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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 29th October 2020

Panel:

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

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

Deputy C.S. Alves of St. Helier

Deputy G.P. Southern of St. Helier

Deputy T. Pointon of St. John

Witnesses:

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

Senator S.W. Pallett, Assistant Minister for Health and Social Services

Mr. R. Sainsbury, Group Managing Director

Ms. R. Naylor, Chief Nurse

Ms. I. Watson, Associate Managing Director

Dr. A. Muller, Director for Improvement and Innovation

Mr. A. Khaldi, Director of Public Health Policy

Mr. M. Richardson, Ministerial Support

Mr. A. Heaven, Head of Policy, Strategic Policy, Planning and Performance

Ms. R. Sherrington, Associate Chief Nurse

Ms. A. Hamon, Senior Policy Officer

[10:02]

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

Good morning, everybody. This is the Health and Social Security Scrutiny Panel's public hearing with the Minister for Health and Social Services. Welcome to this meeting. It is going to be done remotely and therefore just bear with us just in case we have a few minor technical problems. I am Deputy Mary Le Hegarat, District 3 and 4 of St. Helier and I am the chair of the panel. I would ask all those present, including my panel, to introduce themselves if they are going to contribute to this meeting, thank you.

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

Good morning, everybody. I can confirm under this beard it is Deputy Kevin Pamplin of St. Saviour and the vice-chair of this panel.

Deputy G.P. Southern of St. Helier:

Geoff Southern, St. Helier No. 2 district, member of the panel.

Deputy C.S Alves of St. Helier:

Carina Alves, I am also Deputy for St. Helier District 2, and I am a member of this panel.

Deputy T. Pointon of St. John:

Trevor Pointon, Deputy of St. John and I am a member of the panel.

The Minister for Health and Social Services:

Good morning. I am Deputy Richard Renouf. I am the Minister for Health and Social Services.

Chief Nurse:

Good morning. I am Rose Naylor, and I am Jersey's chief nurse.

Director for Improvement and Innovation:

Good morning, I am Anuschka Muller, director for improvement and innovation.

Group Managing Director:

Good morning. I am Rob Sainsbury, group managing director, H.C.S. (Health and Community Services).

The Minister for Health and Social Services:

I also have a team elsewhere. If Alex is present could you introduce yourself?

Director of Public Health Policy:

Good morning. I am Alex Khaldi, director of public health policy.

Ministerial Support:

Mark Richardson. I provide ministerial support.

Head of Policy, Strategic Policy, Planning and Performance:

My name is Andrew Heaven. I am head of policy. I work for Strategic Policy, Planning and Performance.

Assistant Minister for Health and Social Services:

I am Assistant Minister, Steve Pallett, currently in sunny St. Brelade.

Deputy M.R. Le Hegarat:

Thank you. I think that is probably all. If there is anybody that contributes that has not already introduced themselves I just will ask that they do that when they move forward. Normal rules will apply in relation to our public hearings, and we will start with Deputy Alves who is going to ask questions in relation to our response to COVID-19.

Deputy C.S. Alves:

The panel has noted that Jersey remains in level 1 of the safe exit framework, which commenced on 8th August. It was reported in an article by the *J.E.P. (Jersey Evening Post)* on 21st October that waiting times for COVID-19 test results will be reduced to 12 hours in a matter of weeks. Please can you advise what steps are being taken to achieve this?

The Minister for Health and Social Services:

Yes, I believe we are on course and are regularly achieving test turnaround times for tests conducted locally. Can I pass over to Andrew Heaven perhaps who might be able to give more detail?

Head of Policy, Strategic Policy, Planning and Performance:

In terms of our test turnaround times, in the last 3 days the hospital laboratory tests are, on average, one hour. For the airport laboratory, which is our on-Island P.C.R. (polymerase chain reaction) testing, for the last 3 days the average test turnaround has been 8 hours, 5 hours and 10 hours, so that is the 25th to the 27th. The laboratories that are in the U.K. (United Kingdom) that we use off-island, so Micropathology and Public Health England, the average in terms of hours, are 29, 28 and 31. So that was as of the 27th and we continue to try and drive the turnaround times down for on-Island testing. What I would add to that is with the reduction in passenger numbers we have got slightly more capacity in terms of our airport laboratory. As of yesterday we are now doing day 5 tests on-Island, which means quicker turnaround. As capacity allows us, we will assign tests for

direct contacts to on-Island laboratories. In essence, our airport lab is now doing what we commissioned it to do in terms of turning round those tests as quickly as possible under 12 hours. We are constantly now managing that mix of what we send to that lab and what we send away.

Deputy C.S. Alves:

Just picking up on that, you mentioned there that because the airport lab now has more capacity the day 5 tests are having a quicker turnaround, why has there been the longer delay for these tests in the first place? Is that because they were being sent to the U.K.?

Head of Policy, Strategic Policy, Planning and Performance:

Yes, that is right. So what we have got, Deputy, is previously our passenger numbers were much higher and also the airport lab we wanted to deliberately ramp that lab up in a controlled and managed way. What we did not want to do was throw too much capacity at it while we were making sure that our processes were to standard and we have confidence in them. We have deliberately ramped that lab up in a slow but managed way. Therefore, in August and September, we had a lot more tests going off-Island and, as you will appreciate, those off-Island laboratories are under a whole lot of other demand from the U.K. Therefore we were incurring a longer turnaround time for our swabs that went off-Island.

Deputy C.S. Alves:

Thank you. Do you anticipate that we will ever stop relying on the U.K. labs, because you have mentioned here that obviously the airport lab is not at full capacity yet so when will it be at full capacity and what is that capacity? Will we always be reliant on the U.K. testing labs because I know that I have heard from some individuals who are on-Island who may have been reluctant or avoided phoning the helpline to say what their symptoms are because they are aware that there is a longer turnaround in the tests for the residents, and that would involve isolating a whole family, which obviously leads to a loss of earnings. If you could tell us whether that is ...

Head of Policy, Strategic Policy, Planning and Performance:

From a tactical point of view, what we want to do is maintain some level of testing off-Island and that is primarily because we do not want to put all of our eggs in one basket, so to speak. I am touching wood at this point. If something did happen to our airport lab, if we had all of our testing going through there, and had severed our ties, for want of a better word, with laboratories in the U.K. we would be in a very difficult position. Going forward, there is a deliberate plan to continue to use and engage the off-Island laboratory capacity in a deliberate manner. But as I said to you, that is an ongoing consideration of wherever we can, and according to clinical priority we will use the on-Island lab at the airport and also the hospital deliberately where the need is greatest. Obviously we will

take the M.O.H. (medical officer of health) advice upon that. But I think to answer specifically, the airport lab capacity is about 2,000 tests a day.

The Minister for Health and Social Services:
Can I add that we intend to move a great deal of our testing programme into a focus on testing our local workforce, particularly those who have greater possible exposure to the virus, and we plan to test them at regular intervals? That programme is being rolled out, letters are going out to employers very shortly asking their employees to participate. Those tests, because they are not a matter of ... because they are a test of a whole workforce, they are not testing people who might be symptomatic, we will largely use the U.K. testing laboratories for that.

Deputy C.S. Alves:
How is the Government ensuring that the Nightingale hospital remains prepared in the event that it is needed to accommodate COVID-19 patients? Is there an ongoing staff training and equipment testing procedure in place?

The Minister for Health and Social Services:
Yes, I am entirely satisfied on that. I have been briefed on that. But for the details I would like to pass you over to our chief nurse.

Chief Nurse:
We have something called the Nightingale passport, which basically is a series of specific training that staff need to do in order to be able to work in the Nightingale. It is things like orientation to the site. It includes fire training, fire evacuation procedures. That has been ongoing since we opened the Nightingale and did the simulation training. The Nightingale also features, in terms of our winter pressures, COVID planning. So there is a group of staff who meet on a regular basis and we met this morning again to talk about the site preparedness and readiness should we need to use that site at some point in the future. There are regular touch points throughout each week that is aligned with our activity in the hospital and our COVID activity on the Island.

Deputy C.S. Alves:
Please can you advise whether you anticipate any updates or changes to the current safe exit framework in line with the rising numbers of active cases?

The Minister for Health and Social Services:
It is a fast-changing situation. The safe exit framework was entirely appropriate as that, as we tried to restore life to something appearing normality in the summer. But clearly we are in a different position now and we see all around us a ferocious escalation of the rate of spread.

[10:15]

I think we have to be fleet of foot and not necessarily talk about levels anymore, whether we are in level 1 or 2 or 3, but to be more responsive in targeting the areas where we might see risk occurring. We will shortly be bringing out a winter strategy, which will detail exactly how we will respond to the increasing threat.

Deputy C.S. Alves:

Following a number of reported cases of community transmission of COVID-19 in local schools, are there plans to enhance contact tracing efforts among school-age children and their parents?

The Minister for Health and Social Services:

Can I ask Andrew Heaven to take that question please? I am very confident in our contact tracing team. They have done excellent work and we have managed to keep control of the spread of the virus in the Island. But of course there are increasing risks. It is Government priority to keep the schools open so it is not unsurprising that there are cases in schools but the policy is to continue to isolate those cases and the bubble associated with them to prevent a further spread. Over to Andrew, if I may.

Head of Policy, Strategic Policy, Planning and Performance:

Thank you, Minister. Just to add to the Minister's points, which I think are well made, there is a jointly produced protocol and training that has gone on between the contact tracing and heads of teachers of all of the schools. As you quite rightly point out, we have had a number of cases in schools and those procedures, as rehearsed, have been followed, which is good in that it has managed to disrupt the onward transmission of the virus in those places. I think what we are doing is working well. We have all the benefits of a smaller Island and our preparation previously at this point is working well. We are of course not complacent. We continue every day to review the number of cases, review and analyse the transmission, and look at how we are working and whether we can improve that. But it is a dynamic situation and we will continue to do that as we go forward.

Deputy C.S. Alves:

Do you anticipate any further restrictions at Jersey's borders to reduce inbound travellers as COVID-19 cases rise considerably in other jurisdictions?

The Minister for Health and Social Services:

We are keeping the border situation under constant review but I think what we have there at the moment is controlling the situation. So there is a requirement to either isolate or be tested and with

each one of those tests comes a period of isolation. The fact there is only one green area now in England and a few in Scotland mean that effectively everyone coming through the borders has to ... 99.9 per cent of people coming through the borders will be isolating for 5 days at least. We are seeing numbers fall very dramatically. I have been told that last week there were days when less than 200 people passed through the airport, which is very low. We know that many of those that have travelled previously have been returning Islanders. I think we must shift our focus to on-Island measures and make sure we protect each other as we go about our life in the Island. Yes, just that I think. So shifting focus from the borders to on-Island measures.

Deputy C.S. Alves:

Please can you provide us with an update on the Island's work towards securing a potential COVID-19 vaccine? Has funding been allocated to secure a vaccine, if and when it becomes available?

The Minister for Health and Social Services:

Yes, we have comprehensive planning around a vaccine. Dr. Muscat has access to the U.K. board that is planning the approval of a vaccine or vaccines and distribution. We have confirmation that we will have parity with other areas of the U.K. in receipts and delivery of the vaccine, and there is a good plan that is being developed to roll out the vaccine locally to priority groups first and then a wider distribution.

Deputy C.S. Alves:

My final question is: there has been a great deal of pressure and demand on public health during this pandemic locally. Will you be looking to undertake a review to look at the structure, how it works given the way it falls under S.P.P.P. (Strategic Policy, Planning and Performance), and the development of S.T.A.C. (Scientific and Technical Advice Cell) and the role of C.M.O.H. (chief medical officer of health).

The Minister for Health and Social Services:

Definitely. We must enhance our public health capacity in the Island and COVID has demonstrated that. It is also part of the Jersey Care Model and will be a workstream in that, if the States chooses to approve the model, but regardless of that it will need to be done. We have put in place, very quickly, as a result of COVID a wonderful team that has worked really hard to protect the Island, and credit to them. But we do need to be more organised. We will be speaking to you later, I believe, about some changes in personnel within the public health team and how it will be developed and structured in the future.

Deputy C.S. Alves:

I am going to hand over to Deputy Pamplin who has a couple of follow-up questions.

Deputy K.G. Pamplin:

I just wanted to touch base back on to the situation with the schools. For me there was a couple of concerns I had, and that was about the communication of the process. I want to go back to the first incident that took place. Are we now clear that a child who will not be returned to their class until the results of a second or, need be, a third P.C.R. test is received and not that a period of isolation of, say, 14 days has occurred? Can I confirm that?

The Minister for Health and Social Services:

Andrew Heaven has spoken about a protocol that has been agreed with the schools. Could I pass that specific question to him please?

Head of Policy, Strategic Policy, Planning and Performance:

Just to clarify, Deputy, are you talking ... it is difficult to talk about the specifics in a public forum but what I can say is that all of the protocols that we have around the border have been communicated and have been agreed through the M.O.H. and all head teachers of state schools are clear about and understand the protocols that we put in place. At this moment in time, a child returning and an adult returning from a country that is deemed in our highest risk, which is red, the testing rate and self-isolation regime for that country and that arrival is a test on day nought and then 14 days isolation. At this point, as we speak, that is the policy. So for a child, who is returning to Jersey with their family, just for the sake of argument, they will complete that period of self-isolation. If they are over 11 they will have a test at day nought just like their parents or guardians or carers and, at that point, after 14 days there are no symptoms they can return to school. That is the situation. So there is no second test in relation to the border safe to travel policy for a passenger returning from a red country. I think that the school that we are talking about, at this moment in time, is considering that, which is outside of the government policy at this point.

Deputy K.G. Pamplin:

Would it be fair to say that if anybody is awaiting a test though, regardless of the time period of isolation, and that test, for whatever reason, it has been delayed or it is taking longer or the time lines are converging, would it still be the advice that the child or whoever should still, regardless of the period of isolation, wait for the test result first, regardless of the time period of isolation. Because obviously a test result could pick up if somebody was asymptomatic even though they were not showing symptoms after 14 days because they could have presumably come into contact with somebody else in that isolation period in their own bubble. So should the advice be that anybody, including a child, regardless of what country they are coming from, wait until their first or second test is confirmed?

Head of Policy, Strategic Policy, Planning and Performance:

The published guidance says that the child should, on returning, self-isolate for the same period of time as their parents or guardians that come with them. There is a scenario which is that the child may be under 11 so may not have a test, which is the border policy. If the parents then test positive then the child then becomes a direct contact and would then be tested. So you are almost into another scenario. But, yes, in principle that is correct, you are right.

Deputy K.G. Pamplin:

I think that is the clearer message that if anybody is waiting for a test, because I think that is where the confusion is from and, me being me, it is all about the clear communication. If you are waiting for a test it is a key contact, or the child who has had one, wait for the result regardless of the period of isolation. Thanks, Andrew. Lastly, Minister, we have seen a situation now in Germany with Angela Merkel going into a soft lockdown for her region, we saw last night the French President announce a lockdown for our nearest neighbours France, and we wait and see whatever the United Kingdom will make of their latest evidence. I would imagine that S.T.A.C. and the department are looking very closely at this. For those people who are concerned because they are digesting that news daily, every minute on social media, on the national news headlines, what message can you put out today for the Island, who is obviously concerned that our nearest neighbours have gone into a full lockdown, what the benchmark will be if Jersey ever gets to that situation? What is that message this morning?

The Minister for Health and Social Services:

I share that concern. I have seen the same news stories and it is a serious situation in the U.K. and the Continent. We are well prepared. We are not proposing an Island-wide lockdown though we cannot rule it out and we will be ready should it be needed. But our strategy is more so to address and control areas where infection may spread and to ask Islanders to use the best measures to protect themselves, which are very simple. Which are about keeping your distance, washing your hands, wearing masks, all those things that we have heard about for months now are in fact the most effective measures. To be extra careful during winter when the virus is the most virulent. There is not a threshold at which we might start to do things differently or impose pan-Island measures. It will depend on the control we have of the spread of the virus. It will depend on the precise situation at the time and, of course, we continue to seek advice from the experts who serve on S.T.A.C. I hope that helps you.

Deputy K.G. Pamplin:

There are a few more questions on vaccines we will get to later but I will hand back to the chair.

[10:30]

The Minister for Health and Social Services:

Can I just add that I answered Deputy Alves' question on the vaccination programme but I failed to bring in Becky Sherrington, who is heading up that programme, and if you wanted to hear more about the COVID vaccination programme I can ask her to say something for a minute or 2.

Deputy M.R. Le Hegarat:

That might be very helpful, Minister, thank you.

The Minister for Health and Social Services:

Becky, would you please help us out with your knowledge?

Associate Chief Nurse:

Thank you very much for raising the question. At the moment, the exact date of the vaccination programme remains unknown although we are scenario planning to be prepared for the end of quarter 4. We do know that we will get small amounts initially so the plan is to give it to priority groups, which is based on the U.K.'s Joint Committee of Vaccination and Immunisation priority groups, so we have a list of priority groups and we have an operational plan for each of those tiers. We are getting ready for each of those tiers with different delivery models for each of those tiers and they are being progressed by a working group, which includes workstreams around governance, digital, workforce, communications, pharmacology, and that group reports to a programme board, which meets once a week and reports ultimately into the track and trace board. So at the moment our timelines to delivery are unknown. We are working at pace to make sure that we are ready to deliver it once it arrives and it be given to priority groups based on the amount of vaccine that we receive. Happy to take questions.

Deputy M.R. Le Hegarat:

Does anybody else want to follow up on that or are they happy for me to progress into the next section?

Deputy K.G. Pamplin:

I have got some questions on vaccinations but I can group that in my section later, so we can move on, Chair.

Deputy M.R. Le Hegarat:

I am going to ask questions in relation to cancer screening. Following the Government's announcement on 20th October the panel understands that breast cancer screening services has caught up with its backlog of high-risk patients. Please can you advise us the impact of COVID-19

on the screening programme and the impact of the backlog and for new patients to have their first screen?

The Minister for Health and Social Services:
Could I ask Rob to take that question? Is that appropriate?

Group Managing Director:
I can, Minister. Thank you, Chair, for that question. You are quite right. Our screening programme was very much disrupted by COVID. We have resumed the programme and our services have fortunately successfully managed to catch up on the backlog of patients after the restrictions. In all honesty, it is far too early for us to understand whether or not we are likely to see further impact so we have been looking at our diagnosis rates and, at the moment, that looks to be pretty consistent to last year. We have around 8 cases a month and the numbers look like they are at that. Our intervention rates for treatment look very similar as well. But I think we anticipate is probably over the next few months that we might start to see whether or not there has been an impact. Fortunately at this stage there has not. We are in a different position to the U.K. but this is something that we have to monitor continuously and we will obviously update the panel if we start to see any spikes in those cases, as you have requested.

Deputy M.R. Le Hegarat:
Please advise whether you anticipate that breast cancer screening and all cancer services will be restricted again as the Island enters the winter months, and the number of active cases could potentially increase.

Group Managing Director:
That is a really good question. So as part of our winter planning, our focus and our main priority is that going into winter and any additional spike within COVID we do not want to have to revert the services back to our previous approach. We do not want to suspend services. The plan is to keep screening programmes going. Keep our elective access going. Keep our day surgery and our intervention surgery all continuing, and that is why our plan has absolutely separated out our hot/cold pathways for COVID. So we are working with our G.P. (general practitioner) colleagues around maintaining screening. We are looking at how we can get our diagnostic pathways continuing because if we start to see a spike in activity within the hospital we do not envisage that we would take the same action as previously by just suspending everything. We have seen more of an impact as a result of that in terms of some of our waiting list pressures and so we are concerned about the impact that that might have on other health conditions. We are balancing that up.

Deputy M.R. Le Hegarat:

The panel is aware of the challenges to endoscopy services and was undergoing a regular review. What has the review shown and action that needs to be taken?

Group Managing Director:
Endoscopy is one of our pressure areas in terms of waiting times. We have seen growth within that area and as we start to really push out our screening and our surveillance in this area even more we know we have got activity pressure coming. We have recruited an additional consultant to support the capacity. We have done a demand capacity modelling. We have identified that we need more endoscopy space within intervention and we need another consultant to provide additional slots for us. They start hopefully in the first month of the new year and obviously that will help us to get through our backlog problem. This speciality is now the one which is our most pressured out of all of them.

Deputy M.R. Le Hegarat:
What other services are also disrupted? Can you update us with including stroke rehabilitation and brain injury services?

Group Managing Director:
In terms of the impact that we have seen as a result of COVID-19, for our waiting lists overall for inpatients we have managed to catch up pretty well. We are going to be below our pre-COVID position within the next 2 weeks. At the beginning of September we had 1,900 patients who were on our inpatient waiting list. We will be down to 1,500 patients in the next 2 weeks. But the area where we have seen impact has been around our outpatient activity. At the beginning of September we had 9,000 patients who were awaiting outpatient appointments. Where we are now that has gone up by around 1,000 patients. When we have looked at that detail it is very much because our virtual consultations that were happening throughout COVID, many of our clinicians feel that they still needed to see the patients. They were not happy to just do virtual consultations. So that has added quite a few patients on top of that waiting list. That is in terms of where we are around the impact to waiting times. In terms of our stroke rehabilitation services, that service is now happening within our Plémont Ward within the General Hospital, so we are continuously monitoring our rehab function there. We are looking at our length of stay. At the moment it is stable and it is very similar to our previous lengths of stay. We have not seen a spike and we have not seen significant reduction either. The prevalence looks to be consistent as well. So we have opened an additional 6 beds this month because we have started to see activity increase. But we have not really seen that much of an impact as yet. But obviously it is still ... similar to the breast screening, I think it is still quite early days. We are still feeling our way with some of these conditions.

Deputy M.R. Le Hegarat:

I have one final question but before I ask it I note that Deputy Pamplin has a quick question.

Deputy K.G. Pamplin:

Quickly on the review on endoscopy, how are you going to fill that tension, did you say? I missed it. Secondly, what about the process for going to Southampton now? Southampton is going to red, according to the Jersey border line so for patients and families, for those going to receive treatment in Southampton, can you explain how that will work going forward?

Group Managing Director:

For endoscopy, our modelling is saying that we need more clinician time and we need more endoscopy sessions, so we have just fortunately recruited another gastroenterologist, a new consultant. So that is much needed. They should be starting early 2021, January we anticipate. So that will help us with that backlog in terms of endoscopy. In terms of our Southampton link. We had already seen quite a drop in the numbers of patients who had been going over to Southampton. One of the big benefits of COVID has been that our virtual link to Southampton has been quite positive. So it has meant that many of our patients have stayed on-Island, they have spoken to the consultant specialist virtually. Our clinicians have helped them sustain them. Haematology is a great example of how you can stop people needing to travel. We do still have activity planned right now and going into November. We are working with our colleagues in central government and Blue Islands around how we might need to sustain some of those pathways. For those who have to travel, we would anticipate the same approach as previously where we have dedicated transport for those individuals to get them to Southampton. But where possible, to mitigate the risk to the individuals, because we do not want to travel unnecessary, we would envisage in this area we would start back our virtual appointments.

Deputy K.G. Pamplin:

Would that be the same for patients who go to King Square? I am thinking about brain tumour patients, if they get referred to Kitchen in London, would it be the same process for those patients who get referred to Southampton? Would it be the same? How is it going to work?

Group Managing Director:

It would be the same. It would be the same for all our planned care functions where we need tertiary care. That would be the same. Obviously ideally we would like to sustain links that are near to the centre. That very much depends on how the aviation industry is able to sustain, in all honesty. That is why we are talking particularly with our colleagues in Blue Islands around this area. Obviously our emergency tertiary pathways are unchanged. We still have the ability to transfer patients with urgent need off-Island as we always have.

Deputy K.G. Pamplin:

I guess for patient's parents or loved ones, what is the system going to be wrapped around them because if they want to go with the patients to be with the patients for any surgery in Southampton, same sort of question really, how is that going to be managed given what is happening in the U.K.?

Group Managing Director:

It will be case by case. Similar to last time, we had situations where we did have relatives joining their loved ones for their journey and they made an informed choice around that. We will have to advise if we think that there is significant risk, if they are also in an at-risk category, but we are working with everyone on a case-by-case basis on that.

Deputy M.R. Le Hegarat:

Before I move to Deputy Southern and key workers and accommodation, somebody has asked us a question this morning and we all had to look it up, but they want to know why it is not possible in Jersey to get D.E.X.A. (dual-energy X-ray absorptiometry) X-rays at the moment.

The Minister for Health and Social Services:

I am afraid I do not know what D.E.X.A. X-rays are. Does anyone round the table know?

Deputy G.P. Southern:

I believe it is around bone density X-rays.

The Minister for Health and Social Services:

Can we say that we will need to ask whoever is on the team in the hospital who knows about that and we will let you have a response?

Deputy M.R. Le Hegarat:

We looked it up this morning, it says a D.E.X.A. scan is a high precision type of X-ray that measures your bone, mineral and density and bone loss. If your bone density is lower than normal for your age it indicates a risk of osteoporosis and bone fractures. It says: "Can you ask why it is no longer possible to get one at the hospital" and hundreds of people want to know but maybe we made the false assumption that it was something that somebody may know about. But we are quite content that having asked the question if you can come back to us that would be very helpful, thank you.

The Minister for Health and Social Services:

We undertake to do that.

Deputy M.R. Le Hegarat:

I will move now over to Deputy Southern in relation to key workers and accommodation.

Deputy G.P. Southern:

My question, as you say, talks about the accommodation for key workers, doctors, nurses, social workers and workforce professionals. Could you advise the panel whether any of the accommodation units at Hue Court or Plaisant Court allocated to key workers are unoccupied at the moment and, if so, how long do they remain unoccupied at any one time?

The Minister for Health and Social Services:

Can I just say in opening, Deputy, that over the last couple of years I have seen the accommodation that we provide for key workers increased and good quality accommodation is now available. Whereas that was once quite a fundamental issue in recruitment and retention we probably need more than we have got.

[10:45]

But we have got a good stock of accommodation, which is serving its purpose and accommodating our key workers. I would like to pass over to our chief nurse who can provide you with those sort of details on vacancy rates.

Chief Nurse:

In relation to Plaisant Court and Hue Court, both buildings have properties vacant at the moment, so Plaisant Court has 6 vacant and there is 4 staff allocated waiting to go into those with 2 available for any new recruits appointed. Hue Court have 80 occupied, 4 vacant and all those 4 properties are allocated. When I say “allocated” this is ready for staff coming into those properties.

Deputy G.P. Southern:

Where are those staff now?

Chief Nurse:

They are waiting to come over to Jersey. So the properties have been identified for them to come into. Quite a number of the staff are short-term contract staff so they will be locum doctors or agency staff who come over at short notice, so they will move into those properties very quickly.

Deputy G.P. Southern:

I note in the next question that there are 17 bedsits at Plaisant Court. Can you advise whether any healthcare professionals seconded to Jersey have expressed concerns about the suitability of bedsit accommodation? Is that appropriate?

Chief Nurse:

I cannot comment on that specifically because I have not been made aware of any issue specific to the type of accommodation at Plaisant Court. So I have not had anybody raise specifically an issue about bedsits.

Deputy G.P. Southern:

Would you say that bedsit accommodation is appropriate? I thought we were trying to cut out sort of bedsit accommodation anyway.

Chief Nurse:

I agree. My understanding about the properties, particularly the ones I have seen myself in Plaisant Court, they are apartments they are not bedsits.

Deputy G.P. Southern:

Can you advise us how the decision is made to allocate bedsit or one-bedroom apartment accommodation to people? How do you decide who gets a bedsit or a one-bedroom apartment?

Chief Nurse:

Some of the decisions around accommodation depend on availability. So there is specific accommodation allocated for certain staff groups so the junior doctors, for example, we have an agreement with the Deanery around the accommodation requirements. In terms of our colleagues in C.Y.P.E.S. (Children, Young People, Education and Skills), we have an agreement with them in terms of the properties. The rest of our portfolio is allocated dependent on need. It is our long-term objective that we upgrade all of our key worker accommodation. Certainly Hue Court and Plaisant Court are really good examples of decent standard of living accommodation and the feedback we have certainly had from staff who have recently moved into Hue Court in relation to the standard of that property has been really positive. But we do recognise and have recognised for a number of years that a lot of our stock of accommodation needs urgently updating.

Deputy G.P. Southern:

Finally, what accommodation do you have provided for key workers who come with young children? Do we have any larger accommodation units?

Chief Nurse:

We have always had a shortage of larger accommodation. That said, we do have some 2-bedroom and 3-bedroom units available. Certainly additional 2-bedroom units have come on board since we have done the work with Andium around Hue Court. For families that are relocating here, we do

have a relocation service now provided for new staff who support staff in terms of sourcing accommodation if they want to go straight into either private sector accommodation or if they wanted to move to Jersey and buy properties. So the H.C.S. accommodation portfolio is not the only option for individuals. But I will say our 2 or 3-bedroom units are in really high demand.

Deputy G.P. Southern:

Can I just move on to the wider aspects of recruitment and retention? Housing is one of them obviously. This time last year it was noted that the department was carrying some 194 vacancies across all staff groups in post, including 74 in nursing and midwifery. I just wondered what progress had been made over the last year in terms of reducing that number. Are services being affected by staffing problems?

Chief Nurse:

That is a really good question. Over the last year we have certainly seen slight fluctuations in different professional groups in relation to vacancies that we have probably not seen before. I am talking specifically around some of our allied health professional groups, so our therapy groups. Some of the feedback from individuals is directly connected with what has happened globally with COVID and the fact that people are here and away from their families that have potentially driven a decision to decide to relocate back to the U.K. That said, that is not the same across the board. We have had natural retirements. Our workforce, as we have said previously, has been getting older. Over the course of this summer we have also had a number of retirements. In relation to nursing, our vacancy position generally sits around the same amount, give or take a few fluctuations. So our way of attacking that is 2-pronged. One is to bring people in from outside who have got knowledge and experience but also to grow our own workforce, as you know. We have got 45 students in training at the moment who will go into post once they are qualified. Ten of those will go into posts in December in Jersey this year. We have got in the pipeline already recruited, in addition to those 10 for nursing, we have an additional 33 people who have recruited, who are being onboarded at the moment. I do not know if Rob is in a position to comment on medical staff in relation to recruitment but I will hand over to him.

Group Managing Director:

I can. We have still got some key gaps, particularly within mental health, and we are actively recruiting. We have got some new roles that we are trying to recruit to in mental health so some new consultant posts as part of crisis prevention. We are recruiting within our A. and E. (Accident and Emergency) Department, so we are out to ad at the moment with what we call our associate specialist or middle grade doctor levels, just below consultants. We are also actively recruiting into our Obstetrics Department. So for consultant gynaecologist post and consultant obstetric obstetricians, and then the other area that we are actively looking to target is that we need new

positions. In particularly we have identified that we need to recruit into care of the elderly specialty. We are looking at potentially 2 additional consultants in that area. We are working with the Royal College at the moment. There have been some restrictions with the Royal Colleges because of the travel issues. We are just navigating how we do that to make sure we still have representation on our recruitment process and panel with the Royal Colleges. It is very active at the moment in terms of medical staffing recruitment.

Deputy G.P. Southern:

I have got a comment from last year which said: "Our intention is to appoint to our vacancies with substantive staff rather than continued reliance on agency and locum staff." What is the proportion with which you have reliance? Has that moved at all in the past year on agency and locum staff or are you still filling holes with locum and agency workers?

Group Managing Director:

Our H.R. (human resources) director colleague, Steve, is online. Can I just check you are there, Steve? We have made some good progress in some areas. We have seen a reduction in some specialties but in others we have not seen that shift. Like all healthcare jurisdictions we are reliant on temporary workforce at the moment. There is a global shortage of medical nursing staff, some 4 million vacancies globally. We know that. We are not immune to that here in Jersey. I do not envisage that we would not be reliant on continued support in this area. Our workforce plan and our recruitment approach is always going to be to try and have substantive positions but we will always need to rely on where we can get additional staff. I think that we are still working on that. In terms of the position this year compared to last year, we will get Steve, our H.R. director, to get that comparative analysis over to you. I think it will show that you have got some success in some areas and other areas are sustained and other areas have seen more pressure.

Chief Nurse:

Just to add to that, just in terms of expanding our ability to grow our own on-Island, we have put a bid in to Government Plan for funding to run the mental health nurse training programme in Jersey from next year. That will enable us to train more people locally to go into posts in mental health. In addition to that we also put a bid in for something called the specialist community public health nurse and this is a community directed position in training that will be targeted at nurses who are already registered but will give them an expanded skillset to work in the community. Again, we are looking at what we can do locally in a bit more of a bigger way.

Deputy G.P. Southern:

Final question on retention. Do you conduct routine leavers interviews when people leave at any post?

Group Managing Director:
Yes, we do.

Chief Nurse:
Yes, we offer those to every member of staff that leaves. Not everybody wants to have one but they are offered to people.

Deputy G.P. Southern:
If I can pass it back to Deputy Pamplin, I think, is next up.

Deputy K.G. Pamplin:
I am indeed. Can I just pick up, before we talk about assisted dying, that section, just on the previous question that was asked about the D.E.X.A. scan, that service is only provided locally at the Lido Medical Centre at Jersey X-rays and I just had it confirmed that they do not have a waiting list. The average cost is £90. You can self-refer or be referred. The person who runs that scan has been away on holiday but there is no backlog. I do not know, Rob, was that service ever administered by the hospital before they took over is one I guess we could clear up for the future? I hope that makes sense for everybody though.

Group Managing Director:
It does, yes. I will get clarity in terms of our approach to that, Deputy.

Deputy K.G. Pamplin:
Rob, I missed one off when I was talking to you about patient transport, about transplant patients and families as well. So if there was an emergency transplant request would an accompanying family member be able to go in that emergency transport? How does that work?

Group Managing Director:
We would seek to try and accommodate that, yes. But again, it would have to be a case-by-case assessment. We would have to assess the risks that that person might also be putting themselves in, if they are in a vulnerable group. But we would work with the family in that instance, and obviously it is a difficult situation so we would have to do that, we are working with them.

Deputy K.G. Pamplin:
All efforts genuinely would be made to allow one significant other to go with that patient for their transfer?

Group Managing Director:
Of course.

Deputy K.G. Pamplin:
Thank you, Rob, for the clarity. Minister, let us pick up on this subject that we have often discussed in the Assembly. We know there is a bit of an update coming up. Can you just update the panel and the members of the public about your recent update to me in the Assembly, where this piece of work is, has it been fully resourced in terms of what you are looking to do?

The Minister for Health and Social Services:
I previously committed to establishing a citizens' jury, which is an established and recognised process for communities to deal with issues that perhaps carry ethical dimensions and may be controversial. That is designed to have a representative group of Islanders who will consider all the evidence around the issue and here from stakeholders and report to the States Assembly so that we could conduct a debate in the light of their recommendations. The plan is for that citizens' jury to sit online, due to COVID restrictions in early spring. I know it might sound unusual to have a jury online but officers have been working with our specialist consultants in this area.

[11:00]

There has been innovation as a result of COVID and these things are occurring and have been well-modulated and we have confidence that our facilitators could arrange that. We are seeking now to establish an independent advisory panel, which would invite submissions and review evidence to be placed before such a jury for their consideration.

Deputy K.G. Pamplin:
The commencement aiming for early spring, what is the timeline for that? Where would you like them to conclude that process?

The Minister for Health and Social Services:
I think they will perhaps meet 3 or 4 times formally online, so within the springtime or early summer, in order for the States Assembly to debate their report in the second half of the year.

Deputy K.G. Pamplin:
That debate, do you envision an in-committee debate or a policy debate that you may bring forward that would become possible? What would you envision that debate be?

The Minister for Health and Social Services:

It could be either of those, Deputy. I think it is too early to be definite about that at this stage. It will depend on the recommendations to a large extent. In fact, I would like to discuss that with you and other members of the panel when the time arrives.

Deputy K.G. Pamplin:

Yes, happy to engage on that. What other jurisdictions are being considered, do you know, as part of the remit from the team who are putting this all together? Obviously this is a world issue and different jurisdictions are doing slightly different things, I will touch on New Zealand in a moment as the latest, but what can you tell us about the work around or indeed if that officer is available to explain it?

The Minister for Health and Social Services:

Could I just ask if Anna Hamon is online, who is our ...

Senior Policy Officer:

Hello, yes, I am available. I got in.

The Minister for Health and Social Services:

Thank you very much. Deputy Pamplin was asking particularly about what jurisdictions the jury look at to assist in its deliberations. Can you assist us?

Senior Policy Officer:

Sure, I can. I think one of the important things to say is that one of the benefits of moving the process online is that we will not be limited to the people that we can get on to the Island, so obviously when it **[offline]** we can look internationally in terms of people giving evidence. In terms of the specific countries and jurisdictions we visit, at this stage we do not want to predispose that. Part of the job of the independent advisory panel will be to narrow that down, so obviously we will feed into that, as will the consultancy that we are working alongside, and then they will come up with a list of other parts of the world to look at. Again, we would appreciate input from yourselves if you have any key thoughts on that.

Deputy K.G. Pamplin:

Thanks, Anna, that is really helpful. Could you just also talk to us about the setting up of a jury? Now, if we take setting up of a jury as we all know it in terms of court, there is a process that people go through to be vetted to ensure that the jury is completely impartial and has no connections to the case that is being debated. So have similar processes been put in place that the jury will be impartial to this, which will be a very highly sensitive issue of course?

Senior Policy Officer:

Sure. I think the important thing to say is while it is called a jury there are some key differences with a sort of criminal trial jury. The important part is that the people who participate, the jurors, are representative of the Island as a whole, so we will be using and working alongside Statistics Jersey and another part of the role of the U.K. agency is their speciality in terms of making sure you have a representative sample. So rather than people being selected for their views we are selecting them in terms of the demographics of the Island. I understand as part of that process we will also screen them to understand their backgrounds and where they are coming from to make sure we do have a range and we do not, for example, only select people who are pro or against.

Deputy K.G. Pamplin:

Yes, for example if somebody was a trustee of hospice or they were married to a practising doctor, it is just reassuring and making sure everything becomes transparent for Islanders so they see the process I guess.

Senior Policy Officer:

Absolutely, and it may well be that the independent advisory panel decides to put some key pointers in the screener so that we do screen out those specific examples that you mention.

Deputy K.G. Pamplin:

Obviously we will be keen to follow that and be part of that process. So the latest data from Dignity in Dying suggests that each week one U.K. or British citizen travels to Switzerland for the process. Do we have any statistics now as we go into this process about what number of Islanders have travelled off-Island or have succeeded in doing so or have sought support to do so? So 2 different numbers I guess, but do we have any data on those numbers?

Senior Policy Officer:

As far as I am aware we do not have data on that at present. That is something that may be established throughout this process.

Deputy K.G. Pamplin:

That is something that could probably quickly be done and maybe we could support as well because I think that is really key, we need to know the data, thank you. I guess, Minister, the big question is, the New Zealand Parliament has passed a Bill, which after years of debate and amendments and much discussion in their Parliament, but before it could get passed into Third Reading it went to a referendum with the very recent general election they just had. The first preliminary results of that referendum are announced tomorrow with the final result on 6th November. What is the Minister's view at this stage - or I will leave this open to everybody really - on this particular approach that New

Zealand have taken that the Parliament, similar process, took the views of the people, came up with a motion, a proposition that was debated, scrutinised and then amended, and then the final stage of what the Parliament agreed after much deliberation was then put forward to the island as a very clear: "Do you support this: yes or no?" Would that be something ultimately you see as a good idea for Jersey to be engaging with the wider population?

The Minister for Health and Social Services:

Again, Deputy, I think it is too early to give a firm view of that. We have discussed referendums on other subjects in the States Assembly and I think the view is sometimes they are appropriate, on other occasions we should consider just the States Assembly, that is the representative body and is the body elected to take decisions. So I think we are at the beginning of a process and it must be flexible because it needs to bring forward the view and the wishes of Islanders. So I am not going to be prescriptive now and say this is how we propose to do things. I think we must work those things through and in a year's time we will perhaps be more in a position to think about exactly how to conclude this question.

Deputy K.G. Pamplin:

Of course, and ultimately we have to come up with the right thing for Jersey and Jersey Islanders at the end of the day, but that is good to know. Open-minded I think is the right approach for this subject and for everybody's mental health, which neatly leads into our next area of questioning as we travel to the sunny side of St. John. Deputy Pointon, all yours.

The Deputy of St. John:

Minister, we want to move on to the thorny subject of mental health services. We have discussed this often in the past and we do appreciate that progress is being made with the mental health services. Could you update us on the review of Jersey Talking Therapies?

The Minister for Health and Social Services:

Yes, well I have Senator Pallett, my Assistant Minister, online and Rob Sainsbury here and may I ask Senator Pallett if he wishes to introduce our response to this. Hello, Steve, if you wish to say something please go ahead on Jersey Talking Therapies.

Assistant Minister for Health and Social Services:

Yes, happy to. I think I have been on record as saying that in terms of step 2, the waiting list, I think we are in a good position and that we do not have waiting lists for step 2, but I think in some of our more acute services there still remains some issues around capacity and trying to get the waiting list down. I am sure Rob will be able to give us some more information in a second. But it is also important to remember that we have had support and we continue to work closely with services such

as Listening Lounge, for example, to try to make sure that early intervention for people is available so that they do not get into an acute situation. But I think in terms of numbers, probably if I hand over to Rob and he can give us some more information.

Group Managing Director:

Yes, this has been a big key focus for us because it is an area we knew that we had to improve in. It has been impacted by COVID; I think we need to be really clear about that. When the service changed on 2nd March 2020 overall we had a waiting total of 447 persons, and that was across all of the different steps including our counselling function. When we then started getting the service going again in September, and the team have been working hard across all of the different steps, and we have seen now a big reduction across all of them. On 26th October we are down to 208 persons on that waiting list, so that is a big reduction for us, and we see that across all. Senator Pallett is right, the area where we need more improvement is in our step 3, and I know we have assessed that in order to meet that backlog we are going to need to do some on and off-Island support. We have identified a virtual provider who can help us with some of those step 3 clients and, where appropriate and the patient is happy, we will be supporting that. So we envisage by the time we get to the end of December we will be in the same position with step 3 that we are with step 2, that we will not have a significant wait at all. So it is a good news story in this area; we are making progress. We note it was a key part of the panel's area for us to focus on and our lead A.H.P. (allied health professional) and his team have been working really hard on this. In terms of how we start to achieve this we have had to change our capacity and we have now set clear expectations of number of clients to be seen on a daily basis across all of the areas of assessment, and it is working quite well at the moment. But we will send the latest data over to you and we will obviously continue to report and update you as we go along.

The Deputy of St. John:

Thanks for that, Rob. At some point in the not so distant past - and I cannot remember it, we have had so many meetings - we were concerned about the type of referrals being sent to the Listening Lounge and that some very seriously ill people were turning up at the Listening Lounge. How is that situation now?

Group Managing Director:

Yes, so we were also concerned about that and I think we must note that throughout the pandemic and since the pandemic the Listening Lounge has provided an essential service, as have many of our other counselling support services as well. Again this is an area where we have had positive progress because we have agreed between the Recovery College, Mind Jersey, the Listening Lounge, Liberate, and all our partners that we will lose the Listening Lounge as a triage service and we have now established a clear link about how the Listening Lounge and Jersey Talking Therapies

have direct pathway referrals, and make sure the Listening Lounge are not holding very complex cases. That is working much better. I know the staff there are feeling there is less risk presented and they are getting a timely response from the service. That is aided by the fact that J.T.T. (Jersey Talking Therapies) waiting times have come down. So, yes, that has been a positive outcome. We need to build on that, in all honesty.

The Deputy of St. John:
That is very encouraging to hear but all of this of course has a revenue implication. What level of additional funding have you had to pump into this particular element of mental health services?

Group Managing Director:
Yes, it has needed additional funding. We have allocated an additional £100,000 to the Listening Lounge. Our additional funding for the step 3 Jersey Talking Therapies cost is we anticipate around £150,000 and we have secured that funding as part of our COVID pressures, and we are working to support that in 2021, as well as part of what we are seeing as more extraordinary activity coming through.

[11:15]

So we will continue to review that. The position we are with the Listening Lounge is that as we have seen activity increase we have agreed with that provider how we will make sure we then fund that activity, and at the moment that has managed to hold the capacity but we will need to adjust that obviously if it goes up. It is an activity-based contract at the moment.

The Deputy of St. John:
We are talking about activity but we are really talking about people and their day-to-day well-being and their mental health conditions. Has COVID-19 provoked a response from society that has made people's mental health worse? Have you noted that?

Group Managing Director:
I think it is similar to physical health; it is quite early days for us to tell. In terms of what we are seeing with activity our services are busy, we are seeing a high level of occupancy within our inpatient mental health units, we are seeing cases that are clearly attributed to the impact of COVID whether that is employment, whether it is not being able to travel home to see loved ones, or where indeed it is quarantine which we know is carrying quite a burden for some people. So we are seeing the impact. In terms of how that plays out for future demand, I think we are still working our way through that. We anticipate that we probably will need to make some changes to our previous plans, so things like the crisis prevention and intervention service we are now thinking we might need to

look at that, we might need more resource in one part than we anticipated pre-Government Plan. There might need to be more focus on counselling, there might need to be more focus on social care support because a lot of the issues we are seeing that are impacting on mental health are often related to housing and employment and other wider life changes really, and social care workers are much better placed to deal with some of those issues. So I think it will mean a change for our services but in terms of the true impact I think we are yet to really see that in all honesty.

The Deputy of St. John:
I know it is probably a difficult question but do we have a handle on the sort of numbers of individuals that are involved in a deteriorating mental health?

Group Managing Director:
We have not officially categorised in terms of COVID-related activity. I think it is a good question from the panel. I think it would present a bit of a coding challenge for us because obviously our administration systems are set up in quite a rigid way. But that is something that we can look at and something that we can try and extract from our information. The Listening Lounge is probably the place that has the best intel around that, and I can see Isabel has come in; she might be able to add a bit more to that. I know in the Listening Lounge because it is a direct access service they are able to capture that information more freely. Isabel, are you able to update on that?

Associate Managing Director:
Yes, I would like to come in. I can give you some information on how that is impacting in adult social care. We can see an increase in mental health activity through our safeguarding cell, and I think that will show at the end of the year. We are starting to keep that data so it will be helpful maybe for me to share that, the percentage of mental health, and I think there has been an impact with COVID. We are seeing a real increase of people through being isolated, not being able to go to employment; I think there is a surge there. There was a meeting last night where we were discussing linking in with drugs and alcohol; there has been such an increase in activity with drugs recently. That just came through at a clinical hub this morning and I do think it is related to COVID and I think we will be able to get that data through our safeguarding cell, and I think it is helpful for us having our mental health colleagues working together with us in trying to tackle that. So what I am really saying is there is a lot of adult social care and we are helping with that increased demand.

The Deputy of St. John:
Thanks for that. Of course the service you are saying has gone virtual in some instances, people are having face-to-face meetings I would imagine but the main, if you like, outpatient centre has been closed and utilised for other reasons for some considerable time. When do you plan or have you reopened La Chasse to people attending to see a clinician?

Associate Managing Director:

We are planning to open that on Monday. We were discussing that in the clinical hub this morning. We want to get everything back in action as safely as we can because we realise with another lockdown we are back in this situation again and that is creating the problems, so we are trying to get a balance of keeping people safe but being able to see people face to face eventually and have that contact. So in some respects we have had to be more prepared. We have had that opportunity in March to ensure that we have that contact now, so we are eager to get La Chasse open on Monday.

The Deputy of St. John:

Clearly your intention is to try and get back to normal but have there been any lessons learned from not having a face-to-face capacity? Have there been new methods of working that may go along for the future and so on?

Associate Managing Director:

Yes, I think it is about access and I.T. (information technology). An example here is Jersey Autism Service; some of the clients felt safer because that is a condition where people do not like the interaction, they felt safe to be able to talk on Teams on a laptop. We have had to find creative ways to reach out to people. It has been really challenging to make sure people are safe and the lessons we have learnt is we have to have that contact, whether it is computer or the phone, because people are really vulnerable at this time.

The Deputy of St. John:

Okay, so we are talking about lessons learnt but in the background here is a whole effort to improve mental health services through the work of the Mental Health Improvement Board. I wondered if you could give us a brief run down on what is happening at the board these days.

The Minister for Health and Social Services:

I think Steve might want to speak to that.

Assistant Minister for Health and Social Services:

Yes, well I will start and then again I think I will ask Rob to take over. As I have already indicated, we are looking at reviewing the scope of the board and some of the terms of reference of the board in regards to trying to get a more integrated board that will look not just at adult mental health but older mental health and children's mental health as well. I think to take that forward there needs to be I think an understanding between the relevant Ministers including my own Minister, Deputy Renouf, and also the Minister for Children as to how that might work and have some agreement I

think initially to explore what that might look like. I have asked for that meeting and we are looking for a date at the current time to meet to fully understand with officers how that could be integrated. But the board carries on working; it has still got oversight of adult mental health services. We have met recently and it is good to have all those key stakeholders in the room because it gives us an enormous amount of feedback as to where some of the pinch points are, where some of the good work is being done and how we can work more closely together. But I think there was an agreement at the last improvement board meeting that we would all like to see closer collaboration between all parts of the mental health service, and I think the panel would probably agree with that as well but it is just how we get to that point. At the moment C.A.M.H.S. (Child and Adolescent Mental Health Services) is going through a transition period, they have got a business case looking for more funding in terms of providing better services for young people. So I think at this point we just need to get some ministerial agreement about the direction of the board. Rob, probably best if you come in here now because you probably want to talk about the 3 working groups that we have talked about and the wider aspects of the board. But that is basically where we are at the current time. The board has not suspended its work; it is very much looking at the oversight of adult mental health but I think we have to start thinking about a move towards a more collaborative and more integrated Mental Health Improvement Board.

Group Managing Director:

Just to update further on that; we understand through the work we have been doing through the Improvement Board we have a clear action plan for adult mental health. We also have an emerging plan around child and adolescent mental health and there has recently been a lot of work in that area. The area where we have got a deficit and that we need to now focus is within older adult mental health, and in particular a dementia strategy for the Island, which at the moment we do not have. So our plan will be that the outputs for the Improvement Board will split into 3 key areas of focus around child and adolescent mental health, adult mental health and older adult mental health. Those 3 working groups then will report into what that future board looks like and that will have oversight of the outputs of those 3 key areas and plans within those 3 key areas. So we are about to work up membership. We are going to talk obviously to our partners, the Alzheimer's Association and other care providers on the Island, about how we start to get that strategic plan pulled together with our stakeholders and start to get some action points in that area.

Associate Managing Director:

Can I also add I am meeting with one of our partners John Pointon(?) next week; he is very keen to work alongside me in getting that strategy back on track again.

The Deputy of St. John:

You are referring to strategy there; at the previous meeting, Steve, you mentioned a service development strategy. Is that going to be the outcome of the Mental Health Development Board? Also are we developing a suicide prevention framework?

Assistant Minister for Health and Social Services:
Maybe if I let Rob start on that and then I will add something at the end.

Group Managing Director:
So we have an improvement plan with adult mental health services that does incorporate suicide prevention and, yes, we are continuing to work through that with public health colleagues as well and wider stakeholders indeed. The Child and Adolescent Mental Health is in the stage of pulling their expectations around their work into an improvement plan as well, but obviously we do not have that for older adults at this stage and particular for dementia services because we have not established that strategy and what plan we need. So all 3 streams are at slightly different stages I would say at this point in time.

The Deputy of St. John:
That very nicely, Rob, takes us into the new development going on at Clinique Pinel. Can you explain what work was done to communicate with staff and the relatives of people who needed to transfer from Cedar Ward and other wards that are affected by the newly started work, and how many patients have or will be moved and what is their new accommodation?

Assistant Minister for Health and Social Services:
Can I just make a brief comment? I am glad you brought that up because it is an absolute key element of taking the work forward at Clinique Pinel, and I have been closely informed and kept in touch with all of the negotiations and discussions both with staff, patients and their families in regards to anybody being moved. I wanted to ensure that we dealt with everything sympathetically and sensitively and we listened to patients and their families to ensure that they understood why they were being moved, if they had to be moved, and the process for that. I have to say I have really got nothing but praise for the work that the staff and senior management have done to put it across to, I think, all of the patients and staff how important it is that we redevelop Clinique Pinel, but it must not be at the detriment of their health as well. So I think we have managed to deal with - last time I heard - all bar one patient where there was still some negotiation taking place, but I think Rob will probably be able to give us an update on that as well. But I have kept a close eye on the process and it has been extremely sensitively managed, as you would expect. For many in Clinique Pinel that is their home, that is where they feel their home is, and we did not want to feel that we were kicking them out of their home. What we are trying to do is trying to find them somewhere where

they would feel comfortable and feel at home again but, Rob, probably best if you add on here now because I think you will have more about the actual detail of the patients themselves.

Group Managing Director:
No problem. So we have had some success in this area with some very happy families and happy clients.

[11:30]

So 6 clients in particular went on to a different care setting other than Rosewood House and Clinique Pinel, and that has worked quite well. We have had one unhappy family that we are working with at the moment. In essence this is quite a live situation for us because the suitability for our inpatients to go to alternative care settings can change on a daily basis, so we are not able to transfer or to move any clients who may be under an Article at the moment in the law, and we have some of those clients who are obviously within a Rosewood House and Clinique Pinel setting. There are around 11 clients who are at the position whereby they are getting to a level where they would be able to go into a different care setting but we are assessing them all on a case-by-case basis in terms of suitability. The thing that we are clear about at the moment is that where we are making those changes we are working with the families the Assistant Minister describes and making sure that the alternative setting is a suitable setting and that the Care Commission are happy, that the provider is happy; we are working through all those plans now. It is essential for us to make this move because we have to accelerate that capital programme to make up for some of the time that we have lost because we still need to be able to move our Orchard House plans along, but it is a very operational situation at the moment is what I would say to the panel.

The Deputy of St. John:
It sounds from what you have just said that the new accommodation is probably in the private sector?

Group Managing Director:
Yes, that is correct, yes.

The Deputy of St. John:
Okay, so what …

Group Managing Director:
Yes, sorry, Deputy. It is in the private sector. The client group that we working with and that we are looking at are for clients who are always being assessed to that next level of care requirement. We often see our clients moving from Rosewood House into the private sector for longer-term

placement. Because Rosewood House is a place to stabilise and to provide care to people but, ideally, there are other settings that can also provide that level of support. In terms of where clients have been moving into, there are a variety of different providers and we are working with the providers around those options. As beds become available and as they become suitable for transfer and the provider has assessed, has been able to provide the care needed, then we seek to transfer; that is the same process we have always had. We are just trying to speed that up a bit with this particular client group.

Assistant Minister for Health and Social Services:

Trevor, can I just add to that as well? Rob has already mentioned it and we have been working very closely with the Jersey Care Commission to make sure in terms of all the regulatory measures when we are working with private providers, that we are meeting all the necessary standards. It is absolutely vital that if we are using private sector beds that the Care Commission are happy with that and we are happy with that and the families themselves are happy with that. I just wanted to add that because it is really important that we are not trying to cut corners, we are trying to do everything in the right way to ensure we can provide the best care.

The Deputy of St. John:

On the other side of the coin are the staff who are, effectively, made redundant by losing the people they look after. What about the consultant medical provision, does that follow people into the nursing home, care home?

Assistant Minister for Health and Social Services:

I think there is a good story there. I think Rob is going to, hopefully, tell us that.

Group Managing Director:

It does not. The Care Commission and regulatory framework is very, very clear. When clients are within a care home it is the registered manager of the care home that has responsibility. There will be other medical oversight arrangements in place in relation to all of those clients. What we have agreed, and what we will of course provide, is that our older adult services would be able to provide support; in the same way that we do the community support for other areas we would be able to do that with the team. I just need to reassure there are no redundancies as a result of this position. The panel will be aware that mental health is one of our most difficult to recruit to areas and so our workforce is critical. The workforce is at the moment within the Clinique Pinel site on the St. Saviour site and we will, of course, be able to accommodate that workforce within there, and we are working with them around that. There will be no impact to people in terms of potentially losing their positions; that will not happen.

The Deputy of St. John:

Right. A consultant, in effect, becomes a consultant who is assessing people and dealing with people who continue to remain in their home, establishing an old age mental health condition but then those individuals go into a private setting. What is the relationship then with that consultant?

Group Managing Director:

There still will be a relationship. There will be a G.P. who obviously will support the person when they are in the care home and the same as anybody within a care home. That G.P. has the ability to seek specialist opinion from our consultant colleagues, so they will still be able to provide that oversight. What we have said because obviously this is a transitioning arrangement, we will make sure that the existing team have the ability to escalate and to be able to respond to escalation from the care home so that they can provide more responsive support if needed, particularly early on in terms of the transfer. We will make sure those connections are still there. But the G.P. will be more proactively involved in the day-to-day support in the care home, as they would be with all of the other residents as well.

The Deputy of St. John:

How are those G.P.s funded, Rob?

Group Managing Director:

In terms of providing the support to the residents?

The Deputy of St. John:

Yes.

Group Managing Director:

It is the same arrangement as it will be for everybody else. Some G.P.s have arrangements whereby they cover and support care homes collectively and others will have individual G.P.s because patients will have a choice, and they use them in the same way as everybody else.

The Deputy of St. John:

Right. Is that currently the situation if the individuals and inpatients in Clinique Pinel or Rosewood House …

Group Managing Director:

No. In the current position at the moment we have a hybrid of G.P. oversight and support, as well as the specialist older adult consultant support that we have as well. There will be a change in the actual G.P., I anticipate, yes.

The Deputy of St. John:

While an inpatient, would the individual be responsible for G.P. fees?

Group Managing Director:

No, not during this stage of transition.

The Deputy of St. John:

No, so they move out and suddenly become responsible for G.P. fees, is that the case?

Group Managing Director:

No, they will not suddenly become responsible for G.P. fees. We have agreed with the provider under the long-term care benefits and the cost of the placement how we will provide that level of support.

The Deputy of St. John:

Right, okay. Thank you very much for that. I know it was long and involved but …

Group Managing Director:

That is okay.

The Deputy of St. John:

Then lastly, we talked about C.A.M.H.S. and the Improvement Board and about the fact you have identified a need for C.A.M.H.S. and Adult Mental Health to work together. There is a concern and there are some difficulties that people experience in making a transition from being C.A.M.H.S. patients or clients and moving into Adult Mental Health. There are 2 sides to this question, one is what arrangements are there or are going to be in place to ease that transition, and thinking about care leavers are the responsibility of Social Services until age 25? Secondly, what is your opinion about where C.A.M.H.S. should sit? Do you think there has been a detriment to the service by the move from Health into the Children's Department?

Assistant Minister for Health and Social Services:

Okay, I will answer the last point first, I think, because it is more of a political question. Do I think there has been a detriment moving C.A.M.H.S. or taking them independent? No, I do not think that is the reason for making the changes or trying to integrate some oversight through the Improvement Board. I think there is a good working relationship and I am sure Rob and Isabel will talk about that in a second. I think there is a good working relationship between adult and children's mental health. Could it be better? I think every service we provide can always be better and I think the intention is

to try to integrate that service even more. I, myself, have heard of situations where 18, 19, 20 year-olds have had difficulties getting what they believe is the right care at that particular time, so I understand that point. Hopefully, by integrating the Mental Health Improvement Board we can have better oversight of that. But I think in terms of has it been detrimental to that transitional period? No, I think it is a difficult period through which some people travel and it is trying to understand their needs. No, I get your point, I think there have been cases where probably some people have been let down and I said that recently in a T.V. (television) interview that, clearly, there are times when we have let people down. I think the intention now is to try to ensure that that working relationship improves and that can only be assisted by having an oversight group and improvement board that has got responsibility across the service and not just in individual areas. But in terms of operationally, Rob or Isabel, you might want to comment on in terms of that relationship.

Associate Managing Director:

Could I come in there? I am meeting Susan Devlin at 1.00 p.m. on that very subject. She is welcoming the fact that we have got this relationship that I am now overseeing mental health because I have that relationship with Mark Owers, who is the chief social worker within Children's Services. Last week we worked on delivering and facilitating training together on how we can improve the path, where basically on how do we get it right for children looking for mental health services and how we can also transition the young people on the difficult path of a care leading into adult social care? There is work being done in that. I think part of that is down to good relationships. I think we are not just building in our partners, it is essential for Children's Services to work closely with mental health. Our aim is for a seamless transition, it is going to be a long journey but we have started work there.

The Deputy of St. John:

Thank you, Isabel. Thank you.

Deputy M.R. Le Hegarat:

My apologies, it has just been brought to my attention, and I had let it slip from my mind, that this should have been at 1½ hours. We do have a final section but it is just really to double-check that you have still got a little bit of time to spare for Trevor just to finish up and Kevin to ask the final questions in relation to the flu jabs.

The Deputy of St. John:

I have finished, Mary. If Kevin wants to, if that is okay, with the Minister and his team.

The Minister for Health and Social Services:

Yes, Mary, please go ahead, I think we can continue, happy to do so.

Deputy M.R. Le Hegarat:

Okay, thank you because I am aware that we meet again just after 1.15 p.m., so that is fantastic. Okay, if you want to go ahead, Deputy Pamplin.

Deputy K.G. Pamplin:

As always thank you, I cannot just let slip what was just being discussed there about C.A.M.H.S. before I talk about it. Our key finding 21 of our assessment of mental health services highlighted this issue that the ability for C.A.M.H.S. to support people transitioning through the services is dependent on adequate resources, which it did not have at present. We also went on to challenge the other challenges that are in C.A.M.H.S. and it is one area that is of great concern that was highlighted during the pandemic. I appreciate what the Senator is saying here but, again, we push that there are growing concerns about this in C.A.M.H.S. Where are we at with it? I appreciate what you are saying also, Steve. We need to hear from the Mental Health Improvement Board but we need to dig in because there are issues creeping up about children and young person's services that are coming through, which I guess you understand where we are coming from with our questions, that this needs urgent reviewing surely now.

[11:45]

Assistant Minister for Health and Social Services:

You are right but I think C.A.M.H.S. themselves have understood there is a need for more investment and that is being taken care of in their current business case. I have got to be a little bit careful politically because it does not come under my remit, it comes under the Minister for Children and Housing's remit. I think it would be wrong for me to make any political comment around C.A.M.H.S. because it is very much for him to make those comments. But my comments are more around having an integrated service, which is why I think I need to sit down with Senator Mézec and Deputy Renouf and agree a pathway where we can have that integrated oversight to ensure that we can improve those transition areas. I do not want to comment any further on C.A.M.H.S., I think it would be wrong for me to do so. There have been problems, I think we would all admit at times that it has not been as smooth a journey for some. But I do not think there is a lack of investment; certainly from an adult mental health point of view over the last 2 years there has been a huge amount of investment and some of that does filter through down into that transitional period and supporting that transitional period. But I think we all want a mental health service that works for everyone and I think we are all trying to work towards that. I think that is why we are always pushing the boundaries on what we do. It would be quite easy to sit back with the Mental Health Improvement Board and just say we are happy where it is. But I think we have all agreed and, Rob, I hope you would agree with what I am saying here, is that we want to push the boundaries further. We want to make it even

better than it is, which is why we do not rest on our laurels and try to change things in a positive way.

Deputy K.G. Pamplin:

Senator, you know where me and you are aligned on all of this but if it is looked at that it is not working under the current remit, why do we have to wait even longer to … I mean the Minister for Children and Housing is not here, and I know he probably was not requested, but this is a specific issue of the mental health services and it may be he should have been. Because if this is not working, how long will we have to wait to say: "Look, we need to reintegrate this service", so Health and Social Services can fully take back the resources that provides C.A.M.H.S.? Because this issue of transitioning young people through is still there.

Assistant Minister for Health and Social Services:

We are still on the journey to it. We have spoken about this a lot and I know you have spoken to Dr. Garcia around this as well. We are still on a journey of improvement. We have to accept that. We are not at the stage where we have got a perfect service. I hope we can get somewhere near that at some point and we are not resting on our laurels and we are not wasting time. We are moving it forward as quickly as we can. I think getting some general agreement politically about what is right is the right thing to do because they are areas that, yes, Richard has got responsibility for in one area and Senator Mézec has got responsibility for in another. We need to be aligned, otherwise I could make suggestions in terms of the Improvement Board and the 2 Ministers could disagree on that. I think once we have got that I think we can move forward relatively quickly. It was clear from all the stakeholders on the Improvement Board that they wanted to see improvement and momentum, quick momentum made on this. It would be good to have a more integrated oversight group.

Deputy K.G. Pamplin:

Thanks, Steve. A big shout out to Mind Jersey, by the way, for this pamphlet that all of us received in the post. There are some excellent recommendations from actual users of their services on page 3 that I hope is being fed through. Rob, there are some really important suggestions that came through there. I could talk about this all day but let us talk about flu and the vaccines. Very quickly, what happened with the disposing of those flu jabs? What happened then? What has been the cost of that?

The Minister for Health and Social Services:

Deputy, what happened is, I understand, not unusual; it happens. It is the responsibility of suppliers to deliver a vaccine stock that meets manufacturers' requirements. Bad weather held this up, as a result the temperature requirements were not met. The supplier replaced the stock. This is not

something that is a governmental issue because it is a well-established procedure that happens year on year. There were no cost implications to the Government or to the surgery concerned. The supplier has borne the cost. I think there were very few patient implications; I think they were in single figure numbers of people who were asked to return to have the vaccine re-administered. It is not a matter of concern, I think, and it just shows how secure these suppliers are, how much rigour there is around ensuring that what we receive to protect us is of the very best quality and risk is completely minimised.

Deputy K.G. Pamplin:

Okay, thanks for clearing that up. Where are we at with the overall programme? We are seeing various reports and constituents and parishioners have been in contact with various Members saying that they cannot get to see their G.P. at the moment. Can you give us a sort of update on where we are at in terms of timescales, of ensuring everybody gets that needs one, firstly, and then anybody who requests one, secondly?

The Minister for Health and Social Services:

Yes, we have been very pleased with the response to the flu vaccine. We have strongly recommended it and people have been heeding this advice understanding that we are at risk if the Island faces a flu epidemic during the winter and at the same time is trying to deal with COVID; that will significantly increase pressures. If we can protect ourselves from flu, that would be great assistance. I understand that at the moment, as at 21st October, 23,687 people had been vaccinated, which is excellent, considering that is not out of our whole population; it is available for older adults and over-50s. I think there is a significance in that of those 14,000 were females and 10,000 were males. It is the old story that not as many men are looking after themselves and are willing to run the risks and perhaps we should get some comms out targeted at men to ensure that they are protected because they are not immune from the same risks. I think you were worried about people phoning and not being able to have the vaccine, vaccines are coming in regularly but, of course, they are not immediately available right at the beginning. There will be ample opportunity for people to get the vaccine within the next month.

Deputy K.G. Pamplin:

Okay, that is interesting because the Government have said that flu vaccine stocks in the Island are running low and this was due to the high level of demand because the figures you were quoting there seem very good on the surface. Is that right, as I am quoting directly here: “The shortage confirmed by the Government after lots of vaccines were distributed.”? Are we running low? Is that true or are we stocked up?

The Minister for Health and Social Services:

At that specific moment in time, yes, because there had been a high uptake but there are planned deliveries throughout the coming weeks. There will be opportunities available very soon for those people who have phoned to have their vaccine. There is not a shortage of flu vaccines and we are linked into the national supply system.

Deputy K.G. Pamplin:

Again, a major Jersey pharmacy group is quoted today in the newspaper saying that there is a shortage and supplies are low, which is what is causing the delay, so that is where the queries and members of the public are slightly concerned. I am sure you can understand that when they see that news today.

The Minister for Health and Social Services:

Yes, I would urge people not to have any concern. As I say, the shortage is because people are responding so well. But there are regular supplies that are booked in and will be arriving; we have that assurance.

Deputy K.G. Pamplin:

In terms with the Government usually oversees the vaccination programme for schools, so how is that working and can you give us some sort of figure of where we are with children? I appreciate it is half term, which I know all too well, but can you give us some update there?

The Minister for Health and Social Services:

I do not know if I have specifically got anything on schools but if I may write to the panel with that … we have, have we? Can somebody help me?

Group Managing Director:

We can send that detail for you. We have got up-to-date information on all of our schools.

Deputy K.G. Pamplin:

Okay, that is helpful. Lastly, following our amendment to the Minister for Economic Development, Tourism, Sport and Culture's regulation proposal that would have allowed G.P. surgeries to open on Sundays for this particular reason, though in our amendment and our report that follows we thought that our proposition, our amendment, had made it clear of the specific reason for doing so. Were you surprised, as we were, given the way the Minister then pulled the overall proposition to allow G.P. surgeries to open up without having to apply for a fee to the Connétables and that we had reached the conclusion and then it was pulled? Were you as surprised as we were?

The Minister for Health and Social Services:

The Minister did inform me that there was in fact no need for legislation because the surgeries were able to open on a Sunday without us needing to do anything further. I agree we appear to have been confused over exactly how this would happen at the beginning but that issue seems to have been resolved now and where necessary and where surgeries wish to they can open on a Sunday.

Deputy K.G. Pamplin:

Okay, I note the time and you know me but, as it is my birthday tomorrow, I had better go and hand back to the chair. Thank you, as always, for answering.

The Minister for Health and Social Services:

Happy birthday, Kevin, for tomorrow.

Deputy K.G. Pamplin:

Thank you, you are very kind.

Deputy M.R. Le Hegarat:

Okay. Thank you very much for this morning and apologies for the overrunning. As I said, it occurred to me at the start of the meeting and then, as normal, the time just shoots past and we overrun. But I would just like to say thank you very much to my panel, to the officers of the Scrutiny team and also to all the Ministers and Assistant Ministers and officers that have provided a contribution this morning. I am sure it has been invaluable to those persons listening and thank you and speak to you again.

The Minister for Health and Social Services:

May I say thank you, Chair, and to my team. It has been helpful for us to have these detailed discussions with you. Thank you.

Deputy M.R. Le Hegarat:

Thank you.

The Deputy of St. John:

Thank you, Minister. Thank you, team.

[11:57]