



Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 1st December 2022

Panel:

Deputy G.P. Southern of St. Helier Central (Chair)

Deputy B. Ward of St. Clement

Deputy B.B. de S.DV.M Porée of St. Helier South

Deputy A. Howell of St. John, St. Lawrence and Trinity

Witnesses:

Deputy K. Wilson of St. Clement, The Minister for Health and Social Services

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Health and Social Services (1)

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

Ms. A. Muller, Director of Improvement and Innovation, Health and Community Services

Ms. R. Johnson, Associate Director, Health Policy

Ms. R. Naylor, Chief Nurse

Ms. G. Norman, Deputy Director, Public Health

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

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

Ms. J. Poynter, Associate Director for Improvement and Innovation

[10:42]

Deputy G.P. Southern of St. Helier South (Chair):

I am grateful for everyone who are here. We will mention that this meeting is being recorded. Minutes will be circulated; it is public. If members - member - of the public wish to join in I wish them to refrain. They can add something later if they wish. As is our habit, I will just ask people to introduce themselves so everybody knows who everybody is and their voices are identified for the record. I am Deputy Geoff Southern. For my sins, starting this meeting late, but nonetheless starting it and I am the chair of this panel.

Deputy B. Ward of St. Clement:

Deputy Barbara Ward for St. Clement and I am a member of this Scrutiny Panel.

Deputy A. Howell of St. John, St. Lawrence and Trinity:

Deputy Andy Howell, member of this Scrutiny Panel.

Deputy B.B. de S.DV.M Porée of St. Helier South:

Deputy Beatriz Porée, St Helier South, as well a member of this panel.

Deputy G.P. Southern:

We have apologies from Deputy Bailhache who cannot be here today. He is at a Jurats' swearing in, I think.

The Minister for Health and Social Services:

Good morning, everyone. Deputy Karen Wilson, Minister for Health and Social Services. If I could just say that unfortunately Deputy Rose Binet cannot be here. I was informed late last night that she was going to a funeral today.

Assistant Minister for Health and Social Services

Deputy Malcolm Ferey, Assistant Minister for Health and Social Services.

Director General, Health and Community Services:

Caroline Landon, director general, Health and Community Services

Associate Director, Health Policy:

Ruth Johnson, associate director, Health Policy.

Deputy Director, Public Health:

Grace Norman, deputy director of Public Health.

Director of Improvement and Innovation, Health and Community Services

Anuschka Muller, director of improvement and innovation.

Director of Mental Health and Adult Social Care:

I am Andy Weir. I am director of mental health and adult social care.

Associate Director of People, Health and Community Services:

I am Steve Graham. I am the associate director of people for Health and Community Services.

Chief Nurse:

I am Rose Naylor, chief nurse.

Associate Director for Improvement and Innovation:

Jo Poynter, associate director for Improvement and Innovation.

Communications Officer (1):

Layla Osman(?), communications officer for the Greffe.

Communications Officer (2):

Anne Nicholls, communications officer for the States Greffe.

Deputy G.P. Southern:

I hope that the best panels meetings end up as a conversation rather than an interrogation, and I hope we can achieve that today.

[10:45]

But I am starting things off with this question: what recruitment drives are being currently undertaken to fill what are numerous vacancies?

The Minister for Health and Social Services:

As you know, we have a real challenge around recruitment and I do not think we are alone in that. The team have been involved in a number of things. One of those is constantly trying to advertise posts obviously to keep those vacancies alive and upper most, with a view to filling them. We are also engaged in recruitment first to try and talk about what goes well in Jersey and trying to attract people into Jersey. We have also created a number of opportunities where people can come and join us for some work experience and particularly for people with abilities, shall we say. We have explored the concept of peer roles and the director of mental health can talk a little bit more about that, and that is because we want to have an inclusive workforce. The other areas that we are

looking at is to try and see if we can operate different ways of providing support for people to cope with some of their work life challenges, more flexible working, trying to attract as many people in as many ways as we can, to be flexible and adaptable to encourage them back into work. We have also clearly gone out through the usual recruitment processes. I think we have done some active recruitment around some of the specialist areas. Doctors is a particular issue. We have got a huge issue in terms of supplying medical staff in-Island, and I think it is compounded further by the fact that it cannot just be the recruitment process per se. We have to create the conditions for people to come and live and work here. We are trying to generate some solutions in conjunction with the Minister for Housing and Communities to provide some accommodation for people to live in.

Deputy G.P. Southern:

What are the areas that stand out for you as being critical?

The Minister for Health and Social Services:

I think we have experienced ... I mean everybody knows around the table we have had issues around rheumatology, ophthalmology, I think we have some issues in relation to some of the community nursing, particularly mental health. We have had some real difficulties trying to get psychiatrists and mental health nurses on the Island, so I think it is fair to say that it is a fluid situation. Retention in terms of trying to keep people here against some of the conditions is problematic but I think the efforts ...

Deputy G.P. Southern:

I was going to ask about retention in particular.

Deputy A. Howell:

We are just wondering how are you retaining staff because we have had so many staff who are leaving because they have had enough and I just wondered what you are doing to address that.

The Minister for Health and Social Services:

The thing is that it is an individual thing; I do not know what that means exactly. If people have left or are leaving the Island because they cannot afford to live here anymore then that is a personal choice. What we have to do is we have to continue to recruit.

Deputy A. Howell:

This is not to do with people leaving the Island. It is people who have been here for a very long time, serving in the hospital and they have just had enough and they are leaving. They have handed in their notice and I wondered what are you doing, as the employees of these people, to encourage them to say: "What can we do to help you?"

The Minister for Health and Social Services:

I think it is an individual conversation because things that happen with individual circumstances ... the reasons why people leave are highly individual. If what you are suggesting is that there is a theme to the reason why everybody is leaving then I need to look at the data and I need to have a look at what it is people are telling us. There are circumstances in people's lives that they make their choice as to why they leave. If people are unhappy at work then I am concerned about that because what I want to do is make sure that we have arrangements in place that identify that quickly and that can put that right so that we can create the conditions for people to stay in work. As you know, we have recently appointed a speak-up guardian, where people can go and talk to this individual about any concerns they have had if they feel that they cannot resolve matters with their line manager. The other thing is that there are systems of supervision and support in place. I also think that the work that is being done around the well-being team to try and encourage people into talking about their work situation, general support, team building. These sorts of things are going on but it is incumbent upon us to continue to make efforts to make sure that we are doing everything we can to support people in their work.

Deputy G.P. Southern:

Two questions here, which I never recommend because you can choose which one you want to answer. First, do you regularly do leaving interviews and, secondly, what are the numbers saying? Are there any areas where you appear to be making progress? Or is it all gloom?

The Minister for Health and Social Services:

No, I think what we have to be careful of is, and I absolutely accept your points, Deputy, in terms of what is the data telling us. We talked about having a conversation and there is a lot of expression about people's feelings about their work. But equally there are lots of expression among people who are enjoying their work and exceeding. In the press over the last couple of weeks we have had 2 nurses who have been nationally recognised for their practice but somehow we do not talk about that as much. We concentrate on the negative. That is not to deny that people are not unhappy; they will be for their own particular circumstances. But I think it depends how and in what way we address those issues. As I have said to you, I want to celebrate success as much as I want to address the concerns people have had. So the data, which I do not have in front of me, and again I will be happy to supply that in terms of how many feedback reviews that we have done. Again, not everybody wants to do that but what I can tell you is that I have had 3 or 4 people come to me who are still in work, and some who have left, who have talked to me about their experience. What I am able to do is get some sense from their testimony and their views about what their experience has been. But that is not entirely reflective of the workforce. I think that is an important thing to say.

Deputy B. Ward:

You mentioned about the speak-up guardian is now in place.

The Minister for Health and Social Services:

No, they have just been appointed.

Deputy B. Ward:

Is that person someone outside Health and Social Services or has that been an internal appointment?

The Minister for Health and Social Services:

I think the appointment was directed through again the usual H.R. (human resources) process. So again I have not been involved in any of that at all. So where that advertisement went, I imagine that it would have been widely advertised.

Deputy B. Ward:

It is trying to establish whether it is internal as in are they already working for Health and Social Services or are they outside the organisation?

The Minister for Health and Social Services:

Can I just ask Steve because I do not know anything about the individual candidate?

Associate Director of People, Health and Community Services:

Expressions of interest for the role, because this is a short-term secondment while we go out to a permanent role, so expressions were sent across the whole of government but the appointee is someone who is working in H.C.S. (Health and Community Services).

Deputy B. Ward:

So it is an internal.

Associate Director of People, Health and Community Services:

Yes, but it was sent out across the whole of government. It just so happens the most preferred candidate was from H.C.S. But there will be a wider process for the permanent role, which is ongoing now as well. That will go throughout international and national.

Deputy A. Howell:

How can the employees have confidence in this person?

Associate Director of People, Health and Community Services:

That is part of the development of the role, is it not? That the person is not seen as part of any management structure, is a member of staff who has put themselves forward to be the guardian for all workers across H.C.S., so a part of their role now is to embed that and build that trust.

The Minister for Health and Social Services:

I think it is also, just on that point, what I had asked officers to do was to make sure that staff themselves had a view and a say in what they wanted from the speak-up guardian. I think that is important. This is not being done to them but there has been a discussion and involvement of staff in that process.

Deputy B. Ward:

There is no criticism whatsoever about having a speak-up guardian. One can applaud that but it is just about ... everything is very touchy at the moment and it is about having confidence in being able to speak to someone who maybe is not involved in the health and social services politics, with a small "p".

The Minister for Health and Social Services:

I think "touchy" is an interesting word. Some of the people that I speak to are very positive about some of the things rather than touchy.

Deputy G.P. Southern:

Can I remind members to ask questions rather than make statements? I will try and ask a question here. A hearing of the Corporate Services Panel on 8th November, the chief executive officer advised that Ministers were currently developing their own workforce strategies to feed into an overarching government workforce plan. How is that progressing and in what timescale do you expect to see any results?

The Minister for Health and Social Services:

Again, officers will be in a position to respond to that. But if I could ask Steve because as a Minister I am not involved in those discussions clearly. But if I can ask Steve to talk about that.

Associate Director of People, Health and Community Services:

One Government of Jersey, through the People and Corporate Services teams has put together the workforce planning tool and H.C.S. is in that cycle. It is a 6-stage cycle to develop your workforce plan and your resourcing plan. We are doing it by care group and then chunking it up into H.C.S., and we are currently at stage 3 so that major work is being done, which is around analysing your data and understanding your demographics and understanding where your gaps are. The next

phase is then developing what you want it to look like going forward. We are on track to where we said, which would be the end of first quarter 2023. We are currently in the process of looking if we can accelerate that with a bit more additional resource from P.C.S. (People and Corporate Services) to help us get through it quicker. That is the workforce plan and resourcing plan to make sure that the recruitment activity we have is lined up against what the services need to look like. In terms of a workforce strategy, the higher-level thing, if we look at all the macro elements of accommodation, that is currently on pause while we work through some of the Hugo Mascie-Taylor report responses, which will look at some of the cultural pieces and start getting staff engaged in what they think needs to impact a workforce strategy. So there is a Government of Jersey people strategy that we can work from but we do not need to use the tools that we have through the response to the Hugo Mascie-Taylor report to engage staff in the H.C.S. strategy. So it has been written in draft, now it just needs to be tested out with staff. Again the expectation is that will be the end of quarter 1 2023 when we have the strategy and the plan in place.

Deputy G.P. Southern:

It is also a question, is it not, of workload? If you know you are working in a department where you are 3 staff short and you are going to do a lot of overtime to make sure that the service stays together.

Associate Director of People, Health and Community Services:

What we are trying to do, this is why we are looking just for capacity to support, we are trying to make a minimal impact on H.C.S. staff and maximum support from my team and people in Corporate Services and my colleagues in People and Corporate Services just to make sure that we do not pull people away from the clinical activity, especially getting into winter and all the pressures we expect there.

Deputy B.B. de S.DV.M Porée:

With regards to recruitment, Minister, where has your department been mainly recruiting from recently? Say, for instance, from Jersey, mainland, other places, in Europe? Are you targeting any special areas?

The Minister for Health and Social Services:

We are. We are trying to recruit from a very small pool of people. Everybody is scrambling for the resource. Clearly the main sort of recruitment pool is the U.K. (United Kingdom) but we have also explored some areas around international recruitment as well. I was recently talking to colleagues at the Jersey Care Federation - some of the charitable sector is also struggling - and talked about whether or not we might be able to do some joined-up work so that we build capacity right across the system.

[11:00]

There has been a recent suggestion perhaps that some of the people who settled here from Ukraine might also have some skills to offer as well. So I think we are looking in all of the avenues that we possibly can to try and actually recruit people. The thing is, you can recruit generic skills but it comes back to this whole issue again around affordability and cost of living. The more specialist skills are really hard to get hold of because they are in short supply and significant demand. I think that we have been successful in some areas but clearly not enough to bring this to full employment. I think also we will never reach a full employment position. Healthcare is a very fluid industry where people will be attracted by different opportunities. But to come back to this issue about retention: I think, we have to think more about what it is we do around our recruitment packages per se, when we have them, to help retain some of them.

Deputy G.P. Southern:

Can we just explore what has been the result of Brexit, in particular? Do you recognise foreign qualifications outside of the E.U. (European Union).

The Minister for Health and Social Services:

It is harder, is it not, for people to make that transition and I think for perhaps some of the workforce that you would argue is at the lower end of the pay scale, that that supply is a particular issue. But equally I think there are also issues about people's ability to get visas and to move further afield and settle here as a consequence of the Brexit but we have no data really that tells you or that I can give you today which says we tried to recruit 15 doctors, for example, how many of those would have come internationally, whether there was a barrier around their visa or what other conditions. We do not really collect that data. I think it is more a sense of how people are exercising their choice to work and where they are choosing to work.

Deputy B.B. de S.DV.M Porée:

I do agree with you. Jersey can only be as competitive in terms of work offers in relation to what is being offered out there in the world. At the moment we are in a disadvantage because we have major issues with accommodation in Jersey.

The Minister for Health and Social Services:

We have.

Deputy B.B. de S.DV.M Porée:

I can see how that is going to prove to be difficult moving forward.

The Minister for Health and Social Services:

It is and I think people's expectations around ... they may well have had a home in the U.K. with a garden and a number of bedrooms, easy access to schools and education. A standard of living that is quite reasonable and acceptable but when they come to Jersey and the offer of accommodation is a 2-bedroom flat with 3 children that is not an attractive proposition, and I think we do need to work hard at that. But the other thing I would say, particularly around the higher skilled workforce, is that when you attract people who have really high levels of skill we need to be able to help them function and operate according to those skills. Some people have said when they come here they are expecting to be able to utilise those skills fully but realise that it is quite restricted in terms of their scope of their practice. Again, people would look for opportunities that would help with their career development and developing their clinical excellence. At the moment I do not think we are in a position to take full value and full advantage of those people coming on-Island in a way that would help retain.

Deputy B.B. de S.DV.M Porée:

The next point was going to be where else would you be willing to look for in terms of workforce. You did mention Ukraine but any other thoughts or is part of your continuous process?

The Minister for Health and Social Services:

It is. People say: "Why do we not expand the volunteer workforce" and we can look at apprenticeships. There are some areas where we do need to strengthen and particularly I know because of COVID there was a pause on the ability to develop the apprenticeship schemes, but I would be really keen to do that. I think the other reality is that sadly, and this is a reflection of where people are in their careers, but I do not think people see healthcare as a career of choice anymore. I think there are lots of more attractive occupations that give a better lifestyle, that give better pay, that give better conditions. I think not only are we competing against those people who carry those qualifications but we are also competing against people's expectations about how they want to work and live their life. That is more nuanced, in a sense. My sense is that we have to think about the advantages of coming to Jersey and the lifestyle that we can offer here. But the issue is the affordability.

Deputy B.B. de S.DV.M Porée:

It is making Jersey attractive really, is it not?

The Minister for Health and Social Services:

It is, yes.

Deputy B.B. de S.DV.M Porée:

At the moment it is a high order or maybe just invest in education to make sure the pool of people can improve and qualify to occupy some of those posts.

The Minister for Health and Social Services:

We have been very successful in terms of getting our first cohort of on-Island trainees through the nurse training programmes. I do not know if the chief nurse wants to make any more comments about that. But the H.R. team also go into schools and they talk to people about different kinds of alternative health careers, not just about being a doctor or a nurse but the biosciences and some of the other kinds of allied health professional roles. Trying to broaden the pattern of interest out so that we can stimulate people's interest in that regard.

Deputy G.P. Southern:

The question of nurse recruitment, in particular, how successful do you think you are being?

The Minister for Health and Social Services:

It is just a constant challenge, I think. I do not know if I can invite the chief nurse to make comments about her experience around that. But from a Ministerial point of view I look at the figures and I look at the specialist areas and, as I say, there are a number of things. A number of factors that mitigate people coming but we also need to make sure that we can retain those who are on-Island.

Chief Nurse:

So it is Rose Naylor, chief nurse. Just to add to what the Minister has already said. In relation to homegrown nursing, we have had a really successful programme running for a number of years and what we do find with our nurses that come from Jersey, that train here, they tend to stay here. So I think a look back over the last 9 years we have only had 2 that have left their job following qualification and they have both been for personal reasons.

Deputy B.B. de S.DV.M Porée:

What is the number of nurses Jersey is producing at the moment per year; say how many qualified nurses come out ready to take positions?

Chief Nurse:

We generally have, and when we recruit to the nurse training programme we have to follow the rules that are set out by the regulator and the universities so that limits our cohort size. But we generally will have between about 10 to 14 general adult nurses. We started, as the Minister said, our first cohort of on-Island mental health nurses. We also train midwives, children's nurses and we can also offer learning disability nurse training.

Deputy G.P. Southern:

Do you think those numbers are peak numbers or is there room for expansion?

Chief Nurse:

I do not know if you have seen the media, but we have just announced our new university provider is the Robert Gordon University. So that is our new partnership. We are delighted to be working with them going forward. We have got Islanders who are very keen to come into the profession so we are looking at a cohort of 20 general nurses next September. We are looking to increase that, and the way we can increase the cohort is by extending our range of practice placement areas, so working across the sector to encourage more areas to be assessed as practice placement areas. We will continue to grow that but, to be perfectly clear on it, you could never satisfy clinical need with an on-Island programme. You will always have to bring in knowledge, skills and, more importantly, experience from elsewhere particularly in specialist areas.

Deputy G.P. Southern:

In terms of acquiring skills, does that take place? Can we progress nurses properly on the Island or do they have to go away?

Chief Nurse:

No, we offer a range of programmes right up to Masters level as well as clinical skills programmes. You can start your career as a nurse, as a healthcare assistant, on this Island and work all the way up without having to leave to study. We do offer a good range. Just in relation to the question around recruitment. If I could quickly make comment on that. We are trying recruitment in lots of different ways at the moment. As the Minister said, we get a variety of responses and it does depend on the specialty very much. But we have been out to international recruitment and we will continue to go out to international recruitment, we will work with partners. What we are working with at the moment is the regulator in terms of bringing those people in who previously perhaps would have come in from the E.U., from other jurisdictions, and getting them on the register, which takes a bit more time. I know there is work done in medicine as well with doctors.

Deputy B. Ward:

Time past we had student nurses come from outside the Island. Would you ever consider that, but obviously they would need help with accommodation because we are not paying student nurses to train? But would you be considering maybe going outside to encourage people to come and train in Jersey?

Chief Nurse:

Potentially but I have to say the demand locally is such that we do not have capacity to offer places from outside. So while the demand is still good we are not in the position to offer that at the moment.

Deputy G.P. Southern:

So you are working at max?

Chief Nurse:

Yes.

Deputy G.P. Southern:

Can I just move it on? The Primary Care Board recently told the panel that the key factor in recruiting healthcare workers to Jersey is ensuring competitiveness? Does the Minister believe that the healthcare system in Jersey is still a competitive place to work and why? In particular, I refer her to problems with pensions for G.P.s (general practitioners) and indemnity insurance resource is a problem. I understand that you can get it in the U.K. but there is nothing here. Is it about time we changed the rules?

The Minister for Health and Social Services:

It is an interesting question, Deputy, thank you. Clearly the terms and conditions around G.P. appointments are not within my portfolio. They are in the portfolio of the Minister for Social Security. I would certainly defer to her and come back to you with a response on that particular question. But more broadly ...

Deputy G.P. Southern:

But you have a personal responsibility, as Minister.

The Minister for Health and Social Services:

More broadly I think it is no secret that we have got problems with the numbers of G.P.s and I think even in the news during the week, certainly in the U.K., significant reductions in the number of people who are going through G.P. training, significant numbers of people who are not wanting to pursue that kind of career. The issue is, yes, we are in a competitive market. I think the way in which some of the G.P.s that were trained years ago setting up their own business and their own surgeries and their own practices, it appears that when you speak to some of the modern doctors that some of them feel unwilling or not interested to take that responsibility forward; some do. But we have not got any consistency in the way that people want to practice in general practice any longer. I think it is changing. The thing that we have to do is we have to continue to support our G.P.s here and to make sure that they have the resources to continue to deliver their goods, local service to their Islanders. One of the ways I think that we are trying to do that is to put some investment into primary

care per se to build up some of the teams around enhanced allied health professionals and practitioners who can support the work of the G.P. I think the work pattern is changing and I think it is having to change for some practices in relation to some of the ways in which the demands are being placed on the practice in the context of not being able to recruit general practitioners per se.

[11:15]

Deputy A. Howell:

Will you be able to think about helping the G.P.s themselves more because unless we have G.P.s onsite we cannot just run it ... the nurses and pharmacists, all the allied do very well but we need to keep our G.P.s and we need to be able to get G.P.s over here. In the past there was a greater pay scale over here so people were encouraged to come. I just wondered if you had thought about that.

The Minister for Health and Social Services:

Again, I would particularly talk about the pay in relation to G.P.s. I would want G.P.s ... whatever we can do to attract really good G.P.s but pay is not always the issue. I think that is an important thing to reflect in all of this. Work satisfaction, population size, the multidisciplinary team around the practice, there are different ways in which primary care services are emerging and not everybody just thinks of primary care as being a G.P. They think about it as a multidisciplinary team. If we can invest in the general practice in ways that bring an enhancement to the general practice, which I think we are already doing through what I have explained previously, I would want that to continue. As G.P.s now having, spoken to the primary care body ...

Deputy G.P. Southern:

You have spoken with?

The Minister for Health and Social Services:

I have spoken to the primary care body about our work next year which is to develop the primary care strategy. We will need to think about really interesting and inventive ways to consolidate and expand the quality of the service that we are offering at the moment.

Deputy A. Howell:

But I do think, Minister, that we do need to support the G.P.s more than we are doing at the moment.

The Minister for Health and Social Services:

I agree supporting G.P.s is absolutely critical. I want to be ... because I know over the last couple of days there have been some suggestions that I may not be sensitive to the work of G.P.s and I want to absolutely refute that. My whole background was in developing, and having managed 39

G.P. practices in my own experience, I am fully aware of the issues, the constraints, the concerns that G.P.s have, which are no different to what we face now. My commitment is to make sure that we get people having access to the best primary care service that they can possibly have as part of a preventative agenda, which will then reduce the burden of the responsibility of the hospital to respond to those things.

Deputy G.P. Southern:

I will give you a question from one of my colleagues which says: "How"? Are you engaged with the Minister for Social Security in talking about ways forward?

The Minister for Health and Social Services:

Yes.

Deputy G.P. Southern:

Is that happening?

The Minister for Health and Social Services:

Yes. One of the things, as you know, we have 2 things going forward next year, which is that the how will be in the strategy and setting out that. That will be in consultation with G.P.s themselves and other primary care colleagues. I am sorry, you smiled.

Deputy A. Howell:

I am just saying that is a very important thing that you actually do engage with the G.P.s because that is something that has not been happening up until now.

The Minister for Health and Social Services:

Well, I do not know what you mean "not been happening". Since I have been in office it has. So I think we are at the early stages of that. As I have just outlined, my commitment is to continue that engagement. The other thing that is going to help us is the work that we are going to do about the sustainable health funding model. We have to think about how we fund healthcare right across the piece. I know that there has been significant representation, particularly around the rising costs of care. We have an increasing demand for care because of our ageing population. We have people presenting with multimorbidity, which is complex needs, different conditions requiring more intense support. As we have just discussed, we do not have a workforce ready and willing to be able to manage that. We have some significant challenges ahead of us and we do have to think about doing things differently and we do have to be making sure that we are focused on the outcome, which is to deliver really good care in the right place at the right time but that will be challenging the

system totally financially, workforce-wise, clinically and operationally to make sure that we have a pattern of service that can meet that need.

Deputy B.B. de S.DV.M Porée:

We are aware that 100 units will be available soon to house new workers. Can you confirm whether those units are solely for health key workers?

The Minister for Health and Social Services:

My understanding is that there are also some claims on the accommodation from the Children's Service as well. But I do not want to draw distinction between Health and Children's Services. These are key workers and I think we have to make sure that when we are doing our recruitment processes that we are aligned and we have the planning right so that we are not in competition with one another for that accommodation. But I think the key thing is that this offer of accommodation is designed to give some stability and a base to people who we manage to recruit on-Island. Of course my expectation would be perhaps that if people do commit to Jersey and stay that they would then look for their own accommodation over a longer period of time so we have a flow. But I know the Minister for Housing and Communities has this uppermost in his concerns about responding to us as a department, to help us with this.

Deputy B.B. de S.DV.M Porée:

Do you have any idea of dates when these units will be completed?

The Minister for Health and Social Services:

If my memory recalls, is it March or April when the first ... please, Steve, if you could?

Associate Director of People, Health and Community Services:

The first set of units will be available from middle of December this year. Then it falls into March and April next year for the remainder. We are in close contact with the C.Y.P.E.S. (Children, Young People, Education and Skills) team to make sure that they are utilised in an equal way.

Deputy B.B. de S.DV.M Porée:

I am sure the queue is already long for those accommodation.

The Minister for Health and Social Services:

Yes.

Deputy B.B. de S.DV.M Porée:

Thank you for that. I was going to ask the Minister how did you intend to allocate this accommodation but you have already mentioned Children's Services and so there will be a kind of spread. Thank you.

Deputy B. Ward:

There was just a question regarding staff. The latest figures that we have as a panel about hospital staff vacancies as of October is that there are 395 vacancies, the majority of which we have talked about nursing staff. What is a concern is wanting more management posts, which the information we have been given then brings it up to about 100 management posts, which is a concern. I just wanted to flag that up.

Deputy G.P. Southern:

Question.

The Minister for Health and Social Services:

Can I just clarify what is the concern?

Deputy B. Ward

Right, I am getting on to that.

The Minister for Health and Social Services:

That is opinion, I think.

Deputy B. Ward:

It is about interims. How many of those managers are interims and how many interim management posts are in the pipeline?

The Minister for Health and Social Services:

I have not broken that down so I can get that broken down for you. But one of the things that I think is really important, which is that we applied the same principle around how we continue to operate the service that we do to clinicians is that ... as I said at the television discussion around the new hospital, managers are important to keep the operations working and supporting clinicians to do their work. They have to work together. Clearly there has to be a focus and an organisation around that that means that we have the right balance and the right need in place. But you cannot not operate a health system without any managerial oversight. So the issue is about proportionality. Where we have interims, if there are key responsibilities and functions that need to be fulfilled around that then we must fill that in the interest of the operations because, if the gap is there, that then places the gap on clinical teams who are already stretched and under-resourced to have to take up

the responsibility for those things. I think what we need to think about in the future is whether or not we have the right structures and arrangements in place to deliver what we need to deliver. That is all going to be part of the work around the Hugo Mascie-Taylor review, which is to say: have we got the right quality and safety and managerial arrangements in place?

Deputy B. Ward:

You have led me in beautifully then to talk about the Health and Community Services Board. The panel notes that the chair has been appointed to the new Health and Community Services Board. Would the Minister please explain to the panel what process was used to ensure complete independence?

The Minister for Health and Social Services:

As I have already outlined previously, the process was conducted by officers in terms of the recruitment. At the final stage, both myself and the Assistant Chief Minister made a decision as to who was the most eligible candidate from that process. But what I am advised is that the recruitment process involved going out to recruitment companies to source eligible people. As you have heard, because Professor Mascie-Taylor was here, I encouraged him also to consider whether or not he would be interested in it. That was as far as my interest went. Officers then took that forward in terms of sourcing a number of people. I am told there was a short list from 50 down to 5, and both myself and the Assistant Chief Minister were presented with the final 2 candidates, and the decision was taken by myself to appoint Professor Mascie-Taylor.

Deputy B. Ward:

Could the fact, on your own admission, that you did encourage Professor Mascie-Taylor into applying for the post, that that maybe skewed the independence or your position as making that final decision?

The Minister for Health and Social Services:

I think there were enough stages in the process before it got to my decision to weed out any conflict in that regard. I think what I was satisfied with was, having been presented with 2 candidates, to compare that the candidate that was successful was the one that met the requirements of the job.

Assistant Minister for Health and Social Services:

Just to add, Minister, that the Appointments Commission was involved in that whole process to ensure independence and transparency.

Deputy B. Ward:

Did you actually consult with the States Employment Board, which is always usually involved when it comes appointments, especially if an appointment ... because at that time you did not know what the remuneration was, but if a remuneration was going to be over £100,000 would not the States Employment Board have been taking a much more active involvement rather than a *fait accompli*?

The Minister for Health and Social Services:

Again, this process is left in the hands of officers and, as Deputy Ferey has just alluded to, this went through the Appointments Commission so they have led their process and I cannot really answer that direct question. I think that would best be directed to officers.

Deputy B. Ward:

So that needs exploring?

The Minister for Health and Social Services:

Yes.

Deputy B. Ward:

Yes, that is fine. Thank you.

Deputy G.P. Southern:

In 2023, an additional £5 million from the Government Plan has been provided to support initiatives to reduce hospital waiting lists. Can the Minister provide some additional details about these initiatives?

The Minister for Health and Social Services:

Yes, obviously, in terms of the detail, I think what I would like to just say is that there has been a tremendous amount of work done to try and address these. Clearly, as you have seen in my statement, it is still unacceptable because what I do not like is the fact that people are still waiting for treatment and I am really driving hard on officers to come up with solutions to how we get this access to care sorted. What I can tell you is that we have done quite a lot of cleaning up of the data so that there are no longer people on the list who should not have been there. What I mean by that is that they have either had their procedure or they no longer require a procedure so we have a much cleaner dataset to work from. The other thing that has been happening is that there has been some very targeted work with specialities about improving their productivity around this. Clearly, that has impacted ...

Deputy G.P. Southern:

Can you improve productivity?

The Minister for Health and Social Services:

Well, you can. You can change workflow and work patterns so that you can get better efficiency out of the resource that you have. So the other thing that we have also had a problem with is the recruitment position, obviously. So that impacts upon your ability to be as productive as you might want to be.

[11:30]

The other thing that we have done is we have started to explore some contracts with alternative providers off-Island. You have seen the state of the N.H.S. (National Health Service). I do not think ...

Deputy G.P. Southern:

What do you mean by “alternative”? Do you mean alternative health?

The Minister for Health and Social Services:

Alternative providers who can provide some of the procedures that we need to happen and we are currently in discussions on that basis. In terms of the more finite detail, if I could invite the director general, she can give you some content to that in terms of where the targeting has been, what success we have had and whether waiting lists are coming down.

Deputy G.P. Southern:

Specifically you are saying that we are using some hospitals elsewhere as routine procedures.

The Minister for Health and Social Services:

That is the plan.

Deputy G.P. Southern:

That is the plan. It has not happened yet, okay.

The Minister for Health and Social Services:

We are just in negotiations with people. It is common practice in terms of when you are managing waiting lists to look at different types of providers who have the capacity to provide public sector work. One of the things is that you develop your contracting framework with them on that basis.

Deputy G.P. Southern:

I have heard already that consultants were using Southampton, for example, for their private work. Are you saying that that is now moving into public work?

The Minister for Health and Social Services:

That is a different thing. So one of the things that we want to do is to make sure people get their treatment in Jersey but if we cannot deliver the treatment in Jersey in a timely way because we do not have the capacity, rather than have people wait, we want to explore if we can get people treated off-Island.

Deputy G.P. Southern:

Do you have a timescale on that?

The Minister for Health and Social Services:

Caroline, would you like to ...

Director General, Health and Community Services:

Yes, so we are currently in conversation with different providers and we anticipate that we should have resolution around that by the end of the year. We are just negotiating around tariff and then we will be able to ...

Deputy G.P. Southern:

Do you mean next month?

Director General, Health and Community Services:

Yes, so by the end of the year. Of course, it is commercial negotiations so we need to understand the tariff price but we should be able to share details of that plan with the panel next year. That is around patients who have been waiting on our public lists that we are unable to provision the care here on-Island in a timely fashion. Therefore, we can access facilities elsewhere in order to do that.

Deputy A. Howell:

Sorry, can I just ask how will you assess the quality of the treatment that these patients receive off-Island?

Director General, Health and Community Services:

So those are the conversations that have been taking place for the last 4 months. Our medical director has been leading that and linking in with other medical directors in the U.K. around understanding what the outcomes and the quality indicators are around those outcomes.

Deputy B. Ward:

Who is funding this initiative? Is this out of existing budgets or is Treasury stepping in?

The Minister for Health and Social Services:

When I spoke to Treasury about the issue, they have provided some additional investment for us to try to reduce the waiting lists and it is one of my Ministerial priorities, which is to get these waiting lists down.

Deputy A. Howell:

Yes, I am just worried about the quality because I know that one of the initiatives that you did undertake resulted in a lot of problems afterwards and I just want to make sure that patient care will be safe and it will all be properly documented.

The Minister for Health and Social Services:

Well, I would like to know some more detail about that because I do not know what you are referring to. That is a surprise so maybe we can pick that up after the Scrutiny Panel.

Deputy A. Howell:

Yes, afterwards.

The Minister for Health and Social Services:

I think what I want to make sure and give Islanders every assurance about is that we will not commission any service under my Ministerial responsibility that does not meet the required standard that is commensurate with some of the regulatory frameworks that are particularly in the U.K. but also our Care Commission standards as well. So the most important thing is that we get people into providers that have recognised standards that are approved and can deliver the outcomes that we want for the price that we want, and that is the most important thing. There will be more detail about that I think when we can complete the negotiations but the most important thing, which I have repeatedly said, is we must get people back into treatment. We must do that and we will do that in the safest way with the best quality provider that we can get to deliver this for Islanders. There is no question that any of the providers that we will use will be of poor quality and, if that is the inference, that will not happen.

Deputy B. Ward:

It has been reported in the press that waiting lists have gone down as in public but the waiting list for private care has gone up. If it is true general waiting lists have gone down, do you know the figures of how many people have gone down the private route because they can have their operation

done very, very quickly where they have a 2-year waiting list if they go general but with the same surgeon, same place and same nurses? They go private, they get it quicker.

The Minister for Health and Social Services:

Private practice is private practice and I have no authority or jurisdiction to interrogate any of that activity other than to understand what kind of activity is going on in hospital premises. That is all I need to know. I do not know what each individual clinician holds as a waiting list. I do not know any of the processes that are involved to get people on to their waiting list. I do not know how many people they employ as a private practice because my Ministerial responsibility is for the public service.

Deputy B. Ward:

If the theatre space is there and the consultant is there, is there not something that Health and Social Services could say? "We have a crisis here. We have people in pain. They need to be done." Has that initiative been looked at rather than doing contracts with the U.K. and sending them off when we have a theatre with nurses and the doctor?

The Minister for Health and Social Services:

I think all of those options have been explored as part of our provision. All of those.

Director General, Health and Community Services:

Can I just point out, Minister, all patients, regardless if they are public or private, are triaged according to their presentation and their clinical urgency regardless. So if you are a private patient on a private list and you are clinically urgent or clinically severe, you can be seen on a public list so that is how we triage our patients.

Deputy G.P. Southern:

Can I ask a general question there on the way forward? How is the sustainable healthcare funding review progressing? The survey attached to it was due to be distributed October/beginning of November. What is the current status of any survey and why has it been delayed?

The Minister for Health and Social Services:

Yes, again, officers are leading this but, from my perspective, we have just encountered some feedback from the focus groups that has required us to delay the survey work. If I can hand over to Ruth to explain the process.

Associate Director, Health Policy:

Yes, certainly. So as you know, we developed a draft survey which was intended to be dropped into letterboxes of 3,500 individual households. In order to crosscheck the questions in that survey, and to make sure that when it landed on people's doorsteps they understood the questions, we worked with some independent providers to set up and run 2 focus groups to look at those questions. One of the pieces of the feedback that came back from the focus groups was: "We do not think you should be doing this before Christmas. We think that you should be waiting until the New Year and we think that, on 2 grounds: one is that it is too close to Christmas for people to want to choose to engage in the survey." The other is because the members of the focus groups were concerned about talking about health funding and the fact that we are going to have to increase health funding - and we all know that - at a point in time before Christmas when people are struggling with notions and the reality of cost-of-living increases. It was feedback from the focus groups of the citizens of Jersey that we have delayed it. So we are still intending to do it and we are intending to do in the New Year and we have drafted questions.

Deputy G.P. Southern:

You say that we all know that we are going to have to increase charges or funding for sustainable health. Apart from the survey, how is that planning going? Where are we in terms of sustainable healthcare funding? How far are we examining what the alternatives might be outside of the survey and which way are we going?

The Minister for Health and Social Services:

So to help us with this because, clearly, this needs big brains around this, it is hugely complicated, as you can imagine, and there is no simple solution to this, we have engaged the Health Economics Unit to assist us with this. Ruth, do you want to give some more content around that?

Associate Director, Health Policy:

Yes. So we are working with the Health Economics Unit.

Deputy G.P. Southern:

Sorry, who are the Health Economics Unit?

Associate Director, Health Policy:

Yes, so they are U.K. specialists in healthcare economy and financial analysts of healthcare systems, and we have contracted them to do a piece of work which consists of a number of different phases. So the first phase of the work is they are calculating what the total current cost of healthcare expenditure is in Jersey at the moment and what the total future cost of healthcare expenditure will need to be as we move forward, looking at changes in our population and looking at healthcare information. When I say they are calculating the total current cost, where we have looked at

healthcare expenditure to date, what we have done is we have missed out certain parts of that healthcare expenditure. So we have not included all the costs that are directly incurred by patients such as when they buy subsidised products, such as when they pay for dressings. So for the first time, we will have a figure setting out the amount of money that this Island puts into the healthcare economy as it stands. We will then have future projections as to those costs. We are then going to be building a set of national healthcare accounts, so the national health accounts are the standardised formula for understanding healthcare costs. What is really important about the national healthcare accounts is, because it is standardised and they are used internationally, it will allow us for the first time to compare our healthcare expenditure with other jurisdictions which we cannot currently do.

Deputy A. Howell:

Sorry, I am just asking: are you including in that the money that patients pay to go to see primary care?

Associate Director, Health Policy:

Yes, absolutely, and we are using bits of proxy data which is some information that they do not have so there are bits of proxy data so we do not know, for example, exactly how much individual patients are spending on dressings but what we do know is we know in other jurisdictions from their healthcare accounts how much people spend. So there are places where we are having to use proxy data rather than real data but, yes, we are including personal spend in healthcare.

Deputy A. Howell:

Can I ask where is this budget for this coming out of?

Associate Director, Health Policy:

For this piece of work?

Deputy A. Howell:

Yes.

Associate Director, Health Policy:

It is funded through the Jersey Care Model funding.

Deputy A. Howell:

So that is coming out of the H.I.F. (Health Insurance Fund)?

Deputy G.P. Southern:

So indirectly from the H.I.F.?

The Minister for Health and Social Services:

Yes.

Deputy G.P. Southern:

That is interesting.

The Minister for Health and Social Services:

Yes, but it has an impact on the way in which we fund primary care.

Deputy A. Howell:

So how much is it costing us?

Associate Director, Health Policy:

I cannot remember the figures right off the top of my head but we can certainly provide them to you.

Deputy A. Howell:

Thank you.

The Minister for Health and Social Services:

We cannot not include the cost of access to primary care. We have to and I think the important thing is, again, I talk about focusing on the purpose of this. We will constantly go around and around in circles talking about the different pots of money that are in place to fund different parts of the health system. We have to get above this to be able to say: "How much are we going to invest in our healthcare system over time and in what way that investment is reflected in the various pots, if you like?" So, for example, the questions you raise, Deputy Howell, around: "What are we using the H.I.F. for?" We have talked its purpose, its role and function. We have no quantification about the cost of primary care at this moment in time. None whatsoever. We have to get a grip on that. All we talk about is G.P. payments and we have to expand the debate much broader than that to say if our approach is to prevent people getting ill, is to provide health education, address the public health needs and to make sure that we do not overburden the capacity that we have in our hospital facilities.

[11:45]

We have to do the work to understand the costs that are going to be required to deliver really good primary care services. That is the outcome that we are seeking through this piece of work. At the

minute, what we talk about is the cost of a G.P. payment, which is not the only thing that we need to be thinking about here.

Deputy B. Ward:

You mentioned that we do not have the money side of buying things with the N.H.S. but we do because when it comes to medication, do we not have that arrangement with vaccines and things like that? We buy that from the U.K. Is it at the same price?

The Minister for Health and Social Services:

That is a different thing.

Deputy B. Ward:

I just wanted to correct you because you are saying that we do not have those arrangements but we do.

The Minister for Health and Social Services:

If I can just clarify that. So we have procurement arrangements for products and services but what we are talking about is what investment does the Government need to make in healthcare over time because the cost of it is rising? The demand for healthcare is rising and, currently, the way in which we are funding our system and organising the resourcing of that is putting pressures on different parts of the system. So we have to sustain it and because we need to bring that data and that evidence together, we have to do the piece of work that helps people understand not only what we are paying for but also what we are going to have to pay for in 5 or 10 years' time.

Deputy B. Ward:

You mentioned someone is going to be coming in, looking and helping you with that. Is this the informatics position that is being looked at on a 6-month contract?

The Minister for Health and Social Services:

This is the health analytics role, yes.

Deputy B. Ward:

So £103,000 for 6 months' work.

The Minister for Health and Social Services:

So the health analytics work is work that has to be done for us to understand what our costs are now.

Deputy G.P. Southern:

Okay.

Deputy A. Howell:

Minister, moving on, the panel is thankful for the sight of the review of the Care Model this week. Recommendation 7 states that the use of the term “Jersey Healthcare Model” should cease and I just wondered what you were going to call it instead.

The Minister for Health and Social Services:

I am not going to call it anything. What I am proposing is that this term has caused so much concern with people in terms of what it means and its understanding, and what I want to do is strip away the confusion and the misunderstanding. What I want to do is to talk to Islanders about the work that needs to be done to build up capacity in community services so that we have really good community preventative healthcare in the Island in the way that we do not have it at this moment in time. There have been significant strides made already, and I think Deputy Ward alluded to it the other week, particularly our partnership work with F.N.H.C. (Family Nursing and Home Care), but that is not the only provider. One of the things that you will see in each of these projects or service developments is that it is focused on delivering a particular response or a particular service. I think it is really important for openness and transparency that Islanders understand what each of those service developments are rather than listen to: “We are moving ahead with the Jersey Care Model” because that does not mean anything so that is what I want to do. I want to talk about H.C.S. 24. I want people to talk about that. I want people to talk about the discharge co-ordination. I want people to be able to understand about what we need around reablement and rehabilitation. The Jersey Care Model does not describe that so the most important thing is that we focus on clarifying for people what it is we are trying to do and how we are doing it and what outcomes we will hope to achieve. The overall aim of this is to build up the capacity and the capability in the community to be able to manage things like people with long-term conditions who do not necessarily need care and treatment in a hospital, who prefer to be cared for at home but they cannot do it on their own and they need the support. We need people to be supported when they come out of hospital to resettle in their home. We need people who, if they are unsure about something, can pick up a phone and ring somebody and say: “Can you help me?” We do not have any of that but these services are all designed to build up that pattern of service.

Deputy A. Howell:

How do you intend to tighten operational controls and increase oversight of this implementation?

The Minister for Health and Social Services:

Well, as you know, the Independent Oversight Board is there and what I want to do is I want to have some further discussions with the Independent Oversight Board to be more rigorous in their oversight of it.

Deputy A. Howell:

Would you agree they have not had much opportunity to be an oversight board so far?

The Minister for Health and Social Services:

Yes, I agree and I think that is probably not helped by the pause but the thing is that they had also recommended the pause, so we were aligned and we were consistent with our thinking on that.

Deputy A. Howell:

The panel notes that one project due to cease is trialling of supportive services. Could you explain, please, the rationale for this decision?

The Minister for Health and Social Services:

Yes, the design of that initiative was really about engaging partners. We do not need to spend any more money on that, which is why I wanted to use the opportunity of the review to say: "Let us think about how we do this differently."

Deputy A. Howell:

When are the projects marked as "not started" due to begin?

The Minister for Health and Social Services:

There is a timetable. We can get you a timetable for that.

Deputy A. Howell:

The review states that: "The Jersey Care Model pause has delayed the projects in the planning and design status which planned to recruit or implement additional clinical services in quarter 3 onwards and there are no new lines of expenditure for these projects." Would the Minister inform the panel when the delayed projects are due to begin and if any new lines of expenditure would be developed?

The Minister for Health and Social Services:

Yes, we are just going through the rescheduling. I do not know, Anuschka, if you would like to add any comments to that. We are going through each of the projects and realigning those. It is obvious that there will be a delay because I stopped all of the recruitment and I stopped everything because I wanted to make sure that we were focused around what we were trying to deliver. As you have seen in my report, there are things that we must continue with and there are things that we must

make sure are in place because, otherwise, the system falls down if you do not have the various component parts in place to be able to deliver that comprehensive ...

Deputy A. Howell:

Does the Minister consider that the desktop review being conducted by officers who are also developing the Jersey Care Model and the programme change management team is a conflict of interest?

The Minister for Health and Social Services:

No, I do not. I think it is a rigorous management challenge.

Deputy A. Howell:

So how can it be objective if the team delivering are doing that?

The Minister for Health and Social Services:

Well, the objectivity comes from myself as the Minister through the challenge.

Deputy A. Howell:

So have you been through each of the individual challenges?

The Minister for Health and Social Services:

Every single one.

Deputy A. Howell:

How do you think the new discharge policy is working?

The Minister for Health and Social Services:

I am not so sure what you mean.

Deputy A. Howell:

How do you think it is working? Do you think it is being successful?

The Minister for Health and Social Services:

The discharge policy?

Deputy A. Howell:

Yes.

The Minister for Health and Social Services:

Do you mean the Discharge Co-ordination Service?

Deputy A. Howell:

Well, I just wondered how you think the discharge is working from hospital at the moment.

Deputy G.P. Southern:

It is bed-blocking.

The Minister for Health and Social Services:

So that is a different question. Yes, so I think the service is in place obviously because I am going to be shadowing the discharge co-ordinator in the next couple of weeks to understand it in a bit more detail. The issue around bed-blocking is not solely the issue connected to the discharge co-ordinator. This is my point about the capacity that we have in the community to make sure that people need to be supported at home and also have an alternative to a hospital bed while they are cared for. Our work with the voluntary sector, our work with the independent sector and our work with the private sector in terms of beds is critical in that. I know some in the industry are struggling because they have workforce challenges themselves, so there is no simple solution to this. We just have to keep working at it, we have to build up the pattern of service, we have to build up that capacity and we constantly have to make sure that safe care and need is being addressed by that. There will be nobody who will remain in hospital unnecessarily. It is unsafe to keep a person in hospital unnecessarily and we must not lose sight of that.

Deputy G.P. Southern:

Are you succeeding in that last statement, we are not keeping people in hospital unnecessarily?

The Minister for Health and Social Services:

I think we are at the point where we have real problems trying to get people out of hospital and my concern about that is that that leaves patients exposed to potential infection and also it means - and evidence suggests this - that the longer you keep people in hospital, the less likely they are to heal and recover. So we must make sure that we build those services up to be able to offer that.

Deputy A. Howell:

So could you just inform the panel who is responsible for the discharge of any patient medico-legally?

The Minister for Health and Social Services:

Well, the consultant makes the decision, do they not?

Deputy A. Howell:

Yes, that is what I always thought but I would just like to point out that there have been many discharges recently when the consultant responsible for the patient's care has not given his consent and whoever is discharging has been discharging patients without the knowledge of the consultant involved. I would just like to point that out and would like a comment.

The Minister for Health and Social Services:

Well, again, Deputy, that is a view and an opinion and I have no evidence of that so if you could give me the evidence of that, I would be happy to look at that.

Deputy B. Ward:

A question about the H.C.S. 24, which is live. When you look at the figures for the costings for the full year of 2022, you have a projected figure of 832. Are you looking at using the H.C.S. 24 to replace the G.P. co-op out of hours which has only cost 350? So we are going down to H.C.S. 24, which is more expensive.

The Minister for Health and Social Services:

I think if you look at the investment we have made in the out of hours doctors, we have put £313,000, is it, into it?

Deputy B. Ward:

I know it is around £300,000, yes.

The Minister for Health and Social Services:

So that does not tell me that we are replacing anything. That is that they are working in partnership with one another to develop a 24-hour response.

Deputy A. Howell:

Do you think H.C.S. 24 is safe?

The Minister for Health and Social Services:

What do you mean do I "think it is safe"? It is a response service.

Deputy A. Howell:

I just think there are real problems with some of it.

The Minister for Health and Social Services:

What are they?

Deputy A. Howell:

The most important thing I think is that people have to sit in a room and answer the telephone when they could be using their clinical skills and we could just have a receptionist. Family Nursing have a call centre. We used to have ambulance headquarters answer the phone during the night. I just wondered how objective you have been when you have looked at this.

The Minister for Health and Social Services:

If I could ask: has the Deputy been to visit the service?

Deputy A. Howell:

I have not been to visit it.

The Minister for Health and Social Services:

Could I invite you to do that because I think you would have a better understanding of its purpose?

Deputy A. Howell:

Thank you. Is the Mental Health Unit still in it? Are they still operational within that hub?

The Minister for Health and Social Services:

Mental Health Unit?

Deputy A. Howell:

Well, the mental health responders. Are they still in that hub?

The Minister for Health and Social Services:

No, but I am sorry, what do you mean in terms of ...

Deputy A. Howell:

Well, I was just pointing out that is perhaps one area that has been proved was not the best service.

The Minister for Health and Social Services:

Right, I am confused. I think the best thing to do is to come and have a look.

Deputy B.B. de S.DV.M Porée:

This question is in regard to women's health and one of the questions is for you, Minister, and about the Ministerial plans that state that you are reviewing the fees and charges associated with

reproduction services, contraception and termination of pregnancies. Please describe what the review will entail.

The Minister for Health and Social Services:

Well, there are 2 things. There is assisted reproduction so there is the cost of that in terms of what women pay in terms of cycles of assisted reproductive procedures and then the second part of it is the termination of pregnancy.

[12:00]

What we will be doing is we will be bringing forward a proposition to the Assembly and, obviously, an amendment to the law for the Assembly to debate. Until I think we have a legal position, we will not be making any decisions about that until we have had the States decision on that. We are anticipating that ... I cannot remember the timescale.

Associate Director, Health Policy:

With regards to termination of pregnancy work, we will be undertaking a citizens' engagement process which will be starting early next year because lots of issues around the termination of pregnancy are social issues. We will be hoping that we will be taking a report and proposition to the States Assembly before the end of next year proposing potential changes to the Termination of Pregnancy Law, and then the fees and charges associated out of that would flow out of any new or amended legislation.

Deputy B.B. de S.DV.M Porée:

Thank you. I think that answers 39 as well.

Deputy G.P. Southern:

As well, okay. So are you happy with that?

Deputy B.B. de S.DV.M Porée:

Yes.

Deputy G.P. Southern:

We will leave that there because I see that the clock has beaten me.

The Minister for Health and Social Services:

We can carry on outside the panel if you want.

Deputy G.P. Southern:

I am sure we have something like 40-odd questions here. We shall transmit the rest that we have not dealt with to you in writing.

The Minister for Health and Social Services:

Thank you.

Deputy G.P. Southern:

We will see what we get from that but thank you very much for your time and your co-operation.

The Minister for Health and Social Services:

Thank you. Thank you very much, Chair.

[12:01]