself or yourself, Deputy, or the panel envisaged when we discussed this at the first Jersey Care Model's debate. I do not think we were aware then we would need to go through these hoops but we have done and interviews are taking place now for that board, as you know. I am glad and it retains my support. I am glad we have that board and it is going to be established and it is being carried out as quickly as it could have been, having learnt of the constraints around the appointment process.

Deputy K.G. Pamplin:

Of course and we would also echo some of what you are saying there but it is regrettable, of course, because as Senator Mézec was alluding and the questions from the public to us, there is a great emphasis - we saw the G.P.s speak recently about this - there is great concern about the handling of the H.I.F. (Health Insurance Fund). We are now hearing £2 million under or slippages or however it was worded but, equally, we heard in our Government Plan hearing that the digital packages was amalgamated and transferred to the digital section and they had deferred against £1 million of that to the group funding request for the future hospital department. Again, we are going to be asked, the Assembly will be asked by the Minister for Social Security, at a separate debate after the Government Plan to vote on transferring the funds again from the H.I.F. I think we alluded to this last term, the concerns we raised as a panel, which is why we put that board and why we wanted it so urgently put in place. We raise those concerns again today, Minister, knowing that those debates are coming to the Assembly.

The Minister for Health and Social Services:

Yes, I did not see them as concerns and I think we should highlight the fact that there has been significant expenditure on digital and the planning of the Jersey Care Model and beginning to

implement its new services. But if I can pass over to Anuschka Muller for a detailed response to your question.

Director, Improvements and Innovation:

Yes, of course. Just to provide assurance on the independent oversight board, so interviews are taking place this week and we are hoping to get the full board ready by the beginning of January. We are also preparing the report that was mentioned, so the end of year report, so that the panel can review that straightaway in January. There is a slight delay but we will get the information and we are looking forward for them to review that and also to feedback on how we manage the project, including a delivery plan for 2022. The other item was ...

The Minister for Health and Social Services:

Digital.

Director, Improvements and Innovation:

Digital, yes. On the digital side, just to correct that and to clarify that, the project has deferred funding, however, it has never gone into the Our Hospital Project. Just to really clarify that, that has never happened, that was some misunderstanding at the last Scrutiny meeting by the officer. We have checked it back with Treasury. This has never happened, so this was a kind of just misunderstanding. H.I.F. money has never been used for anything else than the dedicated programmes as set out.

Deputy M.R. Le Hegarat:

Okay, thank you. Some concerns have been raised with us, now we are on the topic of the independent board, Scrutiny have not been involved in the independent board or the recruitment of any Chair as we thought it was inappropriate because that would mean that they were not independent if we had taken part in the process. My question is, who is recruiting and interviewing for the independent board, please?

[15:45]

The Minister for Health and Social Services:

Likewise, I wish to assure you I am not involved. It is a process under the Appointments Commission, I understand.

Deputy M.R. Le Hegarat:

Can I please confirm, therefore, that there will be no senior officer from Health that will be on that panel because obviously that would make it also not independent?

The Minister for Health and Social Services:

I am just going to ask our H.R. Director to respond.

Associate Director of People, Health and Community Services:

Yes, thank you, Minister. Yes, I can confirm that it is under the auspices of the Jersey Appointments Commission. Interviews are happening on Friday with a selection of people from across various stakeholders around the health and care community on Island and it includes Caroline as Director General from H.C.S.

Deputy M.R. Le Hegarat:

Yes, and that is where I think there is some concern. This is not a personal thing towards the Director but what it is is there is a perception from the public that this was going to be an independent board. But of course if the Head of Health in Jersey is taking part in that process, then how independent is that board? I am going to raise and flag those concerns now because we have had a number of the members of the public who do not perceive this as being independent if part of the board process includes the senior lead at the hospital. I would ask that you reconsider that position because, as I said, we decided to step back, as obviously the Minister did, but this is not an independent process if part of the process includes the lead at the hospital. I will raise those concerns with you because it has come to our notice from members of the public but also of course that board and within the advert had no inclusion about any medical qualifications. I would like to know when we were putting together the application process, what considerations were made?

Director, Improvements and Innovation:

Yes, happy to answer that one. We have discussed with the Scrutiny Panel the job description. I remember the Minister shared that and we went through skills and responsibilities there. The job descriptions for the Chair and the members are very much around programme management, auditing skills in order to enable the scrutiny function of the programme. This is not about a clinical review of the programme, this is about progress, financial risk and process review. As part of the interview panel, it is a wide panel but we had to have someone from the Government sitting on there, as it is a paid remunerated post in terms of accountability; someone from the Government had to be on that. It would have been inappropriate for me to sit on the panel, for example, because I would be the one here. The independent board needs to scrutinise and say whether I am delivering the project appropriately. Caroline, as the Director General for Health and Community Services and also the accountable officer for the Jersey Care Model funding, was on that. However, it is one voice and it is chaired independently, which is really important. Caroline is not chairing the panel, it is chaired independently by the Jersey Appointments Commissioner and has a range of independent

partnership representatives on the panel. We tried to make it as diverse as possible but we have to have one voice on there as well from the Government as a representative.

Deputy M.R. Le Hegarat:

How many people are on the panel and if you were having somebody from the Government, why is it not a member of H.R.?

Director, Improvements and Innovation:

H.R. has been leading on the whole process, it has not been led by myself, so H.R. has been leading on it, has been involved and supported it. But Caroline and accountable officer has direct responsibility to the Minister, so the Minister gets the assurance from Caroline that this process is happening and that somebody is appointed.

Deputy M.R. Le Hegarat:

Can I just ask again though, how many people are on the panel?

Director, Improvements and Innovation:

We are just checking that.

Deputy M.R. Le Hegarat:

Okay, thank you.

Director, Improvements and Innovation:

Is that including the Chair? So 5 panel members, including the Chair.

Deputy M.R. Le Hegarat:

Okay, thank you. This has already been touched on by Deputy Pamplin, as he said: "Following the Government Plan review hearing the panel has asked for further breakdown of the Digital Care Strategy funding for 2021 and 2022." We as yet have not received this, are you able to provide us with some more details about the breakdown of that funding or confirm when we will receive it, please?

The Minister for Health and Social Services:

Sorry, it has taken some time to draw information together. Anuschka, how are we with that?

Director, Improvements and Innovation:

Yes, unfortunately, the responsible officer in the digital team is off sick and as soon as he is back he has promised to bring that information together, so as soon as he will be back, he is quite poorly off at the moment.

Deputy M.R. Le Hegarat:

Yes, I am fully accepting that but is there any sort of timeline and if that individual is off for a reasonable amount of time, is there not anyone else that is going to be able to provide this information?

Director, Improvements and Innovation:

We will do that within the next 10 days.

Deputy M.R. Le Hegarat:

Okay, thank you. We understand that the work on the digital delivery of the Jersey Care Model sits in the remit of Modernisation and Digital, rather than under the management of Health and Community Services. Can you explain how the management structure works for this project in terms of oversight? How are the M. and D. (Modernisation and Digital) and our H.C.S. working together?

Director, Improvements and Innovation:

Will I take this one? Yes. The structure works in a way that we have a biweekly meeting to look at our delivery plan and that is a joint meeting which will happen between Health and Community Services and the Modernisation and Digital team. In addition to that, there are work streams of course for each project. Each project has project governance by Sandra. I am sitting on the E.P.R. (Electronic Patient Record) board as well from a H.C.S. perspective and of course our Chief Clinical Information Officer is involved in that as well. From a reporting perspective, so this is more from a day-to-day delivery perspective, from a strategic reporting perspective, we have monthly meetings to go through with Modernisation and Digital on status of delivery. The report from M. and D. is now also requested to come into the Jersey Care Model for the board.

Deputy M.R. Le Hegarat:

Okay, thank you. I am going to move on to COVID-19 digital certificates and testing now. Please, can you provide an update on the system flaw which affected the security of the digital COVID status certificates? The issue was identified 4 weeks ago on 20th October and as of today there is still no fix. Are you able to provide an update and the reason that it is taking so long to resolve?

The Minister for Health and Social Services:

Yes, we can provide an update. I will ask Professor Peter Bradley to do so.

Director, Public Health:

Yes. I think it has been quite widely publicised that there was a security breach with the certificates. Islanders are able to get the necessary paperwork to travel, a Q.R. (quick response) code can be provided but the digital solution has yet to be secured. There is presently a testing process which is going on to ensure that the new service will be fully secure and then in incremental points the digital service will be up and running. But for now it is possible to get all the necessary documentation through the other mechanism. It is taking a little bit of time to ensure that the new system is as safe as it needs to be.

Deputy M.R. Le Hegarat:

We have no sort of exact date as to when it will be resolved.

Director, Public Health:

I understand that the security testing, the penetration testing as it is called, needs to be fully completed before that timeline can be set, so there is no timeline at present.

Deputy M.R. Le Hegarat:

Okay, thank you. Please, could you confirm the number of people who have signed up to receive lateral flow tests as part of the new home-testing programme?

Director, Public Health?

Yes. I can confirm that 17,000-plus people have signed up to the new programme, which seems very positive and this is in addition to schools-based and workplace testing. I might just invite Rachel Williams to comment, as Director of test and trace.

Director, COVID Testing and Tracing:

Thanks, Peter. As at Monday just gone, around 17,700 people have signed up for the new home lateral flow, in addition to 7,800 already signed up through schools. We have distributed around 2,000 kits, so each kit is 25 tests, for people who are direct contacts. In addition, we still have the almost 1,400 businesses that had signed up originally.

Deputy M.R. Le Hegarat:

Thank you. We received the next question from a member of the public: "Why are children under 12 not eligible for L.F.T. (lateral flow test) home-testing. I am using my tests on my child, as they have a much larger social circle than me, as probably most do, so that they can visit their grandparents, et cetera, safely. Why can parents not make a choice to test their children?"

Director, COVID Testing and Tracing:

Peter, did you want to answer this one as it is a policy question?

Director, Public Health:

I am very sorry, could you just repeat this question, why is testing not available for the under-12s, is that the question?

Deputy M.R. Le Hegarat:

Yes, because I think what the parent is saying is, why are the children under 12 not eligible for the L.F.T. home-testing? This person says that they are using their tests on the child, as they have a much larger social circle and they obviously want to ensure that they test their children regularly in relation to keeping grandparents and older relatives safe. Why can parents not make the choice to test their children?

Director, Public Health:

Yes. I would need to refer back to my policy colleagues to give you a complete answer to that. I am sorry I cannot give you the full explanation at the moment. If I could take that away, thank you.

Deputy M.R. Le Hegarat:

Okay, certainly. I would ask if it was possible for us to get an answer fairly quickly. As I said, as members of the public have asked this specific question of us.

Director, Public Health:

Absolutely.

Deputy M.R. Le Hegarat:

Okay, thank you. Following the removal of P.C.R. (polymerase chain reaction) testing at Jersey's borders for fully-vaccinated travellers, have Ministers discussed whether there is a situation where this should be reintroduced?

Director, Public Health:

I could answer that, Minister, if you would like me to. Yes, so we are constantly adapting our testing programme consistent with the winter strategy that has been developed. That testing programme is largely based on the risk of spread from various points of potential infection. Currently at the moment we are seeing a very low rate of infection that is being spread through our borders. Nearly all of the infection we are seeing currently is through community spread. We are constantly reviewing the policy to ensure that we are targeting the areas of particular risk. At the moment that really is around symptomatic testing and then direct contacts are our real priority at the moment. But if circumstances change we would be in a position to change our testing strategy.

Deputy M.R. Le Hegarat:

But just based on that, in relation to the removal of those facilities at the border, have those resources been re-diverted to use for overall testing?

Director, Public Health:

We have a very efficient use of resources and, again, I will just ask Rachel Williams to give some of the detail. There has been a major shift in the scheduling of tests to ensure that we have enhanced capacity, so it is constantly happening. But I will just invite Rachel again.

[16:00]

Director, COVID Testing and Tracing:

Thanks, Peter. At the airport we now have less swabbers rostered on each shift and more admin, that is important to make sure that when people arrive their status is checked and confirmed and those people who are fully vaccinated or are recently recovered positives or have had a pre-departure test are checked and quickly progressed through the airport. Also those individuals who do need a test can also be tested quickly. So we have changed the makeup, if you like, of the types of people who are working at the airport, keeping our staff, most of them are dual-trained anyway. It has also meant that we could release some staff from the airport and we have relocated them down to the harbour. Because of course the harbour, not only deals with the ferry arrivals, but also the symptomatic tests, the pre-admission and direct contacts. We keep it under review day by day and we bring in additional staff as we need to. We are also recruiting additional staff at the moment. So, yes, it is a dynamic situation and we review it every day.

Deputy M.R. Le Hegarat:

So how quickly do you think you would be able to upscale your border testing for all travellers if it was introduced?

Director, COVID Testing and Tracing:

If border testing whole scale was reintroduced, then we would hope that we would have at least a few days' notice and, just as we have done many times in the last 20 months, we would respond quickly. As I say, we do have an advert out for additional zero-hours staff. Having those zero-hours staff and their flexibility really helps us to respond as quickly as we are able to.

Deputy M.R. Le Hegarat:

Thank you. Does the test and trace reserve provision in next year's Government Plan £20 million give a contingency sufficient for the return of free border P.C.R. testing for all travellers?

Director, Public Health:

Rachel, would you like to answer that question?

Director, COVID Testing and Tracing:

Yes, so there is a reserve for testing and tracing in the Government Plan 2022 of £20 million. It is there as a reserve rather than a committed expenditure because, as we know from the last 20 months, so much can change on a month-by-month basis. We keep reviewing our spend. We keep tightening our spend. We keep spending wisely. At the moment that spend would be sufficient to continue the services that we have right now through into 2022. The other thing that is important is our new hospital lab. Our new hospital P.C.R. lab should enable us to spend money even more wisely, which would mean that we should be able to get more P.C.R. tests processed for the same cost as we currently spend because we brought the service in house.

Deputy M.R. Le Hegarat:

Thank you. My final question is what is the maximum daily testing capacity for the testing arrangements in place as of today. Can this be easily increased over the winter if required?

Director, Public Health:

Again, in respect of the capacity of testing, we have a very flexible system, which would allow us to upscale and downscale that testing ability. Rachel, are you able to give the figures for the present testing capability?

Director, COVID Testing and Tracing:

Absolutely. So last week at the harbour we were staffed up to offer around about 500 tests a day. Then we responded really quickly when we saw that demand rising and we are now offering around about 1,000 tests a day. The numbers change slightly depending on how many ferries we are expecting and when the ferries are coming in. As I said earlier, we are out to recruitment again to bring on additional zero-hours staff. We have also had a number of our university students approach us to say they are coming home, some of them early, for Christmas and they want to come and work with us again. So having that flexible model with those zero-hours staff helps us to be able to ramp up even further should the demand require that.

Deputy M.R. Le Hegarat:

Thank you. I will now hand over to Deputy Pamplin in relation to COVID and the Winter Strategy.

Deputy K.G. Pamplin:

Thanks, Chair. We are fully aware this still remains a very complex and delicate time in handling the pandemic. We have the Winter Strategy and the phased contingency measures for COVID outlined in there, namely starting with asking Islanders to return to measures recommending like working from home and recommending mask wearing in public places, et cetera. Legal restrictions will be the very last resort. But again this is a familiar question we have always asked, but what can you describe as the contingency measures that will be implemented between these 2 ends of the scale? I will just highlight that the U.K. have just announced another 38,263 new cases and 201 deaths within 28 days of a positive test. So cases are rising around our jurisdictions.

Director, Public Health:

Would you like me to answer that one, Minister?

The Minister for Health and Social Services:

Yes.

Director, Public Health:

So we are following our Winter Plan, which has been widely publicised. As I am sure you are aware, we took forward a number of measures last week, which involved a lot of communication and recommendations to Islanders about the importance of making sure that they do not come into workplaces when they are symptomatic; L.F.T. testing and the importance of vaccination. We are monitoring the data very carefully to see how and how quickly the number of infections are rising. In our Winter Plan it clearly states again there are a number of other measures to consider such as recommendations to work at home. Presently they are not being taken forward but we are monitoring the data very carefully. We will have to make decisions through the S.T.A.C. (Scientific and Technical Advisory Cell) Committee when and if those measures are to be recommended to Ministers to be implemented. So we are also looking at the need for slight deviations from that plan if it is suitable for us to do so. But we are using the Winter Plan as the main basis for how we will mitigate matters.

Deputy K.G. Pamplin:

We note the latest campaign, which now has publicly been announced. The Keep Jersey in Business campaign with the idea of using local businesses to urge Islanders to follow the Winter Strategies. But again with the rise in cases, mostly seen recently in schools, and we are still trying to work out the half-term effect and where that is. What is the medical and scientific basis for the Keep Jersey in Business campaign? Again, I just highlight the issues that are happening around us in the mainland Europe and in the United Kingdom. We understand Guernsey today at their press conference said they are not going to bring in mask-wearing by the end of this year. I think you touched upon it with S.T.A.C., but if you could outline it a bit more that would be great.

Director, Public Health:

Yes, so the measures that we have advised in the business campaign are based on the evidence that we have been advising in our Winter Plan. What we obviously are seeing at the moment is that we want to give the businesses some control so that they are able to keep trading and keep their business vibrant. So based on their risk assessments of their workforce, accepting that there are many different sectors on our Island, we have put forward a series of measures, which are for their consideration, which are largely those I have just described. The evidence base for those measures has been approved by S.T.A.C. and is described in the Winter Plan.

Deputy K.G. Pamplin:

Yes. I guess the bigger element of course in this is the vaccination programme and we cannot say it enough, the incredible effort made locally by the team and all the volunteers and everybody behind the vaccination programme. It is to all of their credit and, to be fair and honest, I do not think we could all say it enough, all of us working here today pay tribute to everybody working in Health and Community Services for their continued extra mile and effort they are going through for all of us. But the vaccine booster programme, as we are seeing now, I think Angela Merkel today described it in Europe as a fourth wave as very dangerous. There is a lot of effort and emphasis being raised about the vaccine programme. So what can you update us on with the changes being made to really make sure that everybody, who can, can come forward and get, not just their booster, that is important, but any outstanding vaccines?

Director, Public Health:

From memory, one contrast with Germany is that their vaccination rates are lower than ours in Jersey. So we are also very grateful to everybody who has come forward and been vaccinated. So we are constantly renewing the comms to explain the vaccination programme. We have also recently heard from the Joint Vaccination Committee, the J.C.V.I. (Joint Committee on Vaccination and Immunisation) in the U.K., that they will be extending the boosters to the over-40s and also to give a second dose to the 16 to 17 year-olds. So we are making plans for that. In that respect we are extending the vaccination programme slightly so that we can manage to vaccinate all of those people. We have yet to make the decision to follow that advice but we are planning for it. I would also like to invite, if I may, Becky Sherrington to explain some of the operational changes that have been made to the vaccination team.

Head of Vaccination Programme:

At the moment we have opened the vaccination. We are conscious that we need to make sure that accessibility for the 12 to 15 year-olds is made as robust as possible, while making sure that we have enough appointments, but also encouraging uptake. We have opened up those appointments

to walk-ins for 12 to 15 year-olds. So that has started last week. We are also doing mobile units. We have been out to all nursing and residential homes and vaccinated both with COVID and then we have revisited again to do flu. So we have given extra cover for both those vaccinations. We are also working with key stakeholders on the potential rollout for a schools-based programme as well. So again to make sure that the offer for the 12 to 15 year-olds is as strong as possible and to make sure accessibility is available.

Deputy K.G. Pamplin:

Becky, congratulations by the way on your new news and your new appointment. But could you just give us a sort of outline because there have been concerns? Again, Jersey people are consumed by national media a lot and we are hearing stories by the national news like the 24-hour news channels and all the news channels that the U.K. has seen a slowdown of booster uptake. Of course people on this Island interpreted: "That is the same here in Jersey." So can you just definitively draw a line between where Jersey is at with the uptake of booster and just make that clear. If it has been just a slow uptake because of communication or vaccination supply and what the changes are, but could you just define the difference between where Jersey is at, because I do not think that is getting through enough.

Head of Vaccination Programme:

Our number of vaccination rate is published twice weekly. I could provide you with the most up-to-date version by the end of today if that would be helpful. But we are seeing good levels of uptake, above 80 per cent in those high-risk groups. We are fully booked for this week. Again indicating a strong level of uptake in those above the age of 50 and high-risk groups. We also have availability after the end of this week, so there is available appointments for those who still have not come forward for either their first, their second, or their booster dose. So we have available appointments but we are also seeing high levels of uptake this week.

Deputy K.G. Pamplin:

Very good. Moving on to flu now very quickly, Ivan was with us earlier, but could you give us an update on where we are with flu? At the last panel we had basically it was below the baseline of where we are usually with flu. So any update on flu reporting and, alongside that, the uptake of the flu vaccinations?

Microbiology and Deputy Medical Officer of Health:

Thank you. There is a hint of flu around at the moment. So I think in Jersey until Monday we documented 4 laboratory confirmed cases, 3 Bs and one A. Interestingly, the number of R.S.V. (respiratory syncytial virus) cases per week has declined significantly. Over the last month we have had 5 per week and then one of 4, so that is a consistent decrease at the moment, which suggests

that we may not get coincident peaks of R.S.V. and influenza, which is good news. The flu vaccines are being delivered, as you know, not just through G.P.s and pharmacies, but also through the Fort. So we are collating the numbers from different sources this year and as usual the uptake in the most at risk is high. The elderly is high and it starts to drop the younger people get. Schoolchildren have had a 63 per cent uptake, which is reasonable, and vaccinations of children provides protection, not just for children, but the community at large. So that is helpful too. Flu vaccine continues to be rolled out and Becky, who is on the call, will confirm that many of those who are eligible for both boosters and flu vaccine that they go to the Fort, get both if they have not had the flu already.

[16:15]

Head of Vaccination Programme:

Thank you, Ivan, yes. People can come forward for both their flu and their COVID. It is important that we try to make it as successful as possible across the whole Island. So flu is available in local pharmacists, in G.P.s, and also at the Fort if you are sitting on the seat having your COVID booster or your vaccination. So there are lots of different opportunities to get your flu vaccine. Levels of uptake, they are 79 per cent in those over the age of 80, 72 per cent in the age 65 to 79, and 39 per cent between the ages and 50 and 64 and 47 per cent in those aged 0 to 16.

Deputy K.G. Pamplin:

Thank you. It is curious the high uptake of flu, but I guess we have been having that jab for a very long time. My last question before I hand over to Deputy Alves is one for Ivan. It is something we touched on in our briefing we had on Monday and it follows up the England Chief Medical Officer of Health saying again, and reportedly in the news again today, about his concern about unvaccinated pregnant women who ended up in hospital in the United Kingdom with COVID-19 and he was urging that all pregnant women do come forward for the vaccination. Just an opportunity for you, Ivan, to explain that and to give you the opportunity of why that is in the news.

Microbiology and Deputy Medical Officer of Health:

It has been known for some time that pregnant women are at greater risk of severe COVID disease, particularly in their third trimester, because of the mechanical effect of splinting of the diaphragm and reducing the ability to exchange air properly. Of course there is immune suppression in pregnancy as well. As a consequence of initial debate about whether it is safe to vaccinate in pregnancy, when vaccines initially came out, to be subsequently completely overturned and agreed by the College of Obs and Gynae and various other institutions that vaccination in pregnancy is safe and must be undertaken because of the risk that there has been a delay in vaccinating pregnant women. As a result, because of misinformation as well unfortunately, there is an overrepresentation of pregnant women with COVID in I.T.U. (intensive treatment unit) in the U.K.. People are trying to

reverse that trend by putting an emphasis on the importance of vaccinating pregnant women. We are looking at our stats locally. We know with a first superficial look that at least 300 pregnant women have been vaccinated. We are looking for the precise denominator for that to work out that. Then we will need to retarget that population and new pregnant women to ensure that they are given every facility to be vaccinated. It is really very important indeed.

Deputy K.G. Pamplin:

Great to hear from you as always. I will hand over now to Deputy Alves.

Deputy C.S. Alves:

Thank you. It was announced on 18th October that the Group Managing Director for the Health and Community Services, Rob Sainsbury, has been appointed as the new acting Director General for C.Y.P.E.S. (Children, Young People, Education and Skills). Please can you provide an update on the recruitment of a replacement for this role and advise how the transition will be managed?

The Minister for Health and Social Services:

We are using agencies to recruit an interim post. In the immediate future, we have an interim here in the hospital who will take up that post until the new year, with the expectation that an interim will be in post for the longer period while Mr. Sainsbury is in C.Y.P.E.S.

Deputy C.S. Alves:

Is Mr. Sainsbury in C.Y.P.E.S. at the moment?

The Minister for Health and Social Services:

No. I am very pleased still to have him and he has done a marvellous job in H.C.S. We are sorry to lose him but it is going to be a new challenge. It is C.Y.P.E.S.' gain to have him. But I think he is here until the end of this month and then will move to C.Y.P.E.S.

Deputy C.S. Alves:

What other key leadership roles can you update us on, if any?

The Minister for Health and Social Services:

I am not sure I have an update. All other posts are remaining as is.

Deputy C.S. Alves:

Moving on to theatre and surgery cancellations, please could you confirm how many theatre surgery procedures were cancelled in October this year?

The Minister for Health and Social Services:

The number cancelled in October was 14, for all the various reasons, and you will have seen I refer to the written question that I answered on 1st November, which gave a table showing the various reasons why operations might be cancelled.

Deputy C.S. Alves:

Was that written question 425? Yes. So we understand that there were 43 cancelled theatre procedures in September, which is the highest of any month for the past 5 years. Could you outline the reasons why the cancellations were so high, particularly in September?

The Minister for Health and Social Services:

Yes, I will ask the Director General to answer that.

Director General for Health:

We had the annual theatre maintenance programme that happens every year when we reduce activity so that we can have maintenance done, predominantly to our airflow system. That has to happen every year. So we have an element of shutdown. But we were also challenged around various absences for our staff in September. These were predominantly COVID related absences. So, because of that, we had to reduce activity.

Deputy C.S. Alves:

Thank you. I will just hand over to Senator Mézec for some final questions. Thank you.

Senator S.Y. Mézec:

Thank you. Yes, lastly, in the Government Plan in the reference to the Health and Social Recovery Fund there is a reference to children's dental health in there. I just wonder if you can provide us with some details of the work that you may be doing to address problems that have arisen with children's dental health throughout the pandemic. I do see that in the document it is the Chief Minister and S.P.P.P. (Strategic Policy, Performance and Population) at the bottom for that. But if you could just outline what involvement you have had?

The Minister for Health and Social Services:

That is okay, we can help, and I am very pleased that we are able to invest in additional services. I would like to hand over to our Assistant Chief Nurse to tell you all about that.

Deputy Chief Nurse:

We have addressed that 2-fold. You will have seen in some of the responses that we are developing our oral health strategy, which is obviously to provide a longer-term solution to how we provide

excellent dental care for children and those adults who will continue to need dental care at the hospital in terms of secondary care needs. Also post-COVID we instigated a task-and-finish group to ensure that we had very close monitoring of our activity around dental care. So to ensure that we have targeted actions that will improve our waiting list, clinical governance, and so that has been in progress since June.

Senator S.Y. Mézec:

Thank you. The Children's Commissioner has obviously spoken out a few times in the media about making sure that there is an appropriate COVID recovery package in place for children, not just in health, but also all the other areas as well. Can I just ask what involvement there has been, if any, with the Children's Commissioner and with the Minister for Children and Education as well, just to make sure departments are working together to make sure this ends up being focused as well as it possibly can be?

Deputy Chief Nurse:

As part of the COVID recovery, I can confirm that officers from Health and Community Services worked alongside other colleagues from Government, C.L.S. (Customer and Local Services), Public Health, so that we knew that we had a multiagency response. We are using all of the expertise around all areas of Government. So that did take place and has formed the basis of our Island Recovery Plan.

Senator S.Y. Mézec:

Do we know when more of this will be detailed and made public so that the public, and in particular the parents and carers, can be aware of this?

Deputy Chief Nurse:

That work is being delivered as part of the COVID Recovery Plan and I understand that is to go to P.O.G. (Political Oversight Group) in December.

Senator S.Y. Mézec:

Thank you. That is all I had to ask on that.

The Minister for Health and Social Services:

If I could just interject. Previous questions on the Mental Health Improvement Board, I can give some information now if it is appropriate.

Deputy K.G. Pamplin:

Yes please, Minister, that would be great.

The Minister for Health and Social Services:

The board last met on 23rd August. There is a meeting scheduled in the next 2 weeks. I understand that in the interim members of the board have been meeting as a cluster. The future direction of the board is to be a partnership board, involving our excellent charities and other providers in mental health.

Deputy K.G. Pamplin:

Do you have any other dates of the meetings before 23rd August? Again, if you could put all this in writing to us after the meeting, we would really appreciate it. I know we are asking for a lot of things but that would be great.

The Minister for Health and Social Services:

Sorry, you asked us for the last meeting, which we got, so how far back do you wish us to go?

Deputy K.G. Pamplin:

In 2021 I guess, since things started transferring back to normal since the pandemic, would be great. So we got the last hearing date, that is great, but if we could push you for those previous dates that would be brilliant too. I have a final question, which relates to our last quarterly hearing, which was about the Government Plan, where we learned that the waiting list specifically for breast screening is currently one year behind schedule. Is there anything further that can be done, since we last discussed this, in addition to the funding requested in the Government Plan to reduce that waiting time and any related waiting times?

The Minister for Health and Social Services:

So a very specific resource is being put into reducing. Again, I would ask our Adrian Noon to address this?

Medical Director, Primary Care:

Thank you, Minister. It was a specific COVID problem really that our screening services were fairly heavily impacted by. It also coincided with a bit of an increase for that year, so it made the effect worse. But you are absolutely right, we have run at 2 years for many, many years, which is a fantastic achievement for breast screening. We have slipped by 12 months, we are nearly at 3 years now, which puts us on a par with the N.H.S. screening service pre-COVID that their standards were every 3 years. We have prioritised those women at risk. Annual screening has remained for those. The women at very high risk with B.R.C.A. (BReast CAncer) genetic conditions still had screening by M.R.I. (magnetic resonance imaging). We have a contingency plan in place to increase resources in the radiology department. In fact this morning we met with the clinicians who have reassured me

that they see no significant risk and we should get back on track within the next 12 to 18 months. Our aim is to get back to a 2-year screen.

Deputy K.G. Pamplin:

Adrian, it is good that you are here because obviously part of the issue we heard was the G.P.s all coming back to face-to-face meetings with their patients and they are obviously the funnel of them resending patients through, which is where we are seeing that backlog. Is there anything you have discussed and can tell us today about maybe relooking at the partnership and what can be done, how you can work with G.P.s to ensure that they are up-to-date, so they are aware, so they are not referring somebody and can tell their patient: "We need to tell you the scenario, what can be done."

Medical Director, Primary Care:

Good question. We generate the requests for the screening centrally. So it is run from my office rather than through the G.P. surgeries. Obviously the G.P.s are notified so they are aware that the women are being called forward for screening. So we are in close liaison with G.P.s to make sure that they are up-to-date on what is happening with breast and the other screening programmes. But I am a lot more reassured after this morning that we will get back to a 2-year screening programme. But it will probably take us 18 months.

Deputy K.G. Pamplin:

Again, it is something we did ask for in writing, but time is against us, not just for this meeting, but the information that we need by the cut date. But we need to know the proportion of the £1.296 million funding for the Health Service Recovery 2022, which will be used to fund the breast screening programme, if anybody can give us that detail now I would appreciate it.

Medical Director, Primary Care:

I am afraid I cannot tell you on that one. I am more clinical than financial.

The Minister for Health and Social Services:

We will try to get that to you, Deputy. But I just wish to make clear that women can also self-refer into the breast-screening programme. They do not have to pass through the G.P. portal.

[16:30]

Deputy K.G. Pamplin:

A good point. That is it for me you will be pleased to hear.

Deputy M.R. Le Hegarat:

That was not bad for this panel, we are only 3 minutes over time and we probably started fractionally late. That is all our questions done. I would like to thank the Minister and Assistant Minister and all the officers and also the panel and scrutiny officers for this hearing. We look forward to all the replies and the information that you are going to provide us in the next couple of days, weeks in relation to the questions that we have asked you, which needed a written response. So thank you very much and goodbye to everybody.

The Minister for Health and Social Services:

Thank you, panel. Goodbye.

[16:31]