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Health and Social Security Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Monday, 4th March 2019

Panel:

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

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

Deputy C.S. Alves of St. Helier

Deputy T. Pointon of St. John

Witnesses:

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

Deputy H.C. Raymond of Trinity, Assistant Minister for Health and Social Services

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

Mr. M. Richardson, Assistant Director of Policy and Ministerial Support

Mr. D. Skinner, Interim Human Resources Director, Health and Social Services

Mr. P. McGinnety, Deputy Director, Primary and Community Pathways

Ms. R. Naylor, Chief Nurse

Mr F. Le Gros, Legal Adviser, Law Officers' Department

[15:00]

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

Thank you all for coming. This is the Health and Social Security - or should I say Health and Social Services - Panel quarterly meeting with the Minister, Assistant Minister and members of staff from the Health Department. This is a Scrutiny Panel, therefore it does work under Assembly rules for those Members that participate in contributing. I am Deputy Mary Le Hegarat, the Chairman of the

Scrutiny Panel, and I will ask other members of the Scrutiny Panel to introduce themselves and then the persons from the Health Department.

Deputy K.G. Pamplin of St. Saviour:

Deputy Kevin Pamplin, Vice-Chairman of this panel.

Deputy C.S. Alves of St. Helier:

Deputy Carina Alves, a member of the panel.

Deputy T. Pointon of St. John:

Deputy Trevor Pointon. I am a member of the panel.

The Minister for Health and Social Services:

I am Deputy Richard Renouf, Minister for Health and Social Services.

Assistant Minister for Health and Social Services:

Hugh Raymond, Assistant Minister for Health and Social Services.

Group Managing Director, Health and Community Services:

I am Rob Sainsbury, the Group Managing Director for Health and Community Services.

Chief Nurse:

I am Rose Naylor, Chief Nurse.

Interim Human Resources Director, Health and Social Services:

Darren Skinner, Interim H.R. (Human Resources) Director.

Deputy Director, Primary and Community Pathways:

Paul McGinnety, Deputy Director, Primary and Community Pathways.

Legal Adviser, Law Officers' Department:

Frank Le Gros, Legal Adviser, Law Officers' Department.

Deputy M.R. Le Hegarat:

Lovely, thank you very much. So we will start by asking questions, as is our normal process, and if there is anything that needs to be clarified or if there are any further questions that anybody wants to add, feel free to do so.

The Deputy of St. John:

Minister, thank you for coming in today with your team. I want to go back over some of the stuff that we addressed last time, and you told us that one of your main priorities was to concentrate on health promotion and preventative measures. I am wondering where you are at in relation to developing health promotion and preventative elements.

The Minister for Health and Social Services:

Yes. I am pleased that we are bringing forward a new initiative called Care Closer to Home, and we have a small team within the department which has gone out and identified in the west of the Island a hub, which is Communicare, and there is a trial that has just started there with all sorts of organisations such as the Alzheimer's Association, Age Concern, Mind Jersey, offering their services from that hub to anybody who wants to come, but primarily people in the west of the Island are the target audience. That has been arranged with the co-operation of the parish and a small group of people working in the community have put that together and arranged a programme. I think it was launched as such without fanfare, a soft launch on Friday, and is going on with different groups presenting. I see that it is an opportunity for our services and the department's services, such as chiropody or physiotherapy, could be sent out to those sorts of hubs to offer what they can give. It is a way of keeping people independent in their homes and in the community by not dragging them into the hospital all the time for check-ups or for services, and is a good opportunity to engage the voluntary sector organisations and allow them to offer what they do so well to a wider audience. We have Mr. McGinnety here, who can give you a lot more detail of the programme that is envisaged, if you wish to hear from him.

The Deputy of St. John:

It is entirely up to you if you want to expand.

The Minister for Health and Social Services:

I think I would.

Deputy Director, Primary and Community Pathways:

Yes. Closer to Home was launched on Friday, a real partnership between the parish and the voluntary sector, and the idea is that we will repeat this across the Island in different parishes based on individual needs. We do not just see this as for one particular group, it is around building on the strengths of communities and individuals. As it stands, we had the first event on Friday with Age Concern, Alzheimer's, a very successful event, 20 people attended for a singalong. We then had Jersey Sport in terms of Active referrals, community police officers, Citizen's Advice, Call and Check, Jersey Libraries, Brighter Futures, and again we will be linking with our colleagues within Children's Services. So we have a number of organisations who are part of a rota delivering services free of

charge, linking into what already happens at Communicare, so we get added value in terms of people who are attending the centre.

The Deputy of St. John:

It is interesting, we have a knowledge of what Brighter Futures do and the facilities they provide are fairly building-intensive. Do they have that sort of provision now then in St. Brelade?

Deputy Director, Primary and Community Pathways:

So all the buildings that ...

The Deputy of St. John:

I am thinking about The Bridge as an example.

Deputy Director, Primary and Community Pathways:

Again, that is more sort of outreach. Some services will be sort of replicated out in the community, some will be to raise awareness and take referrals so that people can access. For example, we have Mind and Young Minds linking in with Brook, but again, rather than us being prescriptive and saying to the organisations: "Please be there at a certain time" it is within their service delivery model and they know what the constraints are in terms of buildings and times and we want them to work with us rather than to sort of say: "Please be here during X, Y and Z." It is a real sort of asset-based strengthened partnership. Again working with the parishes, we see this as a seasonal offer, so for us this time of the year, in spite of the nice weather, obviously loneliness is a concern - that was raised with the group on Friday - but we are seeing more activities, more sports, more services for disabled children in the summer months when we have got obviously the holiday periods.

The Deputy of St. John:

So the meeting that you had recently was a means of publicising something you hope to develop?

Deputy Director, Primary and Community Pathways:

No, we have developed it. We have been working since around July with interested parties. The Deputy of St. Brelade sits on the steering group and he was nominated by the committee. We now have a full programme of events for Communicare and that will be rolling. We started on Friday, so this is not something that we plan to do, we have started it and people have already taken advantage. The idea then would be to look at perhaps the east of the Island. Different buildings would serve themselves for different types of services, but to have an offer which we can then reach right across the Island based on individual's needs, what we are hearing from parishioners, and again we would see this as being sort of Closer to Home, but it will differ in St. Brelade as it will in St. Helier, as it will in terms of St. John. The sort of headline is Closer to Home, whether that be Mind Closer to

Home, Brighter Futures Closer to Home, but again, it is going to be based on what that parish thinks is supportive and helpful.

The Deputy of St. John:

Thanks very much indeed. You mentioned the Active programme - and I am going back to the Minister, if you do not mind - and one of the things you told us was the Active programme is available for older people to keep physically fit. I know as somebody who has used the Active programme it is a very meaningful process, a one-to-one process. There is a charge for that service, and I wondered whether people who cannot afford to pay that charge have an alternative available to them.

The Minister for Health and Social Services:

I do not think there is a direct alternative that I know of. Is the charge felt to be prohibitive? There is obviously some cost to putting on these services; I am sure it is far cheaper than a gym membership, for example.

The Deputy of St. John:

Well, it is not.

The Minister for Health and Social Services:

It is not, is it?

The Deputy of St. John:

No. The sessional payments add up to a discounted gym membership and at the end of the year people usually spend on that course, they are usually advised to join the Active club, which for many people is prohibitive.

The Minister for Health and Social Services:

It is a difficult issue, is it not, how far we can afford to provide services for free? We would ask people to take a responsibility for self-care and some of that might involve using the resources we have to look after ourselves. Of course if there is a thinking that the States need to provide everything for free then that will impact on the budget, that will mean we will need to raise more through the Government plan. We anticipate those tensions between competing budgets in the Government plan.

The Deputy of St. John:

I am flagging this up as a discriminatory part of the provision in that if you cannot afford it you cannot access it, but it is seen as being clearly a flagship for getting people back into fitness or to recover from illness.

The Minister for Health and Social Services:
Yes.

The Deputy of St. John:
Yet we are denying people that opportunity if they cannot afford it.

Assistant Minister for Health and Social Services:
Can I just ask a clarification on that, Trevor? Are you meaning Jersey Sport or are you meaning the Active Card?

The Deputy of St. John:
The Active programme.

Assistant Minister for Health and Social Services:
The Active programme. You are leaving Jersey Sport completely at one side?

The Deputy of St. John:
Yes.

Assistant Minister for Health and Social Services:
Because they are doing part of the work, that is why I am just ... without interrupting.

The Deputy of St. John:
Those are the answers we are fishing for, really. Is there something available to ...

Assistant Minister for Health and Social Services:
I will put my sport hat on because I know what is going on there. Jersey Sport is doing it ... I did not know, Minister, I had no idea that the Active Card was part of that. I would like to try to find that out, but I do not know. Paul, are you clear on that?

The Deputy of St. John:
There is a medical and healthcare referral system to the Active gyms, and albeit there is a referral which will result in a programme, but people still have to pay for the facility?

Assistant Minister for Health and Social Services:
Do you know about that?

Deputy Director, Primary and Community Pathways:
In terms of the Closer to Home there is not a charge for the services. The premise is that we want as many people to access these services from a preventative point of view. In terms of this, Jersey Sport are delivering 4 sessions in terms of ...

The Deputy of St. John:
I am sorry, I cannot hear what you are saying.

Deputy Director, Primary and Community Pathways:
Jersey Sport are doing 4 sessions, but they are not charging for those taster sessions.

The Deputy of St. John:
Yes, but are these sessions part of the prescribed programme, that is prescribed by a medical or healthcare professional, a prescription to go for a period to get a programme developed for them?

Deputy Director, Primary and Community Pathways:
I would have to seek clarification on it, but my understanding is that Jersey Sport are looking to put on sessions to get more people participating.

The Deputy of St. John:
Right, as a general activity boost for your health.

Assistant Minister for Health and Social Services:
I am not sure they are directed by a medical professional to say they go to Jersey Sport, although they are marketing themselves to go that way.

The Deputy of St. John:
The reason we discussed this last time was this was a medically-initiated programme with then a referral to the Active programme and the people who supervise create a programme for an individual attending.

The Minister for Health and Social Services:
Yes, I understand.

The Deputy of St. John:

That is what I am referring to.

The Minister for Health and Social Services:
Your concern is that there is a charge to that which some might not be able to afford?

The Deputy of St. John:
That is right, some people cannot afford it.

The Minister for Health and Social Services:
I can understand you might have a concern over that. It is clearly something that has come into existence probably a long time ago, perhaps when the service was first created. All these sorts of ancillary charges around healthcare are being looked at at the moment. I think it is important to say that we have a comprehensible system of charging, if we are to charge at all, and something that is logical and consistent.

[15:15]

At the moment there seems to be pockets of charges. That sort of system is under review, but I cannot say that everything would be made free of charge. I think that would be a huge commitment for the States to do. In reality, I come back to saying I think we have got to work in partnership and recognise that if people wish to look after their own health we must expect them to put something into their care, in the same way our model of Care Jersey is that people contribute towards their G.P. (general practitioner) consultations. But for those who are in financial difficulties then perhaps we could find a way through charitable means of funding their Active membership. I am sure that is not beyond the bounds of possibility.

The Deputy of St. John:
I am not considering it as a widespread issue, but that there will be people who do not access what is an important facet of the provision. It will deter people and they will be the people who probably need to address their activity levels most.

The Minister for Health and Social Services:
We would not want their financial difficulties to get in the way of better health, so if people are in those sorts of financial difficulties I hope there would be a way of them mentioning it or officers picking it up and we could try and find a way through and not allow their health to be compromised because they feel they cannot afford it.

Deputy K.G. Pamplin:

Just picking up on the money and the charities, as we were reading and hearing about with Jersey Diabetes recently, there have been concerns growing because the test to detect the conditions were discovered not to be carried out properly. Can you update us now on what the changes have been since that was announced? Because also it was made known that the charity, Jersey Diabetes, were covering the costs of various things to the tune of about £120,000, including glucose monitors for children. The reality is again that certain charities are so important because they can fund things that fall outside of budgets. It is not just the charities that we need to help in the community and keep people out of hospital. Fundamentally, a lot of charities fund a lot of things that help to meet modern-day requirements on things like diabetes and other things.

The Minister for Health and Social Services:

Charities do, charities are a key part of our model of healthcare in Jersey. Government is not doing everything, it is true, charities are playing a great deal. Specifically with regard to diabetes, we are very grateful for what Diabetes Jersey has offered because it means we can adopt those high standards.

Deputy K.G. Pamplin:

But do you think, Minister, that glucose monitors for children, which is what they cover, should be paid for by the Government or is that seen as just a little extra that a charity can cover? Because when you say it out loud, you think that sounds quite important when we are talking about children as well. If the charity was not there it would not be paid for or how would it be?

The Minister for Health and Social Services:

Yes, it is certainly not seen as a little extra that somebody else can do. I think it is a new piece of equipment, is it not, a new technology that has emerged, and I think rather than wait for monies to become available the charity has simply picked this up. I commend them for doing that and I do not think they have made any approach to Health which we refused, therefore they are driven to it. I think it is their choice to have done so. But they are discussions that have taken place and are continuing over the way we develop our diabetes service. It is likely that many people suffering with diabetes will have this need for testing strips and sometimes equipment and it is a case of who is going to fund that in the future, and it is subject to discussion. I do not know if you want to say anything?

Group Managing Director, Health and Community Services:

I would just add that in the context of new innovation, it is not unusual for these charities to take forward new products, new ideas, new ways of working. The key test is whether or not then it becomes part of the core offer that you provide within a health and care system. I think we probably need to take stock of that because otherwise you will get creep then where the charity bit finishes

and where your statutory services begin. That is the bit that we need to ensure that we are reviewing with all of the voluntary sector partners and I think Diabetes Jersey is a good example. In relation to the screening component that you reference, that would not be a function that we would expect a charitable sector to undertake. That is clearly a statutory service responsibility. This example is around a new way of working, a new product, with the charity to get something going at pace in terms of children's diabetes. But I do think we need review points around that to look at where we have got to.

Deputy K.G. Pamplin:

I think what you are both alluding to, that if this is our sustainable model for years to come, we need to look not just about buildings and people and going out in community, it is who is paying for what and what do you need and what do you need the charity to pick up the bill on. When there is over 400 charities, as the Charities Commissioner is now showing, all looking for funding and support, that that money has got to come from somewhere. If we are going to make our health system sustainable for the future, we need to not just talk about the use of services but the funding, how we go forward.

The Minister for Health and Social Services:

I agree, and it is not necessarily putting a sum of money just at the disposal of a charity, it is about having an agreement with them over a period of years as to how they would provide their services, how would we provide ours, how they would link together and what funding would come from the taxpayer to the charity.

Deputy M.R. Le Hegarat:

Can we expect any new legislation proposals to be launched during 2019?

The Minister for Health and Social Services:

I think there is some minor legislation, for example, I can think of one relating to organ donation. I am not ... and perhaps I could talk about the Ethical Care Charter which in the last States Assembly was approved and which we are seeking to bring forward, not necessarily by legislation, although that is yet to be worked out exactly how we would try and embed that. But we are not planning any major pieces of legislation which would go forward to seek privy council or anything like that.

Deputy M.R. Le Hegarat:

Will you commit that should any legislation be looked at during this year that you will give the panel advance notice so that we can look it before it is dropped on our toes, if you know what I mean?

The Minister for Health and Social Services:

Yes. As I see Scrutiny's role, we would certainly bring those proposals to you.

Deputy C.S. Alves:

Increasing community-based health services was included in your department's new target operating model and during our last discussion you specifically referred to locating services in parishes and increasing the flow of patients to G.P. services in order to negate the need for people to travel into hospital clinics. Now, we have heard earlier about the Care Closer to Home, but I saw that as more as a sort of social impact, if you like. But, Minister, you did mention physio, so what other general progress have you made towards achieving that, if there are other hospital clinics that could be provided?

The Minister for Health and Social Services:

Apart from what might be programmed in for Communicare, I am not aware of any fixed activities in other parishes. But it is a model I would see, and I think Mr. McGinnety would want to see moving forward as this gets bedded in. I think we are trying to establish a target operating model first, get our care groups straight so that everyone understands the new models of care within the service and then how we deliver can be developed.

Deputy C.S. Alves:

Okay, so other than what is happening at Communicare there is not really anything else or any plans in the pipework to move services into the parishes? Have you had those discussions?

The Minister for Health and Social Services:

Can I just check with colleagues?

Group Managing Director, Health and Community Services:

Yes, I can give an update. There is definitely a plan to try and move Care Closer to Home beyond just voluntary or parish-based services. We think some of the statutory services need to be provided nearer to people's homes. One of the key areas is around long-term care management and in our new target operating model one of the biggest care groups we have is our prevention, primary and intermediate care group. Within that care group we are targeting diabetes, dermatology, respiratory diseases and cardiovascular disease as key areas where we think we could probably do something within the G.P. surgery rather than bringing people into the hospital for their consultant outpatient appointments. That is I guess our intention and our plan. We have not shifted the activity yet, but they are the 4 big specialties where we think we have clearly got an opportunity to do so and it is building on some tried and test work in the U.K. (United Kingdom) and definitely from some of our innovative consultants in the secondary cases who are really up for this. They are the big areas that we are planning to do that and that is a 2019 ambition.

Deputy C.S. Alves:

You mentioned primary care there and G.P.s. How have negotiations been initiated with the G.P.s in relation to funding a model that could remove the ...

Group Managing Director, Health and Community Services:

Charge.

Deputy C.S. Alves:

Yes.

Group Managing Director, Health and Community Services:

Yes, we are looking at that. We obviously have an element of funding that we provide within the secondary care system for that activity, so within diabetes, as an example, there is a block of money there to run the services there. We are looking at how we might be able to flow that differently into G.P. surgeries. We are talking to colleagues in Social Security about the H.I.F. (Health Insurance Fund) and whether or not we need to consider whether there is a different funding solution there as well, but we are looking at all options. G.P.s have asked us to consider capitation and whether you split that among the population and among the practices and that is something we could consider. But we are really clear that if you are going to shift the appointment and the discussion you have got to have the funding that flows through. I think the critical challenge we have got to address, and I think it is similar to the earlier discussion, we need to make the case for change based on the wider benefit of this initiative. We believe that good long-term care management, good preventative care, has an economic benefit as well and we need to tie that into our broader Government spend thinking, not just the Department of Health and Social Services. So we are trying to make sure that our colleagues in local customer services or Social Security are also tied into this because we think there is an economic case for change, not just within our service.

Deputy C.S. Alves:

Speaking from personal experience as well, I know that I have spoken to the Minister about this, with the G.P.s it is not just the funding issue, but there are also certain restrictions on certain tests that would be approved by the hospital. I know that I have personally experienced certain blood tests that have been sent back and said that: “No, this has to be carried out by a consultant.” Will those restrictions be lifted? Is there a reason for having those restrictions? I know that I discharged myself from seeing a consultant just because it was more convenient to see my G.P., but then it became inconvenient due to the restrictions on bloodwork and things like that.

Group Managing Director, Health and Community Services:

It would depend on the scenario, but there are not many instances whereby we could not have policy change that would enable registered practitioners to be able to request certain tests. The system is geared up for the separation between primary care and secondary care at the moment, but you could change that from a policy perspective. That would not be too difficult to overcome.

Deputy C.S. Alves:

How do you intend to fund community-based health services, so not just for the G.P. but the community side things as well?

Group Managing Director, Health and Community Services:

Again, that is a key part of that care group. We know that we need to build on what we have already got, particularly for intermediate care, so things like community rapid response, we want to establish 24/7 community nursing and night sitting and we want it to be part of a comprehensive out of hospital spec that builds on the Care Closer to Home work that is happening. We are talking with our colleagues in both F.N.H.C. (Family Nursing and Home Care) and Jersey Hospice and other community and voluntary providers as well about how we can get a broader spec to start to build on those services we have already got. That will require some investment, but it will also require some shifting work at the moment because a lot of our activities happening in the hospital we think we probably need to shift out. Again, that could mean people, and when we are looking at appointing new consultants we are asking the question: "Do you need to be working just in the hospital? Could you be working in the community as well? Could you be part of the community team, whether it is physical or mental health?" That has got to be part of our plan going forward.

[15:30]

Deputy C.S. Alves:

Is there a plan to look at the actual physical facilities, because that can cause an issue depending on which service you will providing in the community? I know you have mentioned G.P.s who are probably better-equipped, but if you are looking parishes and parish halls and things like that, so is there anything looking at the facility side?

Group Managing Director, Health and Community Services:

We are. We are doing a comprehensive estates review given the position that we are in with the future hospital. We think it is essential that we have got to look at all of our own estate as well as other accompanying estate. That includes G.P. surgeries, but also it could include the buildings across the parishes that we might want to base a local service provision from. We envisage a hub and spoke model going forward, so we need to undertake that review and that is a big part of our work this year.

Deputy K.G. Pamplin:

Minister, you have 3 Assistant Ministers. Could you give us a full detail and breakdown of each of their responsibilities and day-to-day charges?

The Minister for Health and Social Services:

Yes. Senator Pallett has a particular interest in the wellbeing programme and preventative medicine and interaction with Jersey Sport, you can imagine that, and he is helping a great deal and we are talking with him about developing a wellbeing strategy for the Island. Deputy Maçon is an Assistant Minister for his role around skills and therefore takes an interest in our educational programmes for training nurses and social workers too, so he would say that is his particular interest. I am very grateful for Deputy Raymond, who assists me, and is perhaps more of a generalist across the board in many things. In particular, Deputy Raymond chairs and hears appeals on my behalf that come forward from people who have been asked to pay for some of our services because, for example, they have not been in the Island for 6 months or the like. Any issues like that he would sit on a small board and decide.

Deputy K.G. Pamplin:

Obviously 2 of your 3 Assistant Ministers are not here today. I presume they are doing other things if they are not joining us today. You mentioned interests. It would have been really interesting to hear Senator Pallett's response to Deputy Pointon's question earlier about Jersey Sport stuff.

The Minister for Health and Social Services:

Yes, can I ask if ...

Assistant Director of Policy and Ministerial Support:

It is down to numbers again, because we are limited in the number of people that we can bring, and when we have got so many Assistant Ministers it is quite hard to make sure they are all available at the same time.

The Deputy of St. John:

May I just ask that you bring yourself to the table if you are going to speak because your contribution is being recorded and it is difficult ...

Assistant Director of Policy and Ministerial Support:

I was just saying that I think it is quite difficult, because we have got so many Assistant Ministers, to bring everybody to the table all at once. Especially as you give the impression now that you want to limit the number of people who come to these meetings, so it is quite hard for us to cover the

whole gamut of Health in one sitting, if you like. We can make sure that in future they are all invited, if you like, but I think we try and make sure that the Minister and Assistant Minister who has got general coverage, if you like, it is probably more obvious to bring him along than to ask every Assistant Minister. But if you would like the other 2 as well, as it were, then we can make sure that happens in future.

Deputy K.G. Pamplin:

I think you have touched on the point. Interestingly, you said it yourself, that there seems to be quite a lot of Assistant Ministers and is it still "early days" in new ways of doing things? But given how sitting on other panels the Assistant Ministers are getting areas of responsibility, we feel that if an area of responsibility is being handed over to an Assistant Minister, they should really come along so we can grill into their ... especially if Senator Pallett is looking after wellbeing, that fell short of mental health, is that something you ...

The Minister for Health and Social Services:

Yes, so there is no formal devolution of responsibility in that sense. It is an area of interest or specialism perhaps that they are taking forward, but there has been no delegated powers as yet.

Deputy K.G. Pamplin:

So there could be a possibility if their specific issue came up - and this is probably a lack of my understanding of Assistant Ministers' responsibilities - and you were too busy with other responsibilities and one of your Assistant Ministers was too busy in one of their other panels, but one Assistant Minister could be afforded, you can be specifically responsible for a specific health issue that we are fighting at this time?

The Minister for Health and Social Services:

That has not arisen yet ... except perhaps in one case I remember asking Deputy Raymond ... well, a few cases I have asked Deputy Raymond to see people who wanted to come and discuss a particular idea with us or to consult on a care provider that was asking questions about its registration. I do not see any major strategic issues just being passed to one and fall out of the sight of all the rest of the management team.

Deputy K.G. Pamplin:

Really where I am coming from - and we have asked this on different panels as well - is the point of clarity for the public who would like to just get more clarity on what the Assistant Ministers' roles are. As we have all pointed out here, there is quite a few sitting on different panels and it is just us seeking clarity for the public who just want to know what everybody is doing.

Assistant Minister for Health and Social Services:

It is difficult in some cases because one particular area that both the general manager and the Minister asked me to do was look at the consequences of the flight patterns and getting people off and on-Island. We had had a proposition from a charity that wanted to help. In fact, with the Minister's approval, I went to Guernsey and Alderney and met up with everybody and subsequently came back to the Managing Director with regards to what we were discussing, especially as it is becoming, as you know, more and more expensive to get people into the Island.

Deputy K.G. Pamplin:

So the helicopter ...

Assistant Minister for Health and Social Services:

The helicopter scenario, which of course you were party to because they had a chat with you. So those sorts of things, but the trouble is, Kevin, they come up and who would have thought about helicopters and all that. The Minister said: "Did you fancy a trip to Alderney for the weekend?" so that is how it came about. Just carrying on from Mark's comment, and with Rose here being the Chief Nurse, we have ended up with quite a few incidences with regards to people checking up on their ... they have been overpaid or can they get money and I have been with the Chief Minister and Mark doing that. But again, it tends to come up. It is not on a list pattern, but that is what we have been doing and, as you rightly said, Steve has been doing the wellbeing side of it.

Deputy K.G. Pamplin:

I just think it is good for clarity for the public, who are trying to understand what all these Assistant Ministers are doing, so that may or may not have helped. I just want to finish my round of questioning on the changes made following the C. & A.G.'s (Comptroller and Auditor General) health governance report, where we are. Since that report, I know you have been working on things, so could you provide an update of implementing the changes to the department?

The Minister for Health and Social Services:

Yes. I think some of the changes are coming through in the target operating model. We are going to have a greater degree of accountability through the whole structure, as I would see it, and that is going to improve governance. We are having a quality and safety committee across all areas of our service that is going to ensure that we are held to good standards of care. I am looking forward to that consultation process and the job evaluation process being completed so that we can embed that new way of working. Then I am also looking forward to our new Director General fully taking up her post next month, and from that time we will then put in place meetings of the corporate board that we have spoken of where we can in public be accountable for the department's policies and procedures.

Deputy K.G. Pamplin:

I guess the key part is how do you intend to monitor the success and failure of the changes you are talking about? Because that is such a vital component of all of this.

The Minister for Health and Social Services:

Yes, and we do need to measure ourselves. In the past the department has been a lot about activity and not so much about working out and keeping a record of how it measures itself against good practice and national standards. That will be, I understand, one of the key tasks of our quality assurance. I wonder if Mr. Sainsbury could perhaps address that because he will have good experience from the U.K. as to how health systems do evaluate themselves.

Group Managing Director, Health and Community Services:

I think for our target operating model we have set some clear expectations in year one that when we rerun some of our activity analysis, our patient level data particularly, that we would see some things that were a bit different. One of the key objectives that we had is to integrate the services and to not have them working such a silo separate nature, so we think that should result in people seeing fewer practitioners for their general concerns, in being assessed fewer times and having to tell their story fewer times. There are some specific measures that we are looking at as a result of that in terms of how many times long-term care and older frail people particularly see people. I think we have set ourselves some quality performance standards that we would like to start seeing improvement around and, particularly in relation to access, we have set some standards. But I think from the workforce perspective we would hope to start seeing their feedback come through in terms of how they were finding the way of working, whether or not we have reduced some of the bureaucracy that was challenged and highlighted within the Auditor General's report and by our workforce, and whether or not they are feeling that we are responding and listening to them and that we are starting to make changes that they are driving and they are designing and they are leading, which is one of the things that we have set as a key requirement to address in the operating model.

Deputy K.G. Pamplin:

Would some of the success of this winter fall into place because the numbers came down and there was no red warning coming up and turning people away? Are you able to provide some of the reasoning behind right now?

Group Managing Director, Health and Community Services:

Yes, we are. We have seen a reduction in our length of stay, so our hospital team and our community teams have been working together and they have very regular meetings now where they review all patients who are in the hospital, if they are complex, to look at what they might need to

support them to get home and how they can prevent them coming back into hospital in a readmission. It has really impacted on our length of stay for longer lengths of stay. That has led to a reduction in occupancy in the hospital which is notably different this January/February than it was last year, so we have been predominantly at what we would call green level of escalation. We have tipped into amber a few days, but not for long, and we have certainly not tipped into red or black, which is really very different to the U.K. context. I think a lot of the work that the teams are already doing is starting to really pay off. That is one of the key things you can measure your success around, and we have got some good data that shows the length of stay reduction and shows the occupancy reduction that we can share with the panel and we can give you the detail on how the meeting is conducted and what it means for people. It is a really good thing because we know that for older and frail persons, the longer they stay in hospital the more they decompensate and the more they become dependent and debilitated. We were seeing that within that age group particularly, so we knew that was something we had to target.

Deputy K.G. Pamplin:

Also the risk of infection is seemingly steady as well, so is there something you are doing differently? Because we know the challenges you face at the hospital and we do not want to go into that subject, but it is an issue. How have you made changes there to maintain no viruses, especially for elderly and frail people?

Group Managing Director, Health and Community Services:

We have been helped somewhat this year, so flu has definitely not been as significant as last year and we anticipated that, because all the information from the southern hemisphere indicated that the flu jab would be quite successful this year. But we have also had some prevalence of norovirus; we have not seen huge bouts, but we have seen some in the community. Within the care sector, there has definitely been some.

[15:45]

I think we have got really high standards of infection prevention and control in the hospital, so I am not sure we have made an improvement. I think because of the nature of the building I see some very good rigid approaches to infection control and prevention generally and I think that is paying off. I think we are seeing the result of that. But that is hard for us to manage because we just do not have a lot of capacity where you can isolate patients, so I think there is an element of luck we need to be thankful for with that.

Deputy K.G. Pamplin:

That is the point, because if you did have to combat a major viral infection you do not have the facilities for private rooms, the luck would go out the window.

Group Managing Director, Health and Community Services:
It would significantly impact on our ability to have routine operations and to carry out normal business.

The Deputy of St. John:
Has the fact that the weather has been kind to us helped?

Group Managing Director, Health and Community Services:
I think it has, yes, I think that is another factor. I have been talking to our new Director General about the position in the U.K. and I think it has been a difficult January and February for most N.H.S. (National Health Service) hospitals, but it sounds as though even in the U.K. there have not been quite as severe winter pressures. But the year before was a very difficult period, flu was at a significant point of outbreak and the weather was not helpful as well.

Deputy M.R. Le Hegarat:
Now on a different subject, what progress has been made towards finding a resolution to the pay dispute with your clinical staff? Could you give us an update?

The Minister for Health and Social Services:
Not a fitting answer, I do not feel I can give you a detailed update, but I know there is a mediation in place which I trust is progressing at pace, and I understand a new offer has been put to nurses who are being balloted, so we await the results of that.

Deputy M.R. Le Hegarat:
When is that?

The Minister for Health and Social Services:
Am I right? Could I ask Mr. Skinner to speak about that?

Interim Human Resources Director, Health and Social Services:
A revised pay offer was put to nurses last week and they had a meeting, so particularly the Royal College of Nursing, to put the revised pay offer to their membership and we are awaiting a response from them.

The Deputy of St. John:

This is a very similar pay offer to that offered to teachers?

Interim Human Resources Director, Health and Social Services:
Yes.

The Deputy of St. John:
Yes, and we all know that teachers have rejected that pay offer.

Interim Human Resources Director, Health and Social Services:
With some commitments, so the primary issue with the nurses and midwives was around pay comparability with their allied health professional colleagues and a commitment has been given by S.E.B. (States Employment Board) to address that in a short period of time, which was welcomed.

Deputy M.R. Le Hegarat:
When are we likely to get the result of what the staff think in relation to that?

Interim Human Resources Director, Health and Social Services:
I am not entirely ... we do not have a date by which they are going to come back to us, but so far the response we have had is quite positive from their membership as a whole.

Deputy C.S. Alves:
Carrying on with the theme of the staff, what progress has been made towards improving staff morale?

The Minister for Health and Social Services:
Morale is affected by so many things. Obviously the pay dispute has that debilitating effect on morale and some people say they do not feel valued by the employer, which of course is not the case, we do value the staff tremendously. But I think morale has also been lifted over the past months by new ways of working, by the consultation that has taken place on the target operating model, and staff have been able to see new ways of working which involves them more. It allows their views to be heard and passed up to management level and they have seen professional and clinical posts being created at higher levels. I think that has led to that improvement in morale, but how you measure exactly where you are at any one time is difficult.

Deputy C.S. Alves:
That was going to be my next question: what tools are you using to measure the staff satisfaction? Are there any?

The Minister for Health and Social Services:

Can I ask Mr. Skinner if he knows about any specific management measures?

Interim Human Resources Director, Health and Social Services:

Last year there was a States-wide staff survey that was undertaken with a commitment to do regular smaller surveys among departments. I have to say, because of the T.O.M. (target operating model) rollout, our eye has been very much focused on that, but that is the stage to look at the mini staff surveys to test the staff morale responses, how things are going along with T.O.M. It has been very positively received. As the Minister has indicated, a number of staff identified that it is addressing a number of historical issues that staff have had over a number of years within Health. We are quite positive about the T.O.M. and what it will bring to our morale, as well as the pay. Hopefully that will address a number of the issues that particularly nurses, and midwives have had for a number of years and we need to address the issues around our allied health professionals as well. Moving forward, I think the next significant stage will be looking at a single pay structure within Health, not repeating Agenda for Change in the N.H.S., but something that is fit for purpose for Jersey where it puts allied health professionals - which are classified as civil servants, nurses and midwives - in a single pay structure so it recognises the pay comparability issues.

Deputy C.S. Alves:

You mentioned there that obviously the reorganisation is going to affect morale, whether it makes it remain low or higher, obviously you are not measuring that at the moment. But are there any measures being introduced to assist staff groups and individuals through this process with a view of protecting their mental health?

Interim Human Resources Director, Health and Social Services:

We have been looking at a significant piece of work around T.R.i.M. (trauma risk management) which is a well-recognised form of helping staff, particularly around traumatic events, but it was originally brought in to identify possible post-traumatic stress disorder. It is used by the Army. I have used it in previous organisations, particularly in policing, and it is a very supportive approach to dealing with staff that are identifying significant rates of stress for whatever reason, particularly around traumatic events and prolonged exposure to traumatic events. We have used it within a number of groups of staff, particularly around mental health services, where there has been some very difficult situations we have had with staff and they found it very supportive. It is something we are looking to build on, have policy, and we have got 47 volunteers to undertake T.R.i.M. training within Health specifically, which we can share with other departments across the States. So we are in the process of developing policy and then the training of those staff that can be deployed to work with other members of staff across the department to help them and it is a continued programme.

Deputy C.S. Alves:

What does that programme involved? What are they doing?

Interim Human Resources Director, Health and Social Services:

It is primarily around a debriefing and then regular sessions with that individual using a specific measurement tool to identify if they need additional support. That could be simple counselling support or referral to a psychologist for a period of time.

Group Managing Director, Health and Community Services:

I think it is important to highlight for our T.O.M. we do not envisage a significant impact in relation to redundancy because a lot of our leadership structure is based on a clinical professional arrangement. We have a big workforce that we can absorb our people into, and we are carrying quite a lot of vacancies. I think if we get our consultation right, the next phase, the consultation process should really be supporting people who are experiencing anxiety and who are nervous about what the future structure means for them. That should really be part of what our leadership is providing in the change process.

Deputy C.S. Alves:

Okay, so you mentioned there that you are still carrying vacancies. Is there any update on recruitment? How far have you progressed with things like housing and benefits and making it more attractive? I know you have given us a bit of an overview before, but is there any update on that?

Interim Human Resources Director, Health and Social Services:

Rose and I have been very heavily involved in the key worker housing project, so there are a number of different streams. We currently have Plaisant Court, which is available to us to land temporary staff, and moving forward key worker housing will be developed on the Hue Court site. They are hoping that is going to come online ...

Chief Nurse:

Autumn.

Interim Human Resources Director, Health and Social Services:

Autumn. They were looking at winter, but it is probably more likely to be autumn. That will avail us of about 200 units and accommodation for junior doctors and other staff coming on to the Island. There is a programme called Welcome Jersey which launches this month, which is about hand-holding of people coming to the Island and giving them a better experience for onboarding and relocating. We are quite excited about that, that is going to resolve a lot of issues for us and helping people to find permanent accommodation on the Island.

Deputy C.S. Alves:

How many units have you got at Plaisant Court?

Chief Nurse:

I think there is 48.

Interim Human Resources Director, Health and Social Services:

I was going to say 47, 48. We are using that accommodation with our colleagues in Children's Services, so children's social workers.

Deputy C.S. Alves:

That is good. Okay, thank you very much.

Deputy K.G. Pamplin:

Just picking up on the staff morale issue, it just became evident then as I was listening to everybody talk. How do we, Minister, prevent what we saw happen with the future hospital over the last couple of years, where staff members and the hospital staff and consultants and doctors, everybody started getting pulled out and drawn into this thing that should have been taken care of better over the years? How do we prevent that and it does not impact the staff morale of those in the hospital to care for the ones we love instead of being dragged out publicly into the debate ... you have a consultant with one opinion and a consultant with another opinion of where it should be and then staff get surveyed. How do we protect the staff in the hospital so they can just care for our loved ones without being dragged into this, but they are properly consulted obviously, so there is that issue, but how do we protect the staff this time around?

The Minister for Health and Social Services:

First of all, we want to achieve a means and a method of seeking the views of all staff members and allowing them to bring that forward in a non-threatening way so that they do not feel they are becoming politicised, but we will simply ask. The planning and the organisation that needs to be put around our planning for the new hospital, we will find a means of accessing staff and getting those views. Staff will be involved in how they deliver that. But I think within the groups of staff within the hospital, I know that the consultants have met recently, and I think Mr. Sainsbury knows more about the results of that, but I know they have discussed this very question, so if I can ask Mr. Sainsbury to respond.

Group Managing Director, Health and Community Services:

First of all, we expect our good governance changes to address the issues that we have had, and we are purposeful in our structural changes and that they will be led by clinicians and professionals who will be the voice of the collective of the staff. Within all of the care groups, the head of that care group will be part of a clinical and professional cabinet whereby they will determine the impact of any strategic change as a group, so you have got a representative body. That has been difficult for us to point to in the past and that has meant that you can have individual doctors who can come forward with one opinion and another opinion and another opinion and another opinion. You have got to bring that into a place where you look at the whole and that is exactly what our structure is aiming to do. The Medical Staffing Committee has recognised that it is being split and it has not talked with a unanimous voice and it has not always been representative. They have agreed that they must constitute that forum as part of our governance and part of our thinking and we force them to give a view, not sit on the shelf, and we force them to consider fact, evidence, detail and to be part of decision-making processes. That is at the heart of the changes we want to make within our T.O.M. That is why we are embedding a very different structure to what we have now.

Deputy K.G. Pamplin:

That sounds really reassuring, because as the C. & A.G. always said, this project should be led by Health. It is a hospital, for goodness sake, which goes back into P.82, but this should not be about where should the hospital go and that is where I was going to. How do we protect staff, so they are not accused of gagging in the media and in public, and we do not have all the play out, that we are protecting ourselves? I think Mr. Sainsbury has just highlighted it, that the project, the build, needs to fit into all the many strategies and all the things we are talking about today. That should determine where a hospital is built, but as we know, the political decision-making of where that needs to go is for the politicians and just reassuring our health staff: "Do not get dragged into this" because for me it was the most regrettable thing about this whole hoo-ha was seeing our public nurses and doctors and consultants being dragged out. I just want to seek those reassurances that we do not have to see these ridiculous things: "We are being gagged" and all accusing each other. How do we just protect our staff? That is my concern.

[16:00]

The Minister for Health and Social Services:

Yes, and I hope that answer essentially has given you ... and I fully accord with that, that is exactly how we want to proceed and not expose staff to those sorts of risks and uncertainties.

Deputy K.G. Pamplin:

We will leave the hospital for today because I am sure we are going to be talking about it lots in the future.

The Minister for Health and Social Services:

Please.

Deputy K.G. Pamplin:

Unless you know where it is going, Minister?

The Minister for Health and Social Services:

No, not at all.

Deputy K.G. Pamplin:

Worth a shot. In early 2018 the States approved a new system of organ donations, which you know a lot about. When can we expect the Appointed Day Act to be lodged?

The Minister for Health and Social Services:

As to lodging, if I go backwards, we wish to bring the changes into effect from 1st July. My understanding is we will lodge in April, but perhaps could I ask Mr. Le Gros to come to the table as he has the details.

Legal Adviser, Law Officers' Department:

Yes, that is correct. To reflect the political commitment given previously, the law is intending to be commenced on 1st July, so the law is being commenced by an Appointed Day Act. We are also bringing forward a set of regulations to deal with the mechanism for registering your express concerns or your decision to opt yourself out of the deemed consent system. Those regulations will be lodged by 23rd April, which will enable a debate on 4th June. When we lodge those regulations we will also lodge the Appointed Day Act. The Appointed Day Act will bring into force the primary legislation and by that mechanism it will bring the regulations into force together as a package on 1st July.

Deputy K.G. Pamplin:

So just alluding to what Trevor said earlier about seeing this beforehand, when do you envision we will be able to see any of that to scrutinise?

The Minister for Health and Social Services:

I think as soon as we have agreed upon a draft - and it is being drafted at the moment, I understand - as soon as that is acceptable, we will want to share it with you and certainly as much time as we can before lodging.

Deputy K.G. Pamplin:

Because obviously we have got the recess in April as well, so are we talking about when we come back from Easter or were you aiming before? Because Easter is late this year and I am just trying to work out ...

The Minister for Health and Social Services:

I am not thinking of a recess.

Deputy K.G. Pamplin:

It is the Assembly's recess, sitting-wise.

The Minister for Health and Social Services:

Yes, we have about a 3-week recess, do we not?

Deputy K.G. Pamplin:

Yes.

The Minister for Health and Social Services:

It just depends on the law draftsman's time, does it not?

Legal Adviser, Law Officers' Department:

Yes. What I would add is that the regulations which are being brought forward are intending to be extremely brief. They essentially deal simply with the fact that registration for the purposes of the Jersey law, you would register your decision on the U.K. register, which has always been the case because it is a system which covers the mainland and the Crown dependencies. It would simply state that people who want to register a decision about express consent or opt out should do so by registering on the U.K. register. That is entirely the scope of those regulations.

The Minister for Health and Social Services:

Can I also mention for clarity that we are also bringing forward some further regulations which are about excluded material, that is just to confirm that there are certain parts of the body that would be covered by this law, organs, but there are other parts such as limbs and heads and that which would not be taken for any sort of donation. That is just a procedure that is required, that is standard in the other jurisdictions such as Wales that have adopted this means of proceeding.

Deputy K.G. Pamplin:

Sure, and we had the issue with the driving licence with the Constable, all that information was transferred over?

The Minister for Health and Social Services:

Yes.

Deputy K.G. Pamplin:

So going forward with the driving licence just to ... so for clarity, so everybody is understanding how that works.

The Minister for Health and Social Services:

Yes, so the N.H.S. B.T. (Blood and Transplant) have confirmed to us that they have now captured all that information that was given by persons applying for driving licences and those persons, if they had indicated that they wished to be on the register, are now on the register. That is good news and it has meant that the Jersey figures have been bumped, though still not quite at the same level as the U.K., so we hope to do better.

Deputy K.G. Pamplin:

Indeed. I guess the next bit is the planned public awareness campaign, which was quite interesting, because you were the Scrutiny Chairman who then responded to your own Scrutiny report, which was one of the curious moments of our early political life. But the sum of money identified was quite low to get an effective public awareness, because this is such a sensitive subject matter, meaning to sit down with your loved ones to talk about an issue ... and it is the same with talking to law-makers about writing a will, we still have this issue of sitting down and putting things in place. Realistically, how are we going to get this across, which is a sensitive issue, but it needs a bit of weight behind it because it is coming into law?

The Minister for Health and Social Services:

Yes, so we have had meetings to discuss a campaign, which is likely to take place on social media, but also a leaflet drop is one idea probably going forward to all homes, and public engagement in venues and all sorts of opportunities. That is being taken forward by our internal communications team and therefore perhaps there is some saving on that because there is not a cost in terms of actual shelling out pounds. I am advised at the moment that perhaps the £20,000 that was put in the budget will be sufficient for what we hope to do, and it will be a comprehensive campaign. But I would hope that if we do need more, if we found it was not sufficient, that we would not skimp and not do this properly, because I believe it is important. We would try and find some extra money from some part of the budget to make sure that people are fully informed of the change because it is important, and to consider what they want to do, but to talk to their family about it, as you so rightly say.

Deputy K.G. Pamplin:

You could argue that because it is so new it is going to be ongoing to get around the whole Island.

The Minister for Health and Social Services:

It should always be ongoing, yes.

Deputy K.G. Pamplin:

That obviously includes all our different nationalities who live on the Island, the Portuguese and Polish. Are there translations and work being put in place for all communities?

The Minister for Health and Social Services:

Any leaflets will be translated into Polish and Portuguese is the plan.

Deputy M.R. Le Hegarat:

Anything further?

The Deputy of St. John:

Yes, I just wanted to mop up, if you like, on recruitment and retention. You mentioned the development of community nursing services and progressing them to provide 24-hour care. Do you have any knowledge of where you are going to get those staff from or are we harking back to the idea you might transfer resources from the hospital into the community?

The Minister for Health and Social Services:

Could we ask Mr. Skinner, or do you want to answer?

Group Managing Director, Health and Community Services:

It will probably be a blend of both, so I think we would be looking to recruit some additional community nurses who are community nurses, so they have not come from an acute background, because you need that experience. But I think there are some acute staff who expressed quite a lot of interest in working outside of the hospital and I think it can be good to have that blend of staff working together, so I think we would envisage there would be a bit of both really. We have already got a lot of community staff coming into work within the hospital and the rapid response team come in a lot. I think we need to probably build on that so that they become part of the system, not seen as separate to the system.

Chief Nurse:

Could I add something else?

The Deputy of St. John:

Yes, sure.

Chief Nurse:

It was just to add as well that we have just been through a tender exercise with our university provider - and we are continuing with University of Chester - and our community services were involved in the stakeholder part of that tendering process. We are looking at a range of ways in which we can work together to grow our own as well and this is about making those careers exciting careers. As care moves to Care Closer to Home, the types of people they will be looking after in their own homes will have higher demands than previously, so it is about making sure that our workforce are well-equipped for that, but also making it an attractive career for people. There are many ways in which we can do that. Some is through a fast-track degree route where they go straight in at Master's level. There is also the work that was done around non-medical prescribing which we have now got some district nurses on that programme as well. So there is a range of things that we can do to support the schemes that they are doing operationally from an education and C.P.D. (continuing professional development) perspective.

The Deputy of St. John:

Do you think it is going to be entirely possible to increase the numbers of trained staff, skilled staff, over and above the current situation without having to recruit outside the Island?

Chief Nurse:

No. I think, like every area of our service, you have got to have a blended approach because we have got to manage the skill mix. But already our nursing students go out to family nursing and home care as part of the programme of training that they do and some of our nurses are employed directly into community posts once they are qualified. But it is about recognising that our model here is different to the point of exceptional in terms of what we can offer somebody from a career point of view. The opportunities that they would get here clinically may be different to opportunities they would experience elsewhere, and we have just got to maximise that and really exploit it as part of our recruitment.

The Deputy of St. John:

Do you feel you are being successful?

Chief Nurse:

I think we are at the start of it in terms of planning what those services are going to look like and we definitely are much better at working together across the whole patch. This morning I have been with my senior nurse team, who represent services delivered right across the Island. Under the

Chief Nurse role, along with the new T.O.M., which clearly defines the care groupings, we have started to talk about how we can support that professionally across the Island and how we can make sure we can all achieve the same objectives.

The Minister for Health and Social Services:

I have also been learning about the role of a nurse associate, which it seems to me would be attractive to healthcare assistants who might want to increase their skills, but do not feel that they can fully ...

The Deputy of St. John:

It sounds like an S.E.N. (state enrolled nurse) by another name.

The Minister for Health and Social Services:

Yes, I understand it could be. But that is a means of ...

The Deputy of St. John:

So what goes around comes around.

The Minister for Health and Social Services:

Yes, it is a means of upskilling our workforce. So those who aspire to that, though not necessarily the full nursing degree, and we could use those additional skills.

The Deputy of St. John:

Thank you for that. Can I just move on to the mental health review? I do not want to pre-empt it and it is not yet public, but there are some questions that arise, and community involvement of course is a big element. I am wondering whether you are looking ... we had this experience with community psychiatric nurses going out with the ambulance teams. Have you considered the possibility of there being crisis intervention teams?

The Minister for Health and Social Services:

Yes, I understand there is a lot of consideration about how we help people in crisis. Mr. Sainsbury does sit on the Mental Health Improvement Board. Could I ask him to give the detail about that?

Group Managing Director, Health and Community Services:

Yes, absolutely. Having a crisis intervention team is one of the key improvement requirements from our improvement plan. It is a complex team that we are looking to put together, so a bit of it will be about nursing, psychiatric liaisons, and that will be a consultant, it would involve co-working with the police, it would involve co-working with the ambulance. There is something about having mental

health support in the tactical control room for the blue light services and that also ties into our place of safety initiative in which we are making good progress gains as well. It requires more people and, as ever, the biggest challenge we are faced with is we have got to address our core staffing deficit to be able to then recruit into something like a new crisis prevention team. We have based it on the U.K. model, so we have looked at what is called Core 24 in the U.K. to make sure that it has enough capacity and enough people within it to manage the demand that we are seeing, and it will require quite a few new posts for us in going forward. But we have got to do really well with recruitment to get this going.

The Minister for Health and Social Services:
I understand all our mental health posts are fully out for recruitment now and we have 3 newly-recruited psychiatrists arriving very soon, I think.

Group Managing Director, Health and Community Services:
Four.

The Minister for Health and Social Services:
Four is it? Sorry.

[16:15]

Deputy K.G. Pamplin:
Yes, it is difficult for us to talk about this, is it not, because we have done so much work in the last 8 months on our Scrutiny report and we are now just ... it is this week, is it not?

The Deputy of St. John:
This week.

Deputy K.G. Pamplin:
This week it finally comes out. For me, I will speak on my own: this is something for the next 3 years is going to be not one of those Scrutiny reports that goes away. You may have already seen my 5 lodged written questions this week; there is a theme there. We just want to take a moment to say thank you for all the support you have given our Scrutiny Panel. It has been a very challenging report, and I guess we will get to discuss this going forward, but one thing that came through, without giving too much away, was ... and I alluded to it earlier, with protecting our healthcare staff, that they are starting to see a rise in engagement on social media, on Twitter especially, and I guess that is the point we want to make, that to all the staff who are working hard to help others, we wanted to thank them as well publicly, because this is a report that we feel is fair and thorough, but highlights

a lot of issues I think we are all going to be agreeing and talking about. But the staff and all the people who work in healthcare, they need our support now more than ever. It is not a reflection on them, it is how we can level their support, so I just wanted to make that point.

The Minister for Health and Social Services:

Yes, thank you, and thank you, members of the panel, for undertaking that review. We want to use it as a launch pad to take the services forward and improve them and we want to build on the recommendations you will make, so we look forward to its release.

Deputy M.R. Le Hegarat:

Yes, thank you very much and we look forward to your responses in the coming weeks.

[16:17]