

2025.02.04

**Deputy J. Renouf of St. Brelade of the Minister for Health and Social Services regarding evidence that informed the proposed reorganisation of the health service (OQ.25/2025):**

Will the Minister provide details of the evidence that informed his proposed reorganisation of the health service, with particular reference to the relationship between the service and Government?

**Deputy T.J.A. Binet of St. Saviour (The Minister for Health and Social Services):**

The proposed reorganisation of the health service relies on the evidence obtained by talking extensively to a wide range of health professionals, patients, charities and health service providers. Then, in conjunction with my Assistant Ministers, applying a combination of commercial experience and common sense to reach a conclusion. It may be helpful to mention that 2 of the Assistant Ministers are experienced healthcare professionals, and the other has considerable commercial experience. That is the same combined and, I believe, sensible approach that has informed the desire to make the health service more self-sufficient.

**The Bailiff:**

Does that answer include reference to the relationship between the service and Government, which was part of the question, Minister?

**Deputy T.J.A. Binet:**

I believe it does in the last sentence, the same combined approach that has informed the desire to make the health service more self-sufficient.

**4.7.1 Deputy J. Renouf:**

One aspect of the relationship between the services that he is proposing and Government is unclear to me. Can the Minister confirm that there is no intention to run health as an A.L.O.? In other words, that the Health Partnership Board would commission services perhaps or be separate from the Government and therefore be run as an arm's-length organisation?

**Deputy T.J.A. Binet:**

No, there is no intention for it to be an arm's-length organisation.

**4.7.2 Deputy I. Gardiner of St. Helier North:**

Usually, this type of change is accompanied by the report of impact, cost-benefit analysis or study or business case. Has the Minister commissioned a cost-benefit analysis?

**Deputy T.J.A. Binet:**

No, I have not.

**4.7.3 Deputy I. Gardiner:**

Would the Minister explain why not?

**Deputy T.J.A. Binet:**

Because I do not deem that to be necessary. We are just taking the component parts that we have at the moment and reorganising them.

**4.7.4 Deputy L.M.C. Doublet of St. Saviour:**

My vice-chair actually asked the question I wanted to ask about A.L.O.s. I am still not entirely clear, though, if it is not an A.L.O. and it is not going to be entirely part of government, can the Minister provide some clarity on what type of entity exactly it will be?

**Deputy T.J.A. Binet:**

Well, under the old system, an awful lot of the affairs of Health were taking place in central Government. It is my opinion that they were not really receiving the right amount of focus. They were being done away from a health setting. I believe some of those decisions are better off made by people specialising in those areas. I would refer particularly to finance. I think we are spending well over £300 million a year. We have now got a finance director appointed who specialises in Health finance, and I think that is to our advantage, having just paid half a million pounds to KPMG to try and sort the finances out. I think going forward, we require that function to be done in a health setting. Similarly, digital health, a number of other areas, procurement and H.R. (human resources), I think that focus needs to be within a health setting.

[10:30]

Ultimately running through Government, but actually all of the day-to-day stuff being taken care of by people who specialise in that area.

**4.7.5 Deputy L.M.C. Doublet:**

The proposed changes that the Minister is talking about, has the full Council of Ministers seen the changes and agreed with them? If that agreement is in place, was it unanimous?

**Deputy T.J.A. Binet:**

I keep the Council of Ministers updated on what is going on and I continue to have their support.

**Deputy L.M.C. Doublet:**

Sorry, Sir, I am not sure the Minister fully answered the question. Was the agreement unanimous?

**The Bailiff:**

Has there been a vote on anything?

**Deputy T.J.A. Binet:**

No. As I have said, I keep the Council of Ministers updated as we go. It is a progressive situation and I continue to enjoy, I believe, the full support of the Council of Ministers. I have not heard anybody arguing against what I am doing at any point.

**4.7.6 Deputy H.L. Jeune of St. John, St. Lawrence and Trinity:**

Has the Minister found any examples of places where the model he is planning already works and works well?

**Deputy T.J.A. Binet:**

No, and I have to confess I have not looked elsewhere. I have just spent quite a lot of time taking a look at what seems to be wrong, and have done my best to put it as straight as I can.

**4.7.7 Deputy H.L. Jeune:**

Just to follow on from that answer, does that mean that the Minister came to this specific restructure without testing other alternatives? Is this the only one that he came to or were there other ones ... a selection of choices of restructuring of what that could be and he chose this one as the best from a cost-benefit analysis?

**Deputy T.J.A. Binet:**

This is the only one. I make the point again, I have not done a cost-benefit analysis. It is basically looking at what is going on, trying to apply a little bit of common sense. We have consulted very widely with probably hundreds of people in a good number of consultation processes and I have to say I cannot recall a single health professional arguing against these essential principles. Perhaps I should have spent a little bit more time looking at other jurisdictions, but there is a job to do and I think the health service requires improvement and we are moving as quickly as we can.

**4.7.8 Deputy H.M. Miles of St. Brelade:**

Could the Minister tell us how the reorganisation will deliver improvements to things like waiting lists, safety and quality of patient care?

**Deputy T.J.A. Binet:**

My experience of it in the 12 months that I have been there indicates to me that all the various sections of health provision are too distant from one another and a lot of things fall through the cracks between departments at this point in time. I am putting together a Health Partnership Board where all the key players sit around the table at the required times and make those decisions together. I think decision-making is going to be a lot better and I am going to be looking at digital in a different way, and I will be coming back to the Assembly on that because I think digital connectivity is also going to help. It is basically people talking to each other and connecting with each other. I think we can create a great deal of efficiency that will bring down waiting lists and improve the service, hopefully quite dramatically.

**4.7.9 Deputy J. Renouf:**

We are talking about a very major reorganisation of health delivery. The Minister has said in a written answer that he is not planning a public consultation. He has confirmed in this session that he has done no cost-benefit analysis. There are no examples of anywhere that has tried this before and no alternatives have been considered. Is the Minister comfortable that he is essentially making us all the subjects of an experiment for which he has no evidence?

**Deputy T.J.A. Binet:**

I was asked in the initial question about evidence and I said quite clearly that the evidence was obtained by talking extensively to a wide range of health professionals, patients, charities and health service providers. These are the people that are providing the care. They are all in agreement. Deputy Renouf may choose not to be in agreement, but that is a matter for him. I tried to explain this at the last Assembly. I am trying again, I seem to be failing. I am very happy to entertain the Deputy to a private meeting to go through it in more detail if he still has concerns.