

STATES OF JERSEY



PROPOSED GOVERNMENT PLAN 2024 - 2027 (P.72/2023):COMMENTS(2) (P.72/2023 COM.(2)) – COMMENTS

**Presented to the States on 11th December 2023
by the Minister for Health and Social Services**

STATES GREFFE

COMMENTS

Note: this Comments Paper is presented in response to the Comments Paper presented by the Health and Social Security Scrutiny Panel (“the Panel”) (P.72/2023(Com)(2)) on 6 December 2023. This response was first presented to the Panel on 7 December 2023.

Recommendation 1: “The Minister for Health and Social Services should endeavour to provide States Members with details regarding the vaccine scheme and the intentions of the requested funding from the Health Insurance Fund ahead of the debate of the Government Plan 2024-2027.”

As the Panel will be aware, the Government Plan proposes that the Consolidated Fund contributes £400k towards the cost of a COVID and Influenza vaccination service for Islanders with a further £2.2m being contributed by the Health Insurance Fund (HIF).

At this time, the delivery model for 2024 is not settled as commercial discussions between primary care representatives and the Government continue. Selection of the preferred delivery model also dictates the method by which the HIF may provide funding.

Once commercial discussions have concluded, officers will be able to prepare a detailed funding and spending plan, at which point I will then be able to provide these to the Panel.

Recommendation 2: “Ahead of the debate of the Government Plan 2024-2027, the Minister for Health and Social Services must provide details of how many existing public health staff the requested monies under the revenue expenditure growth “maintaining the public health and health protection funding” will fund.”

Historically, Public Health was funded by a range of budgets which officers are now trying to consolidate into a single budget for Public Health. Amongst those budgets were the following temporary funding streams.

1. The Jersey Care Model (JCM);
2. Building a Safer Society (BASS); and
3. Covid budgets.

Staff employed under these budgets are now members of the Public Health team and currently delivering the following:

- Health Protection Function – this team provides, for example, support to the PFAS panel, developing an appropriate health protection function as described in the health protection review, leading pandemic planning, supporting emergency planning and investigating & managing infectious disease outbreaks.
- Health improvement services – for example, implementing the substance use strategy and vaping control methods.
- Joint strategic needs assessment (JSNA), so that services can provide better value based on knowledge of actual health need.
- Publication of data on health and health trends.

- Commissioning and partnership work – for example, ORCHA (Organisation for the Review of Care and Health Apps) increasing digital opportunities for self-care and supporting the roll-out of school meals and school-based nutrition programmes.
- Suicide prevention.
- Vaccination services.
- Policy development.
- Ministerial priorities – for example, child nutrition.
- Public information and awareness.
- Screening campaigns and engagement events – for example, Wellfest 2023.
- Revisions to the Public Health Law.

Having pulled the various teams together under one single umbrella, there are 51.5 FTE in the Public Health team (tabulated below).

In addition, in 2022/3, the Island experienced 5 major incidents. In response, funding was provided for a further 9.5 FTE to improve the Island’s resilience in major incident work. While funding is allocated to the Public Health budget, operationally these staff are based in other departments and therefore not included in the table below.

Activity	2023 FTE funded via JCM/Covid/BASS	2023 FTE via permanent funding	2024 Consolidated FTE
Health Protection ¹	5		5
PFAS	1		1
Health Improvement ²	3	8	11
Intelligence and Commissioning	5	3	8
Healthcare and Medical Officer Health (MOH)/DPH Statutory Activity	4	3	7
Communications, Engagement and Health Promotion	2	3.5	5.5
Public Health Law	1		1
Child Health Team ³		5	5
Public Health Leadership Team		8	8
Total	21	30.5	51.5

Recommendation 3: “The Minister for Health and Social Services should ensure that, going forward, all the relevant and vital information is provided to the

¹ Please note that the Panel were advised that this number was 3.5 FTE rather than 5 FTE. For clarity, 3.5 FTE meant the number of staff that moved from HCS to Public Health to support this function. For avoidance of doubt, the overall headcount for Public Health has not changed from what was previously advised.

² Currently, only 4 of the 8 posts are filled.

³ This is referred to as the Child Harm team in the Panel’s Comments Paper.

Panel at the very beginning of its review to allow for a more thorough and accurate examination of the Government Plan proposals.”

This recommendation is noted. I will liaise with the relevant officers and request that in future an appropriate level of detail and supporting narrative is provided, so as to better enable the Panel to scrutinise the Government Plan. It has been a challenging exercise to describe the complex historical development of the Public Health function over time. I will continue to ensure that we have complete openness and transparency on these arrangements with the Panel going forward.

Recommendation 4: “*The Minister for Health and Social Services must ensure that funding is identified in 2024 to improve and enhance the breast cancer screening service.*”

I have previously stated my commitment to improving screening services for Islanders and that work to improve breast cancer screening services forms part of the Women’s Health strategy. I will continue to champion the importance of improving women’s health outcomes, and I will take into account the Panel’s comments as we work through the requirements for the Government Plan next year.

Comment under Standing Order 37A

[Presentation of comment relating to a proposition]

These comments were submitted to the Greffier after noon on the penultimate working day before the day the meeting at which the proposition is to be debated. The delay in submission is due to the need to conclude internal review procedures and the volume of government plan business.