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Health and Social Security Scrutiny Panel

Quarterly Public Hearing

Witness: The Minister for Health and Social Services

Tuesday, 20th May 2025

Panel:

Deputy L.M.C. Doublet of St. Saviour (Chair)

Deputy J. Renouf of St. Brelade (Vice Chair)

Deputy P.M. Bailhache of St. Clement

Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter

Deputy C.D. Curtis of St. Helier Central (Vice Chair, Assisted Dying Review Panel)

Witnesses:

Deputy T. Binet of St. Saviour - The Minister for Health and Social Services

Deputy A. Howell of St. John, St. Lawrence and Trinity - Assistant Minister for Health and Social Services

Mr. T. Walker - Chief Officer, Health and Care Jersey

Mr. P. Bradley - Director of Public Health

Ms. R. Johnson - Director of Health Policy

Mr. P. Gavey - Chief Ambulance Officer

Mr. M. Carpenter - Director of Digital Health and Informatics

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

Mr. I. Tegerdine - Director of Workforce

[14:03]

Deputy L.M.C. Doublet of St. Saviour (Chair):

Welcome, everybody. This is a quarterly public hearing with the Minister for Health and Social Services. We are the Health and Social Security Scrutiny Panel. I am Deputy Louise Doublet. I am the Chair of the panel.

Deputy J. Renouf of St. Brelade:

Deputy Jonathan Renouf, the Vice Chair.

Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter:

Deputy Lucy Stephenson, member of the panel.

Deputy P.M. Bailhache of St. Clement:

Philip Bailhache, member of the panel.

Deputy C.D. Curtis of St. Helier Central:

Deputy Catherine Curtis and I am the Vice Chair of the Assisted Dying Panel.

Deputy L.M.C. Doublet:

I have invited Deputy Curtis to join us today for the first section of questions, which will be around assisted dying. So she is going to stay for those questions and then she is going to leave. Minister, if you could introduce yourself and your officers, please.

The Minister for Health and Social Services:

Tom Binet, Minister for Health and Social Services.

Director of Public Health:

Peter Bradley, Director of Public Health, Medical Officer of Health.

Director of Workforce:

Ian Tegerdine, Director of Workforce.

Director of Health Policy:

Ruth Johnson, Director of Health Policy.

Chief Ambulance Officer:

Peter Gavey, Chief Ambulance Officer.

Director of Digital Health and Informatics:

Martin Carpenter, Director of Health and Informatics.

Director of Mental Health and Adult Social Care:
Andy Weir, Director of Mental Health, Social Care and Community Services.

Deputy L.M.C. Doublet:
Mr. Carpenter, we are aware that you need to leave so we have brought that section of the question plan after the assisted dying section.

Director of Digital Health and Informatics:
Thank you very much.

Deputy L.M.C. Doublet:
So please feel free to depart once you have completed that. Okay. I note that we have some members of the public in the gallery today and I am delighted to see some observers. I just wanted to remind everybody to please switch mobile phones off and maintain silence at all times during the hearing. Thank you. Okay. We have the section on assisted dying to begin with, which Deputy Curtis is going to open with.

Deputy C.D. Curtis:
Okay, thanks. Minister, please could you provide an update on the estimated timeline for the lodging of the assisted dying legislation, including confirmation that you are still on track for the legislation to be debated in 2025?

The Minister for Health and Social Services:
I will start with the end part of that question first and then hand over to Ruth. We are still on track, as I understand it, to meet the November debate, which is what we planned to do. But I think in the interim we have been slightly delayed, but I will hand over to Ruth, who has a much more precise idea of timing.

Director of Health Policy:
Yes. You may recall that we were hoping that we would lodge at the end of July, which would allow for a 12-week lodging period for debate in November. We are estimating, now that we are full on into the law drafting process, that we will lodge in early September. So we will still have an extended lodging period but that extended lodging period will be 9 weeks rather than 12 weeks. We are absolutely anticipating at the moment that the draft law will be debated in November and there is a discussion ongoing with the Treasury as to whether or not that debate date will be 11th November or 25th November because we are looking to ensure debate prior to the Government Plan.

Deputy C.D. Curtis:

Okay. Thank you. So we asked if you could ensure that the Assisted Dying Scrutiny Review Panel will have sufficient time to review and carry out the appropriate scrutiny. Because we did expect it to be around the end of June that we could start working on it. Is there any reason for that delay?

Director of Health Policy:

Whenever we have spoken to the Assisted Dying Review Panel, we have always been very clear that we can never be definite about the timeframes because there is a law drafting process over which we have very little control. But where we are at the moment is myself and the officer who is working on this piece of legislation have now seen and commented on the second draft of the Assisted Dying Law. It is back with the law drafting officers and we are hoping that we will be able to get you a draft of the law by 2nd June. That will still be a working draft of the law because in addition to scrutiny having an opportunity to review it, we obviously need to discuss and consult particularly with the U.K. (United Kingdom) registration bodies about the impact that the law may have on registered professionals. But we are hoping that you will have it by 2nd June.

Deputy C.D. Curtis:

Okay.

The Minister for Health and Social Services:

If I could just add that there is an enormous amount of pressure in Ruth's department and recruitment is very, very difficult. We are trying very hard to recruit, getting skilled policy officers in Ruth's department.

Deputy C.D. Curtis:

Okay. So, in that case are you confident that with the new dates you will ...?

Director of Health Policy:

I absolutely will never put my head on the line when it comes to law drafting and I do not think that you would ever have a policy officer who does because this really is not something over which we have full control. The law drafting officer who is leading on the drafting of this law is also working on other legislative projects as well. But what I can assure you with is the bits that are in our control or in the Minister's control we are absolutely doing our best to expedite every single issue as and when it arises.

Deputy P.M. Bailhache:

I appreciate the difficulties about the drafting, but may we have an answer to the question which Deputy Curtis put, which was: will the panel be given sufficient time to review the legislation?

Director of Health Policy:

I would absolutely anticipate that if we get it to you, the draft law, in June, then that would be sufficient time to review the draft legislation.

Deputy C.D. Curtis:

Okay. Can you assure the panel that you and your officers will maintain an open line of communication, ensuring documentation and updates continue to be delivered in a timely manner?

Director of Health Policy:

I am sorry, I did not catch the first part of that question.

Deputy C.D. Curtis:

Can you assure the panel that you, Minister, and your officers will maintain an open line of communication to us so that we have all the documentation?

Director of Health Policy:

Yes, absolutely. I would hope that you understand that we have delivered on that commitment to date and we will continue to do so.

Deputy C.D. Curtis:

Yes, okay. Just one more question on this subject. So following the recommendations ...

Deputy L.M.C. Doublet:

Can I just build slightly on that? In terms of the scrutiny process, Minister, I wanted just for you to confirm that you understand that the scrutiny process cannot necessarily be truncated ...

The Minister for Health and Social Services:

I get that.

Deputy L.M.C. Doublet:

... if there are delays and that you will take that into account?

The Minister for Health and Social Services:

Absolutely.

Deputy L.M.C. Doublet:

In terms of timings, we did do the first review very quickly and that was in the context of not many other workstreams being under way. In this context we would need that usual period of time.

The Minister for Health and Social Services:
This is getting a very high priority in 2 areas that are under a great deal of pressure. What I do not want to do is push people to breaking point and lose them. But I think people are really working to the fullest extent and this is receiving probably more priority than anything else.

Deputy L.M.C. Doublet:
Yes, sure, but it is ...

The Minister for Health and Social Services:
So I can guarantee you that and no more. As I say, to try and promise the impossible is not what we can do.

Deputy L.M.C. Doublet:
So you will continue to factor in that that period of time for scrutiny ...

The Minister for Health and Social Services:
We will continue to do everything that we can. It is important for everybody that this is done in a timely way, and we will do what we can.

Deputy C.D. Curtis:
That is good. We were pressured for time as well when we did that initial review.

Deputy L.M.C. Doublet:
Very, yes.

Deputy C.D. Curtis:
So just to ask a question about the recommendations from our initial review, you agreed to provide evidence to the Assembly no later than this September on quality and availability of palliative and end of life care and a timeline for after the end of the existing strategy, also an appendix including training requirements and about appropriate places. There was also a couple of other points. So can you tell us when this information will be provided to scrutiny and that it will be public in September as well?

Director of Health Policy:

So it will absolutely be available in September in accordance with the scrutiny recommendations and the scrutiny findings adopted by the Minister. One of my officers is working on it at the moment. Unfortunately, I do not know when it will be available to share with the Scrutiny Panel because she is obviously one officer trying to do 2 things: progress the development of a piece of legislation at the same time as developing and progressing some of the additional work that is required. So without a doubt it will be available and it will be lodged in time. Scrutiny will be provided it in advance. I just do not know the date of that at this point in time.

Deputy C.D. Curtis:
Okay, but during September you think?

Director of Health Policy:
I am hoping it will be before September. I just do not want to commit to that and fail to live up to that commitment.

Deputy L.M.C. Doublet:
Can you aim to get those pieces of information to us at least a week or 2 before they are published? Is that possible?

Director of Health Policy:
You will absolutely without a doubt see them before. There is no doubt about that. You will see them before they are published.

Deputy L.M.C. Doublet:
Thank you. Minister, when those pieces of information are published and in the public domain, I am assuming they are going to be presented as a report to the States Assembly, is that correct?

The Minister for Health and Social Services:
I would assume that is the case, yes.

Deputy L.M.C. Doublet:
Or a series of reports.

Director of Health Policy:
They will be published as appendix to the report and proposition.

Deputy L.M.C. Doublet:
Right, okay. Not separately?

Director of Health Policy:

No, I am not sure ... because I am not sure why ... is there a particular reason you were thinking that you would like them to be published separately?

Deputy L.M.C. Doublet:

No, that was just my understanding, but that is ...

Director of Health Policy:

Okay. One of the pieces of work is directly related to the end of life and palliative care strategy. That is a separate piece of work. The officers who are working on that will publish their update separately because it will be an update to an existing strategy rather than an update that is being driven by the States Assembly decision-making on assisted dying. The officers who are leading on that will be more than happy to come and brief scrutiny on the work of the End of Life Care Group and the progression with delivery of the objectives within that end of life and palliative care strategy.

Deputy L.M.C. Doublet:

Okay. Thank you.

Deputy J. Renouf:

Minister, I am conscious that in the U.K. there is a debate going through Parliament at the moment. Have you had a chance to reflect at all on the problems that the U.K. law has encountered and the back and forth between the Lords and so on and whether that creates the fear that there might be an amount of amendments and so on that might come forward?

The Minister for Health and Social Services:

I am aware of what is going on. I just simply have not had a chance to look at it in any ... certainly not in the detail that you are suggesting. But I am hoping that none of that is going to have any adverse effect on what we are doing because I think that the job that is being done here is extremely comprehensive. So I am not anticipating ... if that is what you mean, am I anticipating problems as a result of that over here, I would hope not.

[14:15]

Director of Health Policy:

So it is the case that some of the issues in the amendments to the legislation in England and Wales are about issues that we have already addressed, that we addressed as part of the initial policy development stage that we have been going through over the last 3 years. Some of the

amendments to the U.K. legislation are what I would describe as novel. They are amendments that relate to issues that we had not necessarily anticipated. I am not sure within most of those cases whether or not some of those amendments will be adopted and accepted within the U.K. legislation because ...

Deputy L.M.C. Doublet:
Can you give an example?

Director of Health Policy:
... of the nature of them. So, sorry, off the top of my head, there is an amendment the spirit of which is about the requirement for a separate and independent review of a person's mental health status and the U.K. legislation does not provide for that. Our legislation or proposed legislation does not explicitly provide for that, but we would be confident that the criteria in the assessment process for our criteria ensure that that is considered within the assessment process.

Deputy L.M.C. Doublet:
Are there not mental health professionals in the ...

Director of Health Policy:
The U.K. legislation does not have a multidisciplinary team. We had already anticipated that. We had already provided for a multidisciplinary team within our legislation and within the associated budget as well because we had recognised those particular issues in advance.

Deputy L.M.C. Doublet:
Yes, good.

Deputy P.M. Bailhache:
In a nutshell, there has been no policy review in the department following the debates that have been taking place in the United Kingdom?

Director of Health Policy:
There has not been at this point in time a full review of the amendments to the U.K. legislation. We will be doing that alongside the other work that we are doing around the Assisted Dying Law to ensure that we have not failed to consider any critical issues.

Deputy L.M.C. Doublet:

Great. Thank you. Do you want to add anything further? No. Okay. Thank you so much for joining us, Deputy Curtis. Thank you. Thank you for those answers. We are going to move on to the digital section now.

Deputy J. Renouf:

I wonder if you could start ... perhaps, Minister, I could address it to you first of all. Can you state where you are in respect of the digital health strategy for health going forward? What position have you reached?

The Minister for Health and Social Services:

Right. I will just give a tiny bit of context. One of the first things that struck me when I came into office at the beginning of last year and it became more and more apparent as time went on is the fact that we are a long way behind digitally. One of the things that was apparent was that in previous Governments when everything was centralised and moved into central Government, a lot of stuff, a lot of control, was taken away from Health. One of the principal things, one of the most damaging things that has happened, is the digital got taken away from Health control and put into central Government and things started to go wrong from thereon. So we have gone backwards. We have had a limited budget as well. So one of the things that has happened is that the control of I.T. (information technology) has gone back into the health system. We have now got Martin, and I think you started in October?

Director of Digital Health and Informatics:

I did, yes.

The Minister for Health and Social Services:

As a Digital Health Director. Martin comes, as he will explain, with a great deal of experience. That gave us an opportunity to start looking at things very differently. Martin and I had a conversation and I said basically: "Martin, can you work out where we need to be?" I am sure Martin would have done this in any event. But he came back and said: "We are a long way back. This is what we need to do." I am not going to steal any of Martin's thunder; I will let him explain that. We then swiftly moved to set up a digital group or board. It is not formally a board; it is a group. Basically, the key members of that group reflect the members that we are hoping will be on the partnership board. They come from various areas. You have the charitable sector, G.P.s (general practitioners), Digital Jersey, Jason, who is head of digital, right the way through the whole system, so every component there. We have a lady on data management. That is now set up. I think we have had 4 meetings and we have some quite big objectives over the next 5 years. That is probably enough for me to say and you are probably best to move on to Martin.

Deputy J. Renouf:

But can you clarify then that this is essentially a new stream of work?

The Minister for Health and Social Services:

There are 2 streams. There is an existing stream that is happening that Martin is doing with the funds that are available to him, and there is a recognition that if we are going to do the job properly we need to be a lot more ambitious than that. So there is a stream of work developing where we want to go and the day work that Martin is carrying out to make the best of the money that he has.

Deputy J. Renouf:

Okay. So can we focus on this new piece of work, if you like ...

The Minister for Health and Social Services:

I am very happy for that, yes.

Deputy J. Renouf:

... to say what have you identified as the need?

The Minister for Health and Social Services:

I will hand straight over to Martin.

Deputy L.M.C. Doublet:

Can I just ask a follow-up question? You said Martin is using the money that he has. What has he got currently or what has his project got currently?

Director of Digital Health and Informatics:

Okay. I will start in terms of the money that we currently have. So we have made investments in the hospital and improving how the hospital operates digitally, and that programme of work has been going in place for a couple of years now. We are hoping that the majority of the work will come towards an end at the end of this year. At the start of that particular programme we used an organisation called HIMS, which is an internationally recognised benchmarking organisation, independent, who undertook a digital maturity assessment of the hospital and assessed it at one. By the end of this year, we are hoping to achieve level 6, which was part of the original plan. That organisation also looked at how we are performing as a system, i.e. the flow of information that goes from primary care to secondary to community, for off-Island escalation and tertiary, so how that information is flowed around and how that supports continuity of care. HIMS assessed Jersey at level zero. Then, to give you an idea and an assessment of where other jurisdictions are, an ex-colleague of mine in Hampshire and Isle of Wight shared that their system was at level 2.5. So we

do have a long way to go. The plan has been developed very much around the principles of how are we going to improve Islanders' health outcomes, how are we going to improve access and, indeed, addressing things like health inequalities, which we know is a strong motivator, value for money as well in the context of if we do not make this investment what does it look like for the Island economy with poor outcomes and inefficient workforce. Then the final bit is around workforce experience and attracting and retaining colleagues who work as health and care professionals to deliver their services. So armed with the backdrop of that and talking to Islanders, health and care professionals and a variety of stakeholders, it became apparent that people's experience is particularly poor and we also recognise through our internal systems that we have a number of incidents which relate to patient concerns where data has been fragmented between different service providers. So we have built a 5-step plan which we have taken through as an outline business case and submitted to Treasury in terms of high-level numbers and now we are taking that through the process of getting that approved and looking to seek funds in order to make that happen.

Deputy J. Renouf:

So what we are looking at here is a major investment in digital health, basically?

Director of Digital Health and Informatics:

It is, yes.

Deputy J. Renouf:

Can you put, Minister, any figures at all on this?

The Minister for Health and Social Services:

Yes. Over a 5-year period it is an additional 70, is it not?

Director of Digital Health and Informatics:

It is an additional 70 million. I think the thing to think about is at the moment we have an investment of 0.6 per cent of revenue in terms of digital transformation. Industry benchmarks suggest that that should be between 8 and 12 per cent. The number that we are after is 5 per cent. So we are doing that and the reason why we are able to look at that number is because we are using existing tools and technology. So we are not going to reinvent the wheel. This is very much we are going to take bits of technologies that we know to work in other jurisdictions and put them together in an efficient and effective manner.

Deputy L.M.C. Doublet:

Thank you. What has been spent so far on this?

The Minister for Health and Social Services:
Nothing but the normal budget.

Director of Digital Health and Informatics:
Yes. So the amount that has been spent on it is purely from internal time. So it is the team's time in putting together the plan. We have not spent any money on the new programmes of work at all.

Deputy L.M.C. Doublet:
Okay. Could you reflect on that and get a figure to us on, as part of your budget, what has been spent on this area so far?

The Minister for Health and Social Services:
All of the figures that have been spent so far are detailed in the Government Plan, are they not, last year?

Director of Digital Health and Informatics:
Yes.

The Minister for Health and Social Services:
All those details, yes.

Deputy L.M.C. Doublet:
Yes. We would just like to know has the full amount been spent? Are you going to spend the full amount? Is there going to be an overspend on this project?

The Minister for Health and Social Services:
No. Certainly, I think that money will be spent but I do not think we are planning to overspend against the existing budget here.

Director of Digital Health and Informatics:
No. In terms of the existing budget we are on plan. We are not tracking any major risks to believe that we will be off plan either in revenue or capital.

The Minister for Health and Social Services:
The current plan is very unambitious and, as you know from previous discussions, we start from a long way back.

Deputy J. Renouf:

So you are talking about going from 0.6 per cent to 5 per cent spending on digital, which is an additional expense. The Health budget as we know is already under massive pressure.

The Minister for Health and Social Services:
It is, yes.

Deputy J. Renouf:
Where is the money going to come from?

The Minister for Health and Social Services:
It is all part of Project Breakwater. That is being worked on at the moment, as you know. It is delayed, which you know as well, but I think that is going to be coming up fairly soon and that is all explained in there. From my point of view, I would be quite happy spending existing money for that because knowing the work that has been done, if we fail to do that our costs are going to run up exponentially and ...

Deputy J. Renouf:
When you say existing money, you mean reserves?

The Minister for Health and Social Services:
If it needs to be reserves. As I say, that is something the Treasury are looking after. I am warned against going around talking about spending reserve money, which is fine, but it is just an opinion on my part. We will have a clear plan when the time comes to release the project.

Deputy J. Renouf:
You have talked about a 5-year plan to get to 5 per cent, but it is recurring after that, is it not? We are not talking about suddenly dropping back down.

The Minister for Health and Social Services:
No, that is correct, but I think if we start to budget from that, I think what you are going to find from that, you are either going to do one of 2 things. You are going to see a lot of savings from efficiency. While you are getting those savings from efficiency your costs are going up as well. So you have 2 graphs to look at. One is how those savings look against your rate of increase anyway, and the other is what your rate of increase would look like if you do not invest the money. From everything that I have seen, it strikes me that if you do not ... there is a cost for doing this, and we know what that is - it is 5 per cent of the budget - and there is a cost for not doing it. I am hoping that when all the facts come out it will be very clear that the cost of not doing it is going to be a lot greater in the long term.

Deputy L.M.C. Doublet:

Thank you. I wonder if I could follow that by asking ... the Minister for Treasury and Resources has previously, quite recently, told Corporate Services that she does not expect there to be any growth bids this year in the Government Plan. Have you had any indications from Treasury that this will be allowed through the system, as it were, and do you expect the bids for money to be capital or revenue or both? How do you see this going through the process?

The Minister for Health and Social Services:

When you talk about growth bids, there are 2 separate things. This piece of work sits alongside ... well, it is part of Project Breakwater, which is, in my book, deemed to be separate from the day to day budgeting. That is an investment for the Island that we have to do over and above our normal spend over a 5-year period. As I say, it will come to the Assembly and people will look at it and they can laugh it out of the Assembly or vote for it. But that is not meant to be affecting the day to day budgeting. So you have your health budget, but this spend for the 5 years is a piece of project work to be funded differently and there are 2 health components to this work apart from the infrastructural side. One is digital; the other is turning the health system from a reactive to a proactive system. That is about preventative healthcare.

Deputy L.M.C. Doublet:

So do you expect that to come through as part of the budget but as a separate part of it, a new part we have not seen before?

The Minister for Health and Social Services:

Part budget process but separately funded, yes, not part of day to day funding.

Deputy L.M.C. Doublet:

But it will be considered as part of the budget.

The Minister for Health and Social Services:

It will be considered at that time, yes. There are issues about health funding. As you know, I am going to be doing a presentation first to C.O.M. (Council of Ministers), then to the Assembly Members, a fully detailed 2-hour presentation about where we are with health. Because we have some specific difficulties here that people need to understand.

[14:30]

Deputy L.M.C. Doublet:

I am just trying to understand the funding. So you are saying it is over and above and it is one-off, but there will be recurring costs, will there not, beyond the 5 years? Where will those costs be funded from?

The Minister for Health and Social Services:
That is something that we have ... we cannot look too far into the future. What we will do nearer the time is you have to reappraise the whole of health funding based on what the effect of the preventative healthcare measures and the digital connectivity has had on the health service. As I say, that is an appraisal we will have to carry ...

Director of Digital Health and Informatics:
We have identified fairly chunky sums of money associated with cashable savings as a result of making this investment, so things like off-Island escalations, the retirement of legacy systems, reduction in admin. So there are savings to be had directly in terms of the quantifiable benefits as well as the unquantifiable benefits.

Deputy P.M. Bailhache:
Mr. Carpenter said that you were going to be using tried and tested technology, I think.

Director of Digital Health and Informatics:
Yes.

Deputy P.M. Bailhache:
Not going off on a new venture. But the world is going to move on in 5 years, so presumably the scheme of things will allow for some reaction to be had to changes in technology?

Director of Digital Health and Informatics:
Absolutely. The architecture that we are adopting enables that. A principle of that is separating out the data away from the applications. What tends to happen is when organisations buy systems, the data almost becomes ransomware within that application and it is quite difficult to get out. So the approach that we are adopting, which is the same approach that jurisdictions such as Estonia and Catalonia have used, is using an open data framework to store Islanders' health data. The ambition is that that data exists over the lifetime of that individual; there is no need to change the structure of that data. The thing that will change is how people access and view that data. Because it is just the access and view, we should be able to implement that relatively quickly but also at lower cost over time. So we will not be in a cycle of constant replacement. When I say constant replacement, every 10 or 12 years or so.

The Minister for Health and Social Services:

It is probably safe to say that we would not be restricted to using some state of the art technology throughout the whole course of this process.

Director of Digital Health and Informatics:

No, not at all.

The Minister for Health and Social Services:

It does not mean that we are using bog standard stuff throughout everything and we have a closed mind to using state of the art stuff that comes on the market. That is something that can be bolted in.

Deputy L.M.C. Doublet:

Thank you. Minister, hundreds of millions have been spent in the past on digital improvements that have not been completed. Can you advise us how this project is going to be different and how confident the public can be that this will deliver?

The Minister for Health and Social Services:

I think they can be a lot more confident because we have all the required people around the table with a clear view of what needs to be done and we have a highly experienced individual in Martin, leading the operational side. If somebody can tell me, from anywhere, how we can do better than that, I am all ears, because we genuinely want this to work. If anybody has further ideas they can offer us that is fine, but the set-up and the people that we have involved covers all areas of Health.

Deputy L.M.C. Doublet:

What have you learned from those previous projects that you are doing differently?

The Minister for Health and Social Services:

To be honest with you, I have not spent a lot of time looking at disasters and what has gone wrong. My entire time, I am afraid, has been spent on looking at the rather complicated muddle that we are in and trying to see a way clear.

Deputy L.M.C. Doublet:

Thank you. Thank you for those questions. If you do need to leave, please feel free to do so. We are going to move on.

Director of Digital Health and Informatics:

Thank you very much. Thank you.

Deputy L.M.C. Doublet:

Thank you very much. We are going to ask some questions about the Partnership Board process. Minister, we understand that you have produced a draft terms of reference for the Partnership Board. Can you advise what organisations and individuals have been included in your consultation on these?

Director of Health Policy:

In terms of the draft terms of reference, the draft terms of reference were circulated to all nursing homes, all care homes, all dentists, all doctors in Jersey, to third sector organisations that are providers of health and social care, and pharmacists. We circulated the draft terms of reference. We invited people to send us comments by email. We also arranged a series of evening meetings, where people could come and talk to the Minister and I about any comments or queries that they might have on the terms of reference. Those meetings, some of them were well attended, some were poorly attended. On the back of that feedback we have done 2 things. We have produced a feedback report, setting out the key themes of the feedback. A draft of that feedback report is with the Minister, awaiting an opportunity for him to review it. Then it will be published. I imagine that will happen next week, if not sometime this week. We have also updated the terms of reference, the draft that we circulated to reflect some of the key areas of the feedback that we received. The Minister's officers are setting up briefing meetings with P.A.C. (Public Accounts Committee), P.P.C. (Privileges and Procedures Committee) and Health Scrutiny, to talk about those terms of reference in more detail, in accordance with the requirements of P.170/2010.

Deputy L.M.C. Doublet:

Yes, we have a meeting with P.A.C. Thank you for that. Minister, the feedback report, would you consider when that is presented doing a statement to the States Assembly so that questions can be put to you on that?

The Minister for Health and Social Services:

I can do that. There is no reason why not.

Deputy L.M.C. Doublet:

Great, thank you. How much will the Board cost to set up and run? How much has been spent so far and what is the total for the project?

The Minister for Health and Social Services:

We have not spent anything outside of standard budget.

Deputy L.M.C. Doublet:

Within your budget, how much of your budget have you spent on it?

The Minister for Health and Social Services:

I do not believe we have costed it out. It is just day time, yes.

Director of Health Policy:

Yes, just my time.

Deputy J. Renouf:

The Board will cost money to set up, because it will have paid people on it, it will need resource and so on, so how much will it cost to run?

Director of Health Policy:

We have done the budget for it. The budget will be set out in the terms of reference when they are lodged with the States Assembly. The anticipated annual budget is £70,000 a year. £70,000 comes within the underspend of the existing advisory board, so therefore in the report and proposition the Minister will not be requesting new or additional monies. It will be within the current governance budget that H.C.J. (Health and Care Jersey) currently has.

Deputy L.M.C. Doublet:

Okay. What does the advisory board think about that?

The Minister for Health and Social Services:

The advisory board are fully supportive of what we are doing.

Director of Health Policy:

Yes, they are.

The Minister for Health and Social Services:

I am quite minded that in the advisory board's terms of reference it would advise on whole system work rather than just H.C.J. They would quite like the opportunity to advise on the whole system, because they are excited by it. They see this as being an opportunity for Jersey to have something quite bespoke. Given the quality of the people on that board, I would be happy to see them advising across the broader health spectrum.

Deputy J. Renouf:

Minister, have you given thought to what happens if there is a disagreement between the Minister and the Board?

The Minister for Health and Social Services:
Not specifically. You have potential for disagreements between the Minister and various component parts of the organisation at the moment and H.C.J. being one of them. That is something …

Deputy J. Renouf:
My point is that the Board is set up as a thing that is intended to resolve issues and make sure that there is consistent coherent thinking and so on.

The Minister for Health and Social Services:
Yes, that is right.

Deputy J. Renouf:
However, it is all in the detail and unless there are processes in place for dealing with this and clear lines of responsibilities and where decision-making powers lie, that question of what will you do if the Board advises you to do something you do not want to do, what happens?

The Minister for Health and Social Services:
These things are governed in law, are they not? The Minister has powers to do things and the Minister has things that he or she cannot do. The overall governing principle is that you would be guided by the framework that is in place at the moment. Nothing is likely to come up that would be any different to it coming up with or without the Board, so whatever the anomaly is it would have to be dealt with.

Deputy J. Renouf:
There would be a difference, because the Board would have more authority than it would do if you were approached by the G.P.s and told to do something. It would now be a coherent consistent Board position and that might carry a lot of weight.

The Minister for Health and Social Services:
That would put more pressure on the Minister to decide whether they wanted to go against a cohesive board of people that have a hand in the health system. You are right, the dynamics change slightly, but it does not make it impossible.

Deputy P.M. Bailhache:
It is a non-statutory role, is it not?

The Minister for Health and Social Services:
Non-statutory Board, certainly in this case.

Deputy P.M. Bailhache:
So it will have no legal authority. The authority will remain with the Minister.

The Minister for Health and Social Services:
Remain with the Minister; that is right.

Director of Health Policy:
I wonder if I might help a bit in terms of reference. It is a non-statutory Board. It works by making recommendations to the Minister. The terms of reference clearly set out that it is the Minister's right to adopt or reject those recommendations as he wishes. However, the terms of reference do require that when the Minister is rejecting a recommendation of the Board, the Minister must in writing explain and set out the reasons for his rejections of the recommendation. There is complete transparency as to the Minister's decision within that.

Deputy L.M.C. Doublet:
That is helpful.

Deputy L.K.F. Stephenson:
Would that be public?

Director of Health Policy:
I cannot recall off the top of my head whether or not I have provided for that in the terms of reference, but we could certainly give thought to that, yes.

The Minister for Health and Social Services:
You can rest assured that if it is something of major importance it would probably find its way into the public domain and we would have to accept that some of these things would become political, so whoever the Minister happens to be is going to have quite a tricky job to make sure that if they are going to be overruling a combined team of professionals that they would have to know what they were doing and they would have to be very sure of their ground, because they would not survive long politically if they did not. Like I say, some of the existing dynamics would still work in that scenario.

Deputy P.M. Bailhache:

The political axe could always fall upon the Minister, can it not?

The Minister for Health and Social Services:
Absolutely right; all these things will play out in public and so people would have to be very careful about what they are doing.

Deputy L.M.C. Doublet:
Thank you. How will the effectiveness of the Board be monitored over time?

The Minister for Health and Social Services:
I personally have not given a huge amount of thought to monitoring it, because it strikes me as basic common sense that if you have a formal structure for people that are working together anyway to come together and make collaborative decisions you are going to get better outcomes than having things as they are at the moment, which I consider in some areas to be fairly random. I can give a number of examples of areas where a lot of time has been wasted because there was no formality around the process. Ruth, you may be able to elaborate a bit better.

Director of Health Policy:
The terms of reference for the Board provide for a number of things. First of all they provide that there must be an annual review of the Board and the Board's performance and its effectiveness. Within that £70,000 budget, we have allowed some money for that review to be taken independently rather than a self-review process, which is very common among boards, but because of the nature of this Board we feel that it would probably benefit from some independence. The terms of reference also require the Board to produce an annual work plan. Within that annual work plan there will be key performance indicators or statement of intended impact. Of course, because it is working through recommendations it cannot necessarily put hard and fast key performance indicators against it. The annual review process will need to report against that.

Deputy L.M.C. Doublet:
Okay. Will those K.P.I.s (key performance indicators) be S.M.A.R.T. (specific, measurable, achievable, relevant and time-bound) goals?

Director of Health Policy:
To the extent that you can do when it is a board that operates through making recommendations to the Minister. That is one of the things that we have to accept as part of a whole system improvement and governance structure. Neither the Partnership Board nor the existing advisory board are statutory. Ultimately, their abilities to deliver and create change hinge upon the Minister.

Deputy J. Renouf:

I take your point, Minister. There is not a single Minister who has reorganised Health who has not wanted to improve it. The reason why you have monitoring and so on is to make sure that it does. The U.K. is in the process of dismantling a major health reorganisation that was supposed to deliver tremendous improvements. I do accept the need to have monitoring.

The Minister for Health and Social Services:

I accept that you can do all the monitoring that you possibly can, but what I am saying is you can have all the K.P.I.s you like, but at the end of the day the proof of the pudding here will definitely be in the eating. It is the patient experience that will tell you whether it is working or not.

Director of Health Policy:

Just to add, with regard to the U.K., because it might be helpful to understand some of the context of this, the U.K. are dismantling N.H.S. (National Health Service) England.

[14:45]

They are retaining the integrated partnership structures that they have created in the U.K., albeit they are reducing the spending and they are reducing the spending so that the integrated partnership structures get back to points of first principle. The points of first principle are about collaborative working at a local level, which of course Jersey is, across different providers to resolve problems and conflicts with integrated care and appropriate decision-making about priority services, which is absolutely plum territory for the terms of reference for this Board.

The Minister for Health and Social Services:

What the N.H.S. are dismantling is not what we have put together, is it?

Deputy J. Renouf:

No, no, my point was about the fact that everybody sets out with good intentions and they do not always deliver.

Deputy L.M.C. Doublet:

Thank you. After initial appointments have been made and the Board is operational, how will you ensure that appointees do not become entrenched in the roles and that fresh candidates will have the opportunity to join the Board?

The Minister for Health and Social Services:

To an extent, certain participants are there by virtue of their role. Anybody that is on the States payroll has a statutory position. What you must be referring to are the external providers. We have made it clear all the way along that we want the external providers, the representatives, to be elected by their representative sectors. I have said all along that for the state to appoint somebody from the G.P.s or to appoint somebody from the charitable sector over the heads of people in that sector would be entirely wrong. It would do away with all the basic principles we are working to. The people who represent those sectors will be selected by the sectors themselves.

Deputy L.M.C. Doublet:

Okay. Will a public register of interests be maintained for the Board members?

The Minister for Health and Social Services:

I should imagine it would have to be, would it not?

Director of Health Policy:

It will be. All members when they are appointed to the Board will need to declare their conflicts of interest and also at each Board meeting, if there is an item being considered, they will need to have to declare their interest if they have an interest relating to that item, and the Chair will then need to determine whether or not they should be recused. One of the things that we have done is we have developed a draft person specification, both for the community partners on the Board and also for the Chair of the Board. We have not circulated those, because obviously they are embedded into the final terms of reference, but within that we have done some quite hard thinking about whether or not or the extent to which people should be excluded from sitting on the Board in the first instance, as a result of the interests that they may have.

Deputy L.M.C. Doublet:

What criteria would there be around whether somebody would be excluded or not? What is the threshold for that exclusion?

The Minister for Health and Social Services:

It would vary from circumstance to circumstance, would it not?

Director of Health Policy:

This is one of the areas there was quite a lot of discussion about when we went out to consultation with external stakeholders. There is a reality that many of the external providers who will sit on the Board are private providers of services; they are G.P.s who make money and they are care home providers who make money. We initially went out with the proposal that you should not be able to sit on the Board as a community partner if you have a financial interest. However, of course, and

rightly and understandably so, those external providers pointed out to us that that excludes virtually everybody and not just current providers, but also retired providers, because they often retain a financial stake within the companies that they worked in with partnership structures. What the terms of reference provide is that a person is not excluded from membership if they have a financial interest, but the Minister must be advised of that financial interest prior to the appointment and have full understanding of it. Therefore, the Minister can make a determination in discussion with the Chair as to whether or not they think the extent of that financial interest precludes them from being able to act independently or being perceived to act independently.

Deputy L.M.C. Doublet:
The Minister has final decision on that?

Director of Health Policy:
Yes, the Minister, in consultation with the Chair of the Board.

Deputy L.M.C. Doublet:
Sure, okay.

Deputy P.M. Bailhache:
The important thing, Minister, is it not, is to get the right people around the table?

The Minister for Health and Social Services:
Always.

Deputy P.M. Bailhache:
It is always the most important thing.

The Minister for Health and Social Services:
Absolutely.

Deputy P.M. Bailhache:
One must not be constrained too much by process.

The Minister for Health and Social Services:
Yes, you are absolutely right.

Deputy P.M. Bailhache:

My question to you is: will you, as Minister, be taking a personal interest in the appointment of the Board so as to ensure that the right people are around the table?

The Minister for Health and Social Services:

To the greatest extent that I can without overstepping the mark.

Deputy P.M. Bailhache:

Of course.

The Minister for Health and Social Services:

As I say, with the various sector representatives, we have made it plain we are going to provide guidance as to the sort of person that we think is appropriate, but ultimately, if it is a G.P., we want those G.P.s to have made that decision. You make it clear to the G.P.s what sort of person you would recommend. The exception is the Chair and that would go to the Appointments Commission. That is something over which I have no power. Having said that, and I do not mind saying this, I am very keen that all further senior appointments with Health contain one or more than one of our advisory board N.E.D.s (non-executive director). They are people of great quality, great experience, and appointments will be a better quality if people like them, with the experience they have, play a part in the appointments. That is something I am going to be taking forwards.

Deputy J. Renouf:

Adding them to the J.A.C. (Jersey Appointments Commission) for those jobs?

The Minister for Health and Social Services:

Yes, for those particular jobs, making sure that we have a minimum of 2. My experience of them is that they have very good judgment. As I say, I cannot interfere with that, it is for the Appointments Commission, but what I can do is make recommendations as to who best might sit on that commission.

Deputy J. Renouf:

Very quickly, the process of creating the Board effectively internalises conflicts that already happen, but elsewhere.

The Minister for Health and Social Services:

That is right.

Deputy J. Renouf:

G.P.s want more money, so do dentists, and whatever.

The Minister for Health and Social Services:
Yes, everybody.

Deputy J. Renouf:
What processes do you have in place on the Board to resolve those conflicts?

The Minister for Health and Social Services:
Maybe I have this wrong and you may be able to pull me up here, Ruth. Some of that stuff has to be dealt with in the same way as a board of directors would if they were running a company. They are decisions that need to be taken.

Director of Health Policy:
As I mentioned to you, we have done a draft role specification for the Chair. One of the things that we are emphasising in that role specification is one of the key duties of the Chair and therefore the attributes and experience that they will need is to be able to work with Board partners where there is conflict on that Board, to be able to drive forward consensus. We have to accept, however, that in probably quite a few cases that will not be possible. The advantage of the Board is that it allows those conflicts and those tensions to be recognised across the whole Board rather than disparate pockets of conflict all over the place with no forum for trying to resolve.

The Minister for Health and Social Services:
The structure itself takes a lot of those tensions away, because I would envisage there being a much better collective understanding of the various problems. What I have found is that with everything working in silos today, people get entrenched and they get angry. If decisions are made by one party that affect another, then that causes animosity and that wastes a lot of time. I have seen that cause a lot of bitterness and it stops things from progressing. Everybody's job description will require them to focus on good patient care and a good patient journey through the whole system.

Deputy J. Renouf:
Can we move on?

The Minister for Health and Social Services:
Of course.

Deputy L.M.C. Doublet:
Yes. I am doing a time check. We have 35 minutes left so, panel, we are going to need to speed it up through the next sections.

Deputy J. Renouf:

Medicinal cannabis. Could I start, Minister, by asking: do you have concerns regarding the accessibility of medicinal cannabis in the Island?

The Minister for Health and Social Services:

I have to confess I have some concerns about the extent of cannabis consumption on the Island, albeit that I believe that everything that has been done has been done in accordance with the regulations that we have at the moment.

Deputy J. Renouf:

The Health Advisory Board said in March there is a notable increase in the use of medicinal cannabis, particularly in private prescriptions, which impacts the quality of care in other departments, especially mental health. Is that a polite way of saying that we are creating a mental health crisis out of cannabis over-prescription?

The Minister for Health and Social Services:

What we have to accept, and I am very happy to hand over to Andy but I will make this as a political point, what happened in Jersey is that we were swift to legalise medicinal cannabis without making sure that we had done all the homework to regulate it properly. We are possibly suffering as a consequence. I have probably said enough. Over to you, Andy.

Director of Mental Health and Adult Social Care:

Yes, is the answer. I am not sure we would go so far as to say “mental health crisis”, but certainly we are seeing a significant increase in people that are requiring admission acutely, for example, to Orchard Ward, who have been using large amounts of prescribed cannabis prior to that admission. There are still a number of concerns shared both within health services and within primary care about the prescribing of cannabis to people with known serious mental illness. Both the volume of cannabis that is being prescribed and also some of the nature of the prescribing creates a significant concern for us.

Deputy J. Renouf:

What actions are being taken, given that finding from the Health Advisory Board?

Director of Mental Health and Adult Social Care:

There are a number of pieces of work in train. Peter perhaps could talk some more about this. We certainly have a group where we have been meeting with people from Guernsey, looking at issues around prescribing of cannabis and how that is working and some of the concerns in relation to

mental health services there as well. We have had some conversation with some of the cannabis prescribers about these concerns. There is a piece of work that is under way to allow prescribers of medicinal cannabis to access primary care health records, because sometimes people may go and be seen by a prescriber for medicinal cannabis and not declare that they have a serious mental illness. Access to primary care records should help with that. Then there is an ongoing piece about potential regulation by the Jersey Care Commission, because the biggest challenge that I have is that these services are unregulated. The only default position left to me is to think about individual prescribers and their practice and there is nothing else I can do in relation to this.

Director of Health Policy:

In addition to that, we are currently working on an advertising order, which will prohibit the advertising of prescribed medicines. When you arrive at Jersey airport at the moment, you see big adverts. Those adverts for medicinal cannabis, once the advertising order is made, will no longer be legal.

Deputy J. Renouf:

Do you worry, Minister, that there is a profit incentive here for people to effectively cut corners?

The Minister for Health and Social Services:

The straight answer to that is yes. There is a big profit incentive somewhere down the line.

Deputy J. Renouf:

Do you favour regulation to bring tighter control?

The Minister for Health and Social Services:

The plan is to introduce regulation. As I say, it is being done in retrospect, which is a shame, but that is moving as quickly as we can.

Director of Health Policy:

As soon as we have addressed some of the other legislative policy priorities, we will be moving to develop the regulations that allow for the Jersey Care Commission to have oversight of cannabis prescribing clinics in Jersey.

The Minister for Health and Social Services:

I know it has been mentioned, but patient records being made available to all prescribers is going to make quite a difference. As I understand it, at the moment nobody has any oversight. I think I am correct in saying that if somebody wants to be prescribed cannabis they can go to a range of outlets at the moment without anybody knowing what anybody else has prescribed. Once patient records

are all linked up there should be some oversight of that, which could bring about a fairly substantial change.

Deputy L.M.C. Doublet:

Does that mean that some people are being double-prescribed without others knowing about it?

The Minister for Health and Social Services:

Making assumptions, but what I would say is that is possible to do at this point in time.

Director of Health Policy:

We did an audit, not of cannabis prescribing, of cannabis dispensing, which is a slightly different thing, 2 years ago. The information provided that underpinned that audit suggested that there may be some patients who are accessing medicinal cannabis through more than one prescriber. I say all this with caution, because the way in which the data is collected is it is not always necessarily … we do not have unique identifying numbers for those patients, so we are making some assumptions through name records that that is the case. However, we are aware and concerned that there is a possibility that that may be occurring.

Director of Mental Health and Adult Social Care:

We certainly know from anecdotal evidence from people that use services, including the alcohol and drug services, there is quite a lot of sale of medicinal cannabis as well. It is sold on for other purposes.

Deputy J. Renouf:

We have created a black market in prescription drugs?

The Minister for Health and Social Services:

Legal market.

Director of Mental Health and Adult Social Care:

Very clearly, my perspective is one around the prescribing of medicinal cannabis for people with serious mental illness who should not be prescribed it. For some people medicinal cannabis is an entirely legitimate thing. However, the volume of prescribing here, the number of people who are being prescribed for and some of the prescribing gives rise to significant concern.

Deputy L.M.C. Doublet:

Can you explain what kind of impact it is having in terms of the mental health services? How does it manifest?

Director of Mental Health and Adult Social Care:
Some people with psychotic illness, for example, are becoming unwell more quickly and perhaps more unwell because they are utilising cannabis and perhaps not utilising prescribed medicines.

[15:00]

There is a good evidence base now around particularly young people and the use of cannabis, when brains are developing, that high volumes of cannabis can significantly lead to psychotic symptoms. We are seeing people who are struggling anyway who are struggling more because of the prescribing of medicinal cannabis.

Deputy L.M.C. Doublet:
Does Public Health have a role in this?

Director of Public Health:
Yes, we are very involved in the work. I cannot add much content, but I work closely with mental health services and in the health policy area.

Deputy L.M.C. Doublet:
Okay, but in terms of educating people, given that the prescribers cannot access the records to establish whether people have a serious mental health problem, could we educate the public about those risks?

Director of Public Health:
There is an ongoing process about substance use and we have various campaigns about particular areas. My immediate reaction is the education here needs to go to the practitioners, because the number of people who are particularly at risk here is relatively few, if we talk about more severe events. It is important that we educate people to understand the risks of prescribing cannabis medicines to people who are potentially going to be harmed by it.

Director of Health Policy:
We did, however, quite recently produce some additional guidance, which is in the public domain, on medicinal cannabis and the use of medicinal cannabis. We can forward that to the panel if that is helpful.

The Minister for Health and Social Services:

I believe, in a conversation I had with somebody this morning, it was said that patient records should be available within 10 to 12 weeks. Maybe somebody could confirm that?

Director of Health Policy:

We are hoping that it will be available quite soon. There are some contractual issues and some financial issues that we need to resolve that relate to the contract which will allow the cannabis clinics to access the system. We are busy working on that at the moment. It is a matter of weeks.

The Minister for Health and Social Services:

There is a lot of pressure being put there to make sure that happens as quickly as we possibly can, because there is a need for it.

Deputy L.M.C. Doublet:

Thank you. Our next section is going to be on women's health. I do not know if you would like your Assistant Minister to join us at the table perhaps. During the women's health public hearing that was held recently, the Assistant Minister said that there was a need to look into how contraception services were working. The increase in support offered to young people would be considered. Can we ask for an update on where you are at with that work?

Assistant Minister for Health and Social Services:

Certainly, we are already providing free contraception for everyone under 18 or under 23 at the Le Bas Centre and for students under 21.

Deputy L.K.F. Stephenson:

I think there was a wider piece of work around contraception services.

Assistant Minister for Health and Social Services:

Yes, something that we are working on but it is still a work in progress because I think it could be a better service. Because I still do not think that people are quite aware of what is available and where it is available. But it is something I am working on but it is just going to take me a bit longer.

Deputy L.K.F. Stephenson:

What timeline are you working towards then?

Assistant Minister for Health and Social Services:

Definitely before the end of this term.

Director of Health Policy:

Unfortunately, the officer who was leading on this work is on long-term sick and at this point in time we do not know when their return date will be. It is hinged on us having the available resources to do it.

Assistant Minister for Health and Social Services:
But I am very happy to also do what I can. But I know it is not my … I cannot tread on officers' toes.

Deputy L.K.F. Stephenson:
In that scenario, as a leading policy team which we know is very tight and overstretched already as it is, with a recruitment freeze in place, what do you do? Do you just have to not do the work?

Director of Health Policy:
We have permission, despite the recruitment freeze, to go out and recruit and I am interviewing a number of people later this week. Because we do have a particular pinch point about health policy at the moment. I am hoping that we might be able to resolve that pinch point in the near future.

Deputy L.K.F. Stephenson:
Thank you, that is good to hear.

Deputy L.M.C. Doublet:
Can I ask a related question? Has any other policy work been delayed, for example, the termination of pregnancy work because of those shortages?

Director of Health Policy:
No. Where there is a States decision behind a piece of work, we always prioritise that. In terms of the health policy team, the 3 pieces of work that we are prioritising above others are termination of pregnancy, assisted dying and the proposition on options relating to decriminalisation and regulation of recreational cannabis because those have hard Assembly decisions behind them.

Assistant Minister for Health and Social Services:
But I have signed the Ministerial decision for the termination of pregnancy. I did that.

Deputy L.K.F. Stephenson:
I think just following on from that, at the public hearing you also committed to investigating whether the services providing termination of pregnancies were trauma-informed. Is that something you can update us on now or is it going to feed into that work?

Assistant Minister for Health and Social Services:

It will probably feed in but there is definitely a counsellor available at the clinic at all times, at the termination clinic, and it is a free counselling service.

Deputy L.K.F. Stephenson:

Is there a waiting list to see that person or can they be accessed?

Assistant Minister for Health and Social Services:

No, I think it is accessed immediately.

Director of Health Policy:

One of the things that the draft law will do, presuming it goes ahead, is it will place an explicit duty on the Minister to make sure that there is sufficient counselling available with regard to termination, and that is not just for women who have terminations but that would also be available to their partners as well. That will be regardless of whether or not it is just the Minister who remains as the sole provider of termination services in Jersey or there are other providers of termination services in future.

Assistant Minister for Health and Social Services:

Can I just say we want to support because I think for women making this decision it is a really, really delicate and difficult decision for them to make? I think we have to give them all the support that we can.

Deputy L.M.C. Doublet:

Can I follow up on the counselling? There is a specific approach to counselling which is trauma-informed. Could you commit to checking that that counselling service has that specific expertise? Thank you.

Assistant Minister for Health and Social Services:

I think there is also a lot of help at Dewberry House.

Deputy L.M.C. Doublet:

Yes. I wanted to ask as well in terms of the counselling service, will that counsellor be trained to spot domestic abuse?

Assistant Minister for Health and Social Services:

I will check but I would have thought so because we have committed to making sure that health professionals are very aware of that.

Deputy L.M.C. Doublet:

Yes, okay, if you could follow up and let us know about that. Thank you. Okay, thank you. We have some questions on men's health following the women's health questions. We are going to start with the suicide prevention strategy, which of course covers Islanders of all genders. Minister, in the foreword to the strategy you stated that you were committed to ensuring that the resources are in place to make this strategy a reality. Can you outline what resources are currently in place and what resources are due to be put in place, please?

The Minister for Health and Social Services:

I am going to hand over to Andy because he has got a lot more detail than I have. But we are at the moment bound by the resources that we have and anything extra, so …

Deputy L.M.C. Doublet:

Thank you. Just another time check, we have just over 20 minutes, so as succinct as possible, please.

Director of Mental Health and Adult Social Care:

It is a multiagency Suicide Prevention Oversight Group that is chaired jointly by Peter Bradley and myself. That includes representatives from Health, Social Care, Community Services, et cetera, the police, the Ambulance Service. There is a lot of resource already in the system that works around suicide prevention. For example, I have a consultant nurse in Mental Health Services whose role is predominantly around prevention, but also suicide prevention work and training. We are thinking about how we utilise those resources in a different way. The group has met up on a couple of occasions since the strategy was published. We have developed an action plan for this year in terms of implementation. The big focus of that action plan initially is a campaign around men, relevant to your question. We have clear evidence now that men are not seeking help at the point of which they are experiencing suicidal thoughts or hopelessness. There is a campaign that is currently being drafted to help address that. In the end we are really thinking about how can we best use resource. The Samaritans, for example, are part of this work and are really keen to do some additional stuff on top of the work that they do currently to help deliver the strategy.

Deputy L.M.C. Doublet:

Okay. Mr. Weir, could you outline the work around creating cultural change in reducing stigma around men accessing help with their mental health?

Director of Mental Health and Adult Social Care:

That is the piece of work that is currently being done. We have to be slightly careful. The evidence base is that if you seek to do a suicide prevention intervention in a community and you do it poorly

you increase the rate of suicide, you do not decrease it. Peter and his team have been immensely helpful in providing evidence-based interventions for us to help us shape the type of work that we are going to do. But, essentially, you are absolutely right, the issue is one of stigma and it is one of making sure we … we review all cases of actual or assumed suicide and we are clear that in the most recent cases within the last 18 months half of the folk made no attempt at all that was known to seek help. Clearly, we do not know whether they rang the Samaritans, for example, but certainly in terms of accessing statutory or charitable services they appear not to have done so. That feels like an absolute priority for us and particularly around men, middle-aged men.

Deputy L.M.C. Doublet:

Thank you. It is great too that is being addressed. What other risk factors are there linked to suicide?

Director of Mental Health and Adult Social Care:

The strategy sets out the whole series. Young women are the other area of concern. One of the suicide prevention strategies talks about the interventions that we put into schools but also talks about social media because we know that that is significant. Jersey is part of the National Confidential Inquiry into self-harm and suicide, which is a research project that runs in England from the University of Manchester, where when it is believed that someone has taken their own life a data set is collected in relation to them and the support they were receiving, access to services, all of that. We provide data into that report and they report each year. They were talking in their most recent report about social media being a key issue, poverty unsurprisingly, gender and sexuality being key issues. Things changed, the demographics go up and down, but there are some key themes across a number of years now that causes us to focus on those.

Deputy L.M.C. Doublet:

Thank you. Minister, given the strategy and we have just heard the evidence of links between suicide and the social determinants of health, such as poverty, housing, employment, et cetera, and some diversity-linked issues, how are you planning on working with your wider team in terms of the Council of Ministers to tackle this?

The Minister for Health and Social Services:

We are on the point of setting up, if you like, a health-associated Ministerial team which will include policy Health Ministerial team, Social Security, Housing, Children and Education, those 5 Ministers to start working. We have not set that up yet but the intention is to do that so that we can start making a collective approach to the whole situation.

Deputy L.M.C. Doublet:

Okay. In terms of young women and probably young people generally, could I ask Peter, what is the evidence in terms of the … you mentioned social media was a factor. Is that the biggest impact on that group or what other kind of impacts are there?

Director of Public Health:

I think it is very difficult to establish what the biggest impact is. It is much easier to talk about trends. As has just been described, there is a particular issue about self-harm which is more prevalent in girls than boys. But also there is an awful lot of evidence now to suggest that levels of anxiety and things that would precede any events of self-harm is becoming more common among younger people. Social media and the use of digital technology is often quoted but there are other factors in people's lives that may promote those events. I think it is an issue that is, unfortunately, one that is more worrying at the moment and an area of concern for public health.

Deputy L.M.C. Doublet:

Thank you. Minister, given the negative health impacts of social media and some technologies on children, what are your views on how we can mitigate that in schools from a health point of view?

The Minister for Health and Social Services:

I think I am treading on some very delicate political territory here, am I not? I would like to see the complete removal of all phones from schools; that is a personal view. I do not see there is a place for phones in schools.

Deputy L.M.C. Doublet:

Because of the health impacts.

The Minister for Health and Social Services:

That is certainly right, yes.

Deputy L.M.C. Doublet:

Okay.

The Minister for Health and Social Services:

I do not mind saying that.

Deputy L.M.C. Doublet:

Is that a view that you have shared with your colleagues on the Council of Ministers?

The Minister for Health and Social Services:

Yes, I think that is fairly widely known, yes.

Deputy L.M.C. Doublet:

Okay. Do you see a way forward in achieving your views …

The Minister for Health and Social Services:

Having just continual conversations with people.

Deputy L.M.C. Doublet:

Okay, thank you. Yes, okay, thank you. Would you like to move on to …

Deputy P.M. Bailhache:

Prostate cancer, can we move to prostate cancer? Can we move to talk about that? There have been a number of calls, Minister, for an Island-wide screening programme for prostate cancer and I wondered if you could tell the panel whether anything is happening in that respect.

The Minister for Health and Social Services:

Okay. I think that is a little bit more complicated than it first seems. I am going to ask Peter to comment on that, yes.

[15:15]

Director of Public Health:

Yes. The prostate cancer screening is not currently advised in the British Isles. But there is a test that people who are concerned about prostate cancer can access and that is the same in Jersey. That is available through primary care. There are pros and cons with the test. It is not the most accurate of tests, so you can get a number of false positive results, which mean that people may go on to have treatment that is unnecessary. However, this is an area that is being heavily investigated at the moment and there is a particularly big clinical trial that is ongoing. It may be wise to wait for the results of that trial, which will definitely say whether a full population screening should be implemented. The difference there is on the one hand you are offering a test to people who have concern and they wish to access that test through their doctor, and on the other hand in a screening programme you are proactively going out to people who consider themselves to be healthy and really actively encouraging them to come forward. At the moment the position we have is that we are waiting for the results of that trial and seeing what further developments might happen in the rest of the United Kingdom.

Deputy P.M. Bailhache:

No research is being carried out in Jersey I take it.

Director of Public Health:

No. It would not really be possible to do that. The numbers of people that you need to be involved in these trials are considerable. I do believe - and I will have to correct that at one stage - we did look to see whether Jersey residents would be able to join that bigger trial but, unfortunately, it was not possible.

Deputy P.M. Bailhache:

If there are any indicators of prostate cancer I take it that any patient can ask for a P.S.A. (prostate-specific antigen) test.

Director of Public Health:

Yes, that is correct. Normally after 50 as well if a person goes to their G.P., many of the general practices on the Island offer the test.

Deputy P.M. Bailhache:

Right. It is not the policy of the department to encourage men to seek advice on whether or not they should be taking a test?

Director of Public Health:

No, it is quite a delicate balance. There is a recognition that people, particularly if they have a family history or they have major concerns, may benefit from the test. But there is also a possibility that that would not be the right decision for them. At the moment we are waiting for further developments from the research before we go out and prior to that encourage this.

Deputy P.M. Bailhache:

Is there any indication as to when that information will be available in the U.K.?

Director of Public Health:

The last time I looked I saw that the National Screening Committee in the U.K. is currently looking at that guidance, so I do not have a timeline but it does seem to be an active topic at the moment.

Deputy L.K.F. Stephenson:

Could I follow up just very quickly? Is there any concerns with the current system that obviously accessing via primary care costs and I presume it costs to visit the G.P. and for the blood test? Are there any concerns that there is a group of men who just would not get that far because of the costs?

Director of Public Health:

That is theoretically possible, of course, but I think there are other screening programmes where we really would encourage people to go because we know that they are almost certain to benefit through going through that process. In this particular instance it is not so clear. I accept your point, but for that reason it is not our top priority because there are other screening programmes we would really, really like people to access, such as the bowel cancer screening programme.

Deputy L.K.F. Stephenson:

Is there an evidence base on how this cancer can be prevented?

Director of Public Health:

It is quite interesting and I do not wish to go into too many technical details, but you would normally expect with a cancer that the earlier you are treated the better your outcomes. In this particular case I am not even sure that that is totally clear. There is quite a lot for us to understand before we develop a campaign around it but we are keeping a close eye.

Deputy L.K.F. Stephenson:

Thank you.

Deputy P.M. Bailhache:

Moving on to other aspects of male health, male menopause, andropause kind of work, what education and awareness is currently being undertaken on this?

Director of Public Health:

There is no specific focus on that area. Our focus at the moment is about ensuring that we try to prevent the commonest conditions that are going to harm people's health as they approach older age, whether we are talking about heart disease or cancer or diabetes, and that has been the focus of our proposals around prevention. Much of this is dependent on securing funding, as we have discussed earlier in the meeting. But we have been doing a few things in the background; for example, the screening programmes obviously, as I have mentioned, things like bowel cancer screening. There has been progress with some of the vaccination campaigns, for example, the acceleration of the shingles vaccination campaign. We have been working on mental health, as we have heard. I think the big progress is going to be ensuring that we begin to think about those longer-term common conditions and that is our focus at the moment.

Deputy L.M.C. Doublet:

Thank you. While we are talking about vaccines, could we ask how many claims have been made to the vaccine damage payment scheme this year so far?

The Minister for Health and Social Services:
Peter, carry on because we have discussed about this earlier today and it is quite …

Director of Public Health:
I am not able to quote a number, under 5, I believe it is 5 or less. I could give you the exact figure but it is around that number.

Deputy L.M.C. Doublet:
Is that successful claims or claims …

Director of Public Health:
There are a number of claims that have been returned to me. As you probably know, there may be some that are currently being processed but they are the ones that I have been returned.

Deputy L.M.C. Doublet:
Okay. Were any of the claims for young people and children?

Director of Public Health:
There was no person that I remember being under 18. There are some younger adults.

Deputy L.M.C. Doublet:
Were any of the claims successful?

Director of Public Health:
Again, I can say less than 5, yes, sorry, yes.

Deputy L.M.C. Doublet:
That is okay, I understand. Thank you.

Deputy L.K.F. Stephenson:
On to the Ambulance Service and the change of departmental oversight, is it still the plan that the service moves over to your department, Minister, on 1st July?

The Minister for Health and Social Services:
I understand, yes. Do you want to get that?

Chief Ambulance Officer:

Yes, absolutely. You will recall back in 2019 there was a sudden move of the department out of Health in the first place, which caused us some issues in the early days because the Government structures were not in place. This project is being led by the 2 Chief Officers of both departments at the moment and everything is or has been going very well. We have ensured to engage with all the staff involved in the unions and the managers. There is obviously a few concerns with any move, but basically it was a move of line management for myself from one Chief Officer to another. Everything is on track at the moment for 1st July for that.

Deputy L.K.F. Stephenson:

Thank you. During a Scrutiny hearing last year I think there were some concerns raised about the service, demand and capacity and funding, safety of staff and leadership. Is there a plan in place to address these issues and is that plan already in place and being worked on or does it start once the service moves?

Chief Ambulance Officer:

Yes. There is plans in place to address many of those aspects already. Funding has been addressed previously. Obviously funding is topical at the moment, given the Government's finances. But I guess in any of that we have been working very closely with the staff and the unions to progress all of that. In terms of demand and capacity, the plans are to run a light review of that, we would hope later this year, if not next. The initial demand and capacity review had led to us taking on more staff. We are in a very different position now to what we were when we moved in 2019. We have a number of elements of our own Government structures in place that will interlink into the health services as we move forward, in terms of getting support where we need it. But we have also increased our front line staffing as well. Notably we have an extra ambulance on the road during the day at the moment and we are working on the evening period, but we have the staffing in place to do that. It is ongoing work.

Deputy L.K.F. Stephenson:

I think you said a live review; that is looking again. Now things have changed, how are we doing? What is the situation like now? Is that …

Chief Ambulance Officer:

Yes. It was a couple of years ago, so that obviously when the review was undertaken it was done on the years before data. We have been working with the unions. Things change fairly rapidly and particularly coming out of COVID as well. We want to look again to make sure that that is aligned and some of the concerns around night working and things like that.

Deputy L.K.F. Stephenson:

Great, thank you. Just finally, I think it may link to that initial review for States of Jersey Ambulance Service Demand and Capacity Review. Is that the review you are talking about?

Chief Ambulance Officer:
That is correct.

Deputy L.K.F. Stephenson:
If I say the status of that review's recommendations - I presume there was a number of them - could you just give us a quick update if there is more to add, basically?

Chief Ambulance Officer:
Yes, sure. Business cases, I think it was 2022, so we started early; 2022, 2023, gave us the additional funding to put in there. We have already put the extra ambulance on during the day. We removed our intermediary crew. We have put the stretcher service on to the patient transport service. We have increased the availability on the patient transport service at the same time as the front line staffing. The management team have followed that in terms of middle management to be able to cope with the Government's aspects of it. I believe majority of the actions from that have now been implemented. The one that at the moment we do have additional staff on nights but we are working with the teams around what that looks like from a specific rostering point of view because it has to dovetail in with the rosters that we have currently.

Deputy L.K.F. Stephenson:
Okay, thank you very much.

Deputy L.M.C. Doublet:
Okay, thank you. We have our final section of questions for which we have …

Deputy P.M. Bailhache:
Before you get there, can I ask just a …

Deputy L.M.C. Doublet:
Briefly, yes, we have 4 minutes left.

Deputy P.M. Bailhache:
Very briefly. It is a very quick question. Am I right in thinking that the Ambulance Service started life in the Health Department, moved to Home Affairs …

Chief Ambulance Officer:

Yes.

Deputy P.M. Bailhache:

… and has now come home to the Health Department?

Chief Ambulance Officer:

It will be so, yes, yes.

Deputy P.M. Bailhache:

What was the purpose of moving to Home Affairs? Very briefly, what was the argument?

Chief Ambulance Officer:

We were asked to move across, back as part of the one.gov restructuring, and I think it was to align the emergency services together. It was done very rapidly at the time and did not give enough thought I do not think - that is my own belief on that - to the Government structures and what was in place in the health sector. It has over time, given everybody is very busy and structures change, left us a little bit on a limb from the rest of the health service. The plan to go back in is to realign all of those structures and make things safer for patients, more co-ordinated across the healthcare system for the Minister's plans.

Deputy P.M. Bailhache:

Thank you.

Deputy L.M.C. Doublet:

Thank you. In terms of workplace culture generally, Minister, in your organisation, there have been some recent major reports and members of the workforce talking about not being able to access breaks and working many consecutive days and also about bullying problems. These 2 issues in the department, can you outline what you are doing to improve those?

The Minister for Health and Social Services:

If we take breaks first, I would like Ian to say a bit about this, but it has been difficult for us to identify the exact location of the problem because I do not think the person that reported this was able … or even identify the people that had reported it. The people that have reported it had not been specific about any instances where it had been witnessed. A lot of work has been taking place to try and identify where problems may or may not exist and have had a great deal of success in identifying the problem. As I say, it was fairly vague reference in the first place but I think Ian might be able to elaborate a little bit more.

Director of Workforce:

Yes, it was really helpful, the Deputy concerned has met with me and went through the concerns that had been raised by the Islanders. It was not clear, unfortunately, about whether they were H.C.J. employees. They could have been working in other parts of healthcare on the Island. It was not clear about their profession and it was not clear about their department. It is very difficult to tie that down. We have been trying to do that. What we have done is to go back in and do some due diligence. You will know that we have any rostering systems, all of our staff, apart from doctors, who will be rostered this year are currently rostered. That rostering system does not allow illegal shifts. It would mean that there would have to be an operational change beyond the planned rostering of people. Because the roster system does not allow back-to-back shift. It does not allow non-breaks, et cetera. Obviously a local operational manager could be maverick and could say: "You cannot take your break today."

[15:30]

We do know there are instances where people are unable to take breaks where shifts are particularly pressurised. What we do is that we provide the break in terms of time in lieu. We have procedures in place where there are extreme service pressures and somebody cannot get away for their break. We have forensically looked at all of the shifts, which we do on a monthly basis anyway as we plan the rosters going forward. We have been into the departments that we think there may be the problems with our staff. We have been unable to establish anywhere any evidence of the stories that we have heard.

Deputy L.M.C. Doublet:

Okay.

Director of Workforce:

We have spoken to our union colleagues and the unions obviously and the press have said: "Yes, everyone should have breaks." When we asked them and said: "Has anyone come to you and complained they are not getting breaks?" No. Their response was of course, yes, people should get breaks. It was not based on somebody not getting a break. We really are struggling to find where this is coming from.

Deputy L.M.C. Doublet:

Okay. Do you do a staff survey to establish where these problems might be happening?

Director of Workforce:

We have the annual staff survey, which I think we talked a little bit last time. We are just about to run this year's staff survey. Normally the Government …

Deputy L.M.C. Doublet:
Sorry, I am just noting the time.

Director of Workforce:
Okay, yes.

Deputy L.M.C. Doublet:
In the survey, are there specific questions around bullying and around rest breaks?

Director of Workforce:
Yes, there are, yes.

Deputy L.M.C. Doublet:
Okay. Do you think that is sufficient to identify …

Director of Workforce:
Our metrics on those have been improving year on year. I will just beg a tiny amount of your time. Because of the noise around bullying I put out a communication to staff to say please come and talk to me, open-door policy. Interestingly from that - and I am sure we do have bullies, we have people in our organisation, they are humans, nobody is perfect - of the people that came forward to report bullying to me, as we have unpacked those, 3 of the cases of people came forward were people that were in performance management. Because we have a culture whereby we try to manage people's performance, you can define that as bullying because it is behaviour that you do not wish to receive. Your manager telling you that you are not doing your job well enough and assisting you to do it better is perhaps behaviours that you do not wish to receive and you could experience that as bullying. It has been interesting to get under some of the rhetoric about bullying and it is often not as obvious as it seems to be on the face of it. But, yes, Freedom to Speak up Guardian and I work very closely on this with them. We take a very, very serious view of bullying. The cases, as I say, that came to me through the communication and extra communications we did, we have taken those very seriously. We do have cases of bullying and we deal with the bullies very seriously.

Deputy P.M. Bailhache:
You had them identified in Royal College reports. Have you made progress on those specific …

Director of Workforce:

All the Royal College reports have obviously got their action plans. We have to continue working across the whole of our culture. Obviously the Royal Colleges are particularly pointing towards the culture among our medical colleagues and consultant staff. The Medical Director and myself are very sighted on work that we need to continue to do with the medical body in terms of those historical behaviours.

Deputy L.M.C. Doublet:
Okay, all right. Thank you very much for your answers to those questions. Minister, we have come to the end of the hearing. Is there anything that you would like to add before we close the hearing, or your Assistant Minister?

The Minister for Health and Social Services:
No, I do not think I have got anything to add. I think we have covered most things.

Deputy L.M.C. Doublet:
Okay, thank you very much for your time.

The Minister for Health and Social Services:
Thank you.

Deputy L.M.C. Doublet:
Everybody present, thank you for attending and I close the hearing.

[15:33]