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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 19th August 2021

Panel:

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

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

Witnesses:

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

Deputy T. Pointon of St. John, Assistant Minister for Health and Social Services

Ms. R. Naylor, Chief Nurse

Mr. P. Armstrong, Medical Director, Health and Community Services

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

Dr. I. Muscat, Deputy Medical Officer of Health

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

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

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

Mr. P. Bradley, Director, Public Health

Mr. G. Ramsden, Head of Corporate Change Delivery, Modernisation and Digital

Ms. M. Roach, Director of Finance, Health and Community Services

[12:04]

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

I will start with the introductions now that we are live. Good afternoon, everyone. Thank you for attending the Health and Social Security Scrutiny Panel quarterly hearing with the Minister for Health and Social Services and all the Health officers. What we are going to do is we are doing it via Teams so you will only see the person that is speaking at the time in order that the system keeps running. Firstly, I will introduce myself. I am Deputy Mary Le Hegarat, District 3 and 4 of St. Helier, and I am the chair of the panel. Today I am joined by ...

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

Good afternoon, everybody. Deputy Kevin Pamplin, I am the vice-chair of the panel.

The Minister for Health and Social Services:

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

Assistant Minister for Health and Social Services:

Good afternoon, I am the Assistant Minister for Health and Social Services responsible for mental health. I am Trevor Pointon.

Chief Nurse:

Good afternoon, I am Rose Naylor. I am the Chief Nurse.

Medical Director, Health and Community Services:

Good afternoon, I am Patrick Armstrong. I am the Medical Director for Health and Community Services.

Group Managing Director, Health and Community Services:

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

Deputy Medical Officer of Health:

Good afternoon, I am Ivan Muscat, Deputy M.O.H. (Medical Officer of Health).

Associate Director, Improvement and Innovation:

Good afternoon. I am Jo Poynter, Associate Director for Improvement and Innovation.

Director General, Health and Community Services:

Hello, my name is Caroline Landon. I am the Director General for Health and Community Services.

Associate Director of People, Health and Community Services:

Hello, my name is Steve Graham. I am the Associate Director of People for Health and Community Services.

The Minister for Health and Social Services:
That is our team in this room. But we have online Peter.

Director, Public Health:
Hello, I am Peter Bradley. I am the Director of Public Health.

Head of Corporate Change Delivery, Modernisation and Digital:
Good afternoon, I am Graham Ramsden, Head of Corporate Change Delivery in Modernisation and Digital.

Director of Finance, Health and Community Services:
Hello, I am Michelle Roach, Director of Finance for Health and Community Services.

The Minister for Health and Social Services:
I think that completes our team. So, thank you, Chair.

Deputy M.R. Le Hegarat:
Okay, thank you, Minister. Welcome everybody. Normal rules apply in relation to this Scrutiny hearing as if we were in the States Assembly, and so therefore we will start. We have a number of question areas so we will start, and I will start the ball rolling. Health and Community Services performance report: we welcome the commitment to publish the H.C.S. (Health and Community Services) quality and performance report. Please could you elaborate on what you hope this will achieve?

The Minister for Health and Social Services:
I hope it will gain understanding of a health service and the way it works. In the past, when I came into office, this sort of data was very rare. There has been a tremendous amount of work that has been undertaken to create a good set of data around our performance and the targets and standards we want to set. My view is that we would wish Islanders to know more about how a health service runs; the pressures within it but the successes that are achieved as well. This is one step towards that sort of transparency. I think it will give both States Members and members of the public a good overview of how the department is performing and allow more detailed questioning. It will keep us on our toes as a team to ensure that we are monitoring all the time and addressing issues as quickly as we can if we see that pressures are beginning to arise. I thank you, Chair, for your contributions over the past few days to media and your welcoming of the report.

Deputy M.R. Le Hegarat:

Thank you, Minister. Having mentioned that, why were you most concerned about the report when the report was published in relation to the media?

The Minister for Health and Social Services:

I think as the Director General has said, and I will pass over to her in a short while, this work was going on but it has taken quite a while to ensure that the data we are collecting is accurate and robust and being able to put it out in the public domain because there is no use putting stuff out that is only half-baked when we have not got our data collection in a good place. That was the worry and we managed to accelerate the programme for releasing the report, and I am pleased we did. That episode with the media showed us that we really must get out there and show the department with its difficulties, but just to give that assurance and transparency that we are working to achieve the standards that we set ourselves. So for more on that, if I could pass over to the Director General, if she wishes to say anything.

Director General, Health and Community Services:

I think, Minister, that is exactly the reasons why we were perhaps a little bit tardy in not releasing the report. I think we recognised from the feedback that we received that the public just wanted to see the information and that they understood that it would not necessarily be perfect and we did not need to wait for it to be perfect in order to be able to release it, as long as people understand it is going to be an iterative process around the information. I also think that we are ever mindful that we are one provider in an Island community and sometimes perhaps that makes us overly cautious around our decision-making but the feedback that we got from the public we listened to and we responded to accordingly.

Deputy M.R. Le Hegarat:

Okay, thank you for that contribution. How do the results compare to 2019, as in pre-pandemic times?

Director General, Health and Community Services:

I think as expected we have some challenges around our waiting lists because we had to cease non-urgent and non-emergency elective surgery. I think we have seen some greater challenges around our Emergency Department but that is because we had a lot of COVID patients or potential COVID patients presenting at our Emergency Department. The reason for some of the long stays this year is because our emergency teams have been working so hard to try and avoid admitting patients into our main bed base because of course we want to try and keep patients home, if we can, if that is clinically safe for them. So in previous years our Emergency Department did not have

those pressures and did not have those resulting long waits within the department. I think we have significantly improved around our mental health performance. I also think we have significantly improved around our responsiveness to our adult social care caseload. There are challenges in C.A.M.H.S. (Child and Adolescent Mental Health Service) and I know that our colleagues in C.Y.P.E.S. (Children, Young People, Education and Skills) are working hard to address those. But I think it has been a mixed bag, Deputy. I think we have seen improvements in some areas but because of the pandemic, resulting pressures particularly around our waiting lists.

Deputy M.R. Le Hegarat:
Thank you for that. There will be further follow-up questions in relation to that but we will stick to the process as we go. Now that this has been established, is it also a time for an independent inspection of the hospital and all of the H.C.S. to be created like the U.K. (United Kingdom), which is undertaken by the quality care commission to oversee reporting?

The Minister for Health and Social Services:
As I see it, it is the Jersey Care Commission who will be overseeing the functions of the hospital and the health service.

[12:15]

They will bring in whatever independent experts they consider they might need. But I do not think it is for us to say how services would be investigated. That is for more so the Care Commission, is it not? Can I pass over to the Director General?

Director General, Health and Community Services:
I think as well, we are mindful of examining and reflecting on our practice and we do ask external colleagues from other jurisdictions to come in and do independent reviews of our service. I think a C.Q.C. (Care Quality Commission) type inspection, as takes place in the U.K., I am not sure would be appropriate for Jersey. I think that we are very different to the N.H.S. (National Health Services), particularly within our Island setting. I have learnt that after 30 years in the N.H.S. that the care that we deliver within the environment that we have is very different and I am not convinced that a C.Q.C.-style inspection would be suitable for us in Jersey. However, I do endorse what the Minister is saying and I know the J.C.C. (Jersey Care Commission) is working hard in order to be able to inspect secondary care services.

Deputy M.R. Le Hegarat:
I will just pass over to Deputy Pamplin, who has a question.

Deputy K.G. Pamplin:

Just more about the report itself. What challenges did you find in putting this together, as we have all noted this is a new report, a new way of doing things, so I am keen to hear, and I am sure members of the public are, what the challenges were and probably still ongoing with reaction to this type of report?

Director General, Health and Community Services:

We first produced the report in July 2019. It was in a very much smaller version, as you can imagine. We have gradually built it up. We were impacted upon by the pandemic, as you would expect. But we have gradually got it to where it is now. The biggest challenge has been around gathering the data. We are incredibly challenged around data gathering within the organisation because of the mixture of paper based and computer systems that we have. So getting that data and getting it in real time, in particular, which is our aspiration, has been and continues to be difficult. So that is why it has been quite a long time in generation.

Deputy K.G. Pamplin:

Finally, what has been the reaction from staff, right down from support workers and anybody who works in any level of the hospital? What has been the response because it is quite transparent and we know that has been difficult in the past to do this, as the Minister started at the very beginning of this?

Director General, Health and Community Services:

The report is used at board, it is used in our assurance committees, it is used in the exec reviews with our care groups, and then it is used by the care groups through the services. Can I hand on heart say to you that the H.C.A. (healthcare assistant) on the ward or the porter on our main hall has seen the report? I cannot. Our aspiration is that they will and that is the work that we are doing with the care groups; the report absolutely has to be seen by everybody across H.C.S. because everybody gets the man on the moon. One of the ways we do that is we do have it on our intranet but of course not everybody has access to the intranet. So we are working hard with our care groups to ensure that we can get it disseminated as far down into our teams as what we can. That is an ongoing piece of work.

Deputy K.G. Pamplin:

So the first-time staff members would have seen a report would have been through the media, is that right then?

Director General, Health and Community Services:

No, it has been available in the organisation since we first took it to board in July 2019. But the first time some staff may have seen it absolutely may have been in the media. That is not what we want but we have 3,500 staff and cascading information, which is quite dry and does require some explanation around it, can sometimes be challenging. But that is one of the workstreams that we have ongoing around ensuring that we share information with our staff. The reaction to it, I would say the vast majority of staff who have seen it, has been fairly positive. Most of our employees work according to evidence and they like seeing the information. Of course it has presented some challenge because it is very transparent and it highlights areas of concern that previously have not been so overt. But we are having good constructive conversations and it has been used as a tool for learning. That is very much the ethos in which we are approaching utilising it with our teams.

Deputy K.G. Pamplin:

Finally then, just touching on the media, I know you talked about this already in another answer but lessons learnt in working with the local media in this way going forward, will you be sitting down and holding briefings with the media? How is that relationship going to work because obviously I am sure it is slightly regrettable having that all played out as it is because it affects so many people; 3,000 staff members included, and the Island as well as the only care provider? What are the lessons learnt from these last few weeks?

Director General, Health and Community Services:

The lessons are that I think we previously, apart from this recent occurrence, had very good relationships with our media colleagues who have worked alongside us to serve the health of Islanders well. I think the words that my colleague, Rob [Sainsbury], and I used at P.A.C. (Public Accounts Committee), which is quite a pressurised environment, were ill-chosen and clumsy and we have apologised to our media colleagues for that. We recognise that the media are our friends and are an invaluable tool in helping us disseminate information to ensure that healthcare is being accessible to all across the Island. We are committed to continue working closely with them and absolutely doing much more briefings around what we are trying to do within Health.

Deputy M.R. Le Hegarat:

We will move on now to the Jersey Care Model. Further to our letter to you dated 13th August, please can you provide an update regarding the establishment and recruitment of members to the independent oversight board?

Associate Director of People, Health and Community Services:

So we have engaged an external recruitment agency called Hunter Healthcare to help us with this recruitment. They provided the timetable through which they will work to get the chair of the independent oversight board and also the chair of the partnership group. Their microsite will go live

next week with the intention that by the middle to the end of autumn we will have recruited into those posts and then the chair of the independent oversight board will also then take on the role for looking at recruiting into the non-exec roles as well.

Deputy M.R. Le Hegarat:
This organisation which you have put in to recruit these positions, will they be recruited locally?

Associate Director of People, Health and Community Services:
Hunter Healthcare have a brief to look far and wide and rule no one in or out and bring to us a longlist of suitable candidates. They will look on-Island, they will look in the U.K.. They are experienced in recruiting into other Island jurisdictions. So we believe that in terms of that diversity we will be able to deliver what we require.

Deputy M.R. Le Hegarat:
Thank you, we will obviously watch because, from our perspective, I think it would be good to see certainly some local candidates within those processes having an inside knowledge of local healthcare. In addition to the Primary Care Board, how often does the Government engage with all G.P.s (general practitioners) about the proposals in the care model; what format does that engagement take?

Associate Director, Improvement and Innovation:
We are having regular meetings currently with the Primary Care Board, which are planned for monthly sessions with the executive team where we talk about many things but including the Jersey Care Model. We also have members of G.P. practices on a different group, so the steering group for the intermediate care in the community work has G.P. membership on there. They are also included when we are looking at designing or developing specific new pieces of work or new phases of work within the Jersey Care Model. But there is the regular dialogue on a monthly basis with the Primary Care Board.

Deputy M.R. Le Hegarat:
Are you satisfied that you are effectively getting correspondence or engagement with all G.P.s because obviously we have got our Primary Care Board but are you satisfied that there is nobody left behind?

Director General, Health and Community Services:
Our main conduit for conversation is through the Primary Care Board because that is the elected representative of primary care on the Island. So I think we are confident that the conversations that we have with them are relayed through to their membership. Very rarely do the Primary Care Board

sit at the table with us and make a decision without taking it back to their membership and then coming back to us subsequently with the views and the opinions of their membership. In fact, I cannot think of one occasion when that has happened. I think they are very mindful that they are representatives of that membership and convey those thoughts, feelings and opinions to us. But of course we are open to people approaching us but we do not wish to undermine an elected body.

Deputy M.R. Le Hegarat:

That is fine, I just wanted to ensure that we were confident that that was happening. In the recently lodged hospital budget proposition, P.80/2021, while not in the budget scope it says: "Our Hospital is therefore informed by the Jersey Care Model but is not dependent on it" and in mentioning the layout plans: "A much smaller element of design has been informed by the Jersey Care Model." What are your thoughts on this which could be interpreted about the J.C.M. (Jersey Care Model) and its impact and clinical importance on the potential new hospital?

Director General, Health and Community Services:

I am sorry, Deputy, please interrupt if I am not answering the question correctly. The Jersey Care Model has informed Our Hospital but it is simply a model and we do not expect it to be a stagnant model. In fact we think there will be many different models over the next 25, 30 years of healthcare. So that is why it is just informed it. I think it has informed some of the services around our anticipation that we will hopefully see less people coming through our E.D. (Emergency Department), we will hopefully reduce our follow-ups. We will further reduce some of our length of stay and we will start to do much more of our diagnostic work out within the community so that people do not necessarily have to come into hospital for that unless it is absolutely part of their pathway or clinically indicated. I do not know if that answers your question.

Deputy M.R. Le Hegarat:

Yes, thank you. Is that proposition report, however, it lists under risks to the project: "Significant disruption to the delivery of the proposed Jersey Care Model." Can you explain why the same report says it is not dependent on it?

Director General, Health and Community Services:

I think it is probably to do with the estate, in effect, and the challenges that we will have across our estate if there is not a new facility built for us. You are aware, Deputy, so I will not go on about the significant challenges we have in all of our estate really to deliver care. So that would be my assumption.

Deputy M.R. Le Hegarat:

Okay, thank you. It is noted the Jersey Care Model and digital programme is outside the scope of the outline business case - we are still on questions in relation to the hospital here - for the Our Hospital project. As these are highly independent with O.H.P. (Our Hospital project) and its functional content how are these interdependencies being monitored and managed?

Director General, Health and Community Services:
Graham, are you able to talk about the digital programme?

Head of Corporate Change Delivery, Modernisation and Digital:
Yes, certainly. The interdependencies in terms of Our Hospital, what we have set up with the Our Hospital team is a core I.M. and T (Information Management and Technology) group of which myself, Jo and Anuschka are members, as well as a number of others. Through those sessions we have been looking at the digital requirements of Our Hospital but also looking at where in relation to the digital strategy and the application development and service development that we are doing through the digital strategy - for example, the electronic patient record projects and other such - where they come in and where they are expected to be delivered and to ensure that they are projects that will be delivered in line with the sequence of Our Hospital. Those things are there and delivered. What we are also talking about through the Our Hospital I.M. and T. groups and the various workshops and sessions that are happening there is some of the maybe non-clinical systems aspects of Our Hospital, which are I.M. and T, so information technology related. So we have had sessions on security, on patient navigation, on some of the non-clinical aspects of it.

[12:30]

But that I.M. and T. core group meets every week. Collectively with that we then report up into a newly formed, which has been formed for a couple of months now, digital portfolio steering group consisting of both technology representatives from M. and D. (Modernisation and Digital) and representatives from H.C.S. to pull all of the digital deliveries together under one set of visibility.

Deputy M.R. Le Hegarat:
Please can you provide some information about the development of the Island-wide workforce strategy, particularly in relation to the healthcare workforce, who will support the Jersey Care Model and the new hospital?

Chief Nurse:
In relation to the work that we have started, we have started to look at all of our professional groups. So in terms of designing a workforce strategy it has to have a number of core components to it. As well as actual numbers of staff needed we need to also understand (a) the patient pathway and

service design; (b) we need to also understand some of our enabling mechanisms that support the employment of a health and social care workforce within Jersey. That is some of the wider determinates that we see sometimes as a bit of a problem in recruitment. We also need to have a very clear outline of all training and education commitment across all professional groups. All of those things feed into the work around the development of a workforce strategy. So there are quite a lot of components to it. We have started the work and we are running some workshops in the weeks coming up with the professional leads to start to progress that a bit further.

Deputy M.R. Le Hegarat:
While on the question: when do you think that this strategy will be ... it is never obviously finished because it is going to be a continuing thing, but when do you anticipate that that strategy will come to its first conclusion?

Chief Nurse:
I think we will probably have an early draft by the end of the year in terms of the shape. It is kind of trying to chunk up quite a lot of core elements and put them together in one sort of clear, comprehensive strategy. So by the end of the year we are aiming to have the very first draft for it.

Deputy M.R. Le Hegarat:
So I can anticipate by the end of the year Scrutiny will have sight of that document?

Chief Nurse:
Yes.

Deputy M.R. Le Hegarat:
Okay, thank you. Moving a little bit away from the Jersey Care Model. A number of individuals have raised concerns, and this is why this question I am going to ask now. How long do people have to wait for care packages prior to their release from hospital and how many are currently waiting?

Group Managing Director, Health and Community Services:
Yes, we had some pressure in this area. This has also been impacted by COVID wave 3, so some of the contact tracing in relation to our care providers has really disrupted the market for a period of time. We also note that in Jersey we come under more pressure for homecare services in the summer than we often do within the winter. There seems to be quite an increase in activity. We have seen that over years now. This does then impact on our ability to sometimes discharge patients. To try and support that we use our reablement service to try and support some of those care providers to do that. But this is an area that we want to continue to develop with the care model. In terms of the current position, we have around 20 to 25 patients on any given day who are

patients that we deem medically fit for discharge but who are not able to be discharged at this time. That is not always because of homecare being needed. It can be a variety of different reasons. That figure is quite favourable if we compare that to the N.H.S. position. We are much better here in Jersey, and that shows the strength of some of our care providers. But obviously for those 20 people that can be difficult for them and it can lead to an extended stay in hospital. In terms of the timeline, care packages can be delivered anytime between 72 hours but we do have some instances where we have had some packages that have been very difficult to fill, and that has taken over 3 to 4 weeks. So we see a big range in terms of that area; it is a key focus for us particularly with the J.C.M.

Deputy M.R. Le Hegarat:
It is roughly 20 to 25 every day?

Group Managing Director, Health and Community Services:
Yes.

Deputy M.R. Le Hegarat:
So as of today you will have 25 people waiting to have a care package?

Group Managing Director, Health and Community Services:
We usually have around 20 patients who are deemed medically fit for discharge. Not all of those we will be waiting a package but they will be requiring some kind of onward care. It could be equipment, it could be other community services that we need. But generally those patients will also be having some kind of homecare support. So it could be a combination of different things. It could also be our discharge planning as well, I would add.

Deputy M.R. Le Hegarat:
In relation to another question I would like to ask is: please can you provide an update on the recruitment retention of care staff at the current time?

Associate Director of People, Health and Community Services:
Yes, at the minute we are declaring or we have 199 vacancies out of our establishment of just under 2,500. So we have a vacancy rate of about 8 per cent, which his in line with government, and compares highly favourably with the U.K. and the N.H.S. jurisdiction where it can vary between 7.5 per cent and over 11 per cent, depending on which trust you are looking at. Just to break that down as to what that means. I looked over the last 3 months and we had 40 people leave H.C.S. over the last 3 months. In that time we brought in 59 new starters as well as 28 bank staff. So month on month this year we have brought in more people than we have had leave, which means that we are

closing the gap and the vacancy rate all the time. The number of substantive employees we have has risen month on month as we convert people who were on fixed term contracts into substantive contracts as well, to secure their employment but also that continuity of care element. That is having an impact on the locum and agency spend, which is going down as we bring more substantive people in. So that is the overview of where H.C.S. is at the minute in terms of its vacancy position. In terms of what we have going on in recruitment, we have over 100 roles out to advert at the minute for H.C.S., and we are bringing through about 40 offers in that period as well. So there is a lot of activity going on, a lot of identification of where the vacancies are, a lot of moving out of agency locum staff to bring in substantive workers, a lot of different ways of looking at it as well, so we are using social media techniques now. So via LinkedIn or Twitter, sharing adverts through that. Some Facebook targeting for people for specific jobs and looking at using some of the N.H.S. bank mechanisms to see if that can help us bring in people in a short-term while we look to bring in substantives as well. So we are trying all kinds of different creative ways to bring people in. In terms of our turnover and retention, I talked about the numbers leaving over a period of time, that equates to a turnover rate of around 6 per cent, if you take out dismissals and retirees. So you go for those unplanned people who have left for reasons that you maybe could have stopped. That again compares very favourably with the rest of government, which I think is sitting around 7.5 per cent, but also with the N.H.S., which has a turnover rate of between 8 per cent and 12 per cent.

Deputy M.R. Le Hegarat:

Do we have the data in relation to how the sort of pandemic has affected those numbers?

Associate Director of People, Health and Community Services:

When you look back over a 12-month period it has been quite stable, to be honest. The leavers' numbers have stayed quite constant and you could say that is because people have not wanted to leave in a pandemic. But even saying that, we are still bringing in, certainly for the last 8 months, more people than have left so we are still attracting people even though there is a pandemic. So it is hard to say what is cause and what is effecting that. The whole market is in a slightly different place because of what is happening in the pandemic and the exhaustion that people are facing around is now a time when they can think of moving. But we still have got that positive variance where we are still attracting more people than we are losing.

Deputy M.R. Le Hegarat:

That is lovely, thank you very much. I am now going to hand over to Deputy Pamplin who is going to ask further questions in relation to COVID-19.

Deputy K.G. Pamplin:

Before I do, I just want to go back on the question about the independent non-executive board because that was an amendment that we brought to the original proposition, the States Assembly approved proposition around the care model, and it explicitly says: "To include the establishment of an independent non-executive board that will hold executives to account to delivery of the care model, responsible for agreeing monthly progress reports and the publication at the end of tranche 1 of a detailed analysis of progress against set targets while having also a detailed look to the delivery of tranche 2." We cannot help but observe that it is close to September. Is it fair to say that the establishment of this board has slipped and there will be immense pressure on them to reach the agreed amendment and why, as a panel, we insisted that that was included in the original proposition, Minister?

Associate Director of People, Health and Community Services:

I think the impact on the recruitment process has been impacted by COVID, as you can anticipate, and setting up the organisation that could take it on, getting together our own internal recruitment panel who is going to look at that, which is overseen by the Jersey Appointments Commission. Getting that group of people together to make the decision on which agency we wanted to use and then creating the content to go out. So I think there are a couple of weeks slippage there in where we wanted to be, for sure.

Deputy K.G. Pamplin:

It is just that we raise the point again because it was an amendment to a States Assembly approved proposition and obviously the pressure is on to deliver that. I am just saying time is tight of what we expected and what the States expected, that is why we put that board in place, to have the support in place by now so that when they can perform their report they have had enough time to do that. We are just highlighting the window is very close. I guess you are assuring us that that will all be in place; by the end of tranche 1 that report will be there for States Member?

Associate Director of People, Health and Community Services:

That is certainly the intention. In the timetable Hunter Healthcare have given us it is a generous timetable and you can anticipate there could be time gathered as we go through it, depending on how candidates come forward, and gathering time in terms of when interviews take place and turn around and things like that. The dates I have quoted are the last possible dates. Our anticipation is it would be earlier than that as well.

Deputy K.G. Pamplin:

We will follow that up. Obviously it is of great importance to this panel. COVID then. Minister, we last met for a quarterly hearing on 20th May. It is fair to say following that meeting a recent increase of spike of cases, things escalated very quickly around June/July, which put immense pressure on

the test, track and trace team. Also delays to the roadmap, which we know is going to happen very shortly, on the 26th of this month. Also causing further anxiety to Islanders across the board for various reasons. Also, based on the S.T.A.C. (Scientific and Technical Advisory Cell) minutes, there have been changes and pressures put in place. What is your assessment, Minister, of what happened over the last couple of months since we last met?

The Minister for Health and Social Services:
I think what has happened over the last couple of months is that we, who are perhaps close to COVID measures but also many people in the Island, have come to realise that we need to live with COVID among us and manage it. So a third wave was not unexpected. Perhaps the sharpness with which it came was a surprise but then it has diminished very rapidly also. I think we have all realised the benefits of the vaccination programme as a result of this because we have seen the third wave impact those people who have not yet been vaccinated, and that includes of course younger people in our schools. The schools were a particular worry towards the end of the last term. But the dangers and the harms from this third wave have been far less than what might have been in the first and second waves because of vaccination.

[12:45]

That is good to see, good to know that we can trust that the vaccinations that we have received, that gives us a much-reduced chance of a severity of disease if we were to become infected and a much-reduced rate of hospitalisation and even further reduced rates of mortality. I think, as I have said, there is a realisation that we will be living with COVID, we will expect to see cases and perhaps outbreaks occur again. But we are in a position where we can understand the harms and deal with them without creating other pressures in the hospital and in services, and respond accordingly.

Deputy K.G. Pamplin:
I am glad you mentioned schools because obviously we are about to go through another period of change where restrictions will fall away at the end of this month, and then the return of people returning to the office place on larger numbers and obviously schools and colleges. I think we all expect to see an impact of that because a lot of those young people are not vaccinated of course, as we all know. So what preparations will be in place and when can we see a strategy for people returning to schools and colleges, mask-wearing, that sort of thing, and are there things in place so we do not see again pressures on the phonelines, the pressures put on the track and trace because we could possibly see a rise in cases with those restrictions dropping and the return to school? So any indication of those strategies and your thoughts on that?

The Minister for Health and Social Services:

I know a great deal of work has been carried out to mitigate any effects on school, including the children and teachers, upon the return to school in September. Those will be announced by the Minister for Children and Education and department in due course, and they will have the detail also. I am not in a position to give the detailed operational requirements or plans for schools. But that work has been done and there is good planning around it. I know the intention is to announce something reasonably soon because the Minister for Children and Education recognises that parents and children will want to know those plans in sufficient time.

Deputy K.G. Pamplin:

Indeed, it is 3 weeks until schools return on 7th September and obviously schools will be going about before that for preplanning so it is getting very tight timewise. I guess the pressure would be for yourself, as the Minister for Health and Social Services, to the Education team to get that information out as soon as possible because anxiety will only grow around parents and children and young people who do not know what to expect. As we know, things could change and we do not know what the effects are going to be when we drop the restrictions next week. We imagine there will be some reaction so I guess that is the point we wanted to put here. Again the pressures to the phonelines was one of the reasons cited for changes for policy for direct contacts from early July. Can you clarify what other options were considered around this timeline with the pressures that were happening around the changes of policy with direct contacts?

The Minister for Health and Social Services:

I cannot recall immediately. Perhaps we could look up and respond to you after the meeting. But this was an option brought forward and I think supported by medical advisers, and I believe has proved to be the right option. I do not know if Dr. Muscat might wish to add anything. This is about the move in July to remove isolation from direct contacts.

Deputy Medical Officer of Health;

We recognised that the number of direct contacts that were turning out to be positive was of the order of about 1.5 per cent if you were not a household contact but up to 10 per cent if you were a household contact, which meant that very many people were being isolated for 10 days or so unnecessarily. With the large numbers that were being isolated it was felt that the harms that was causing outstripped the gains that we had. There was also considerable operational pressure as well, which reflected the large numbers that we had to deal with, and we felt that the introduction of lateral flow tests, which are more sensitive in managing Delta because Delta creates a higher viral load, so the test was more sensitive, would be a reasonable option to really redress the balance, if you like, of risks. So putting it all together, we felt that that was the better way forward. Having implemented that, obviously we have not seen an explosion in the number of cases. If anything, the cases have - because of a number of reasons which we do not fully understand, I hasten to add -

decreased and so the current average daily rate over the last 7 days has been of the order of about 40 to 46, whereas in the peak of the third wave it was about 250-something.

Deputy K.G. Pamplin:

We had one theory, because of the end of the school term and it has been summer - even though the weather does not want to think it is at the moment - that more people have been going outdoors and people are feeling more relaxed, but equally, also at the same time they are taking the same precautions. Is that fair to say? Are those sort of the theories you are looking at as to possibly why?

Deputy Medical Officer of Health:

Certainly the school closure for the summer period, the end of the Euro 2021 football season, the weather and of course the increasing vaccination rate and with time have all contributed, but we are still not quite sure why there was this sudden drop in cases, which was also seen in the U.K. The U.K. are not quite sure why, if there is a good explanation for this beyond the changes I have just described or not, and if there is, what it is. They have not quite come up with that yet.

Deputy K.G. Pamplin:

Sure. Okay, on the subject of testing, can you give us the latest on the in-house testing facility? Of course things have changed since this whole thing began back in March 2020, but where are we now and how does it work, where it used to be in the previous, where we would send testing off-Island more than doing on-Island? There have been a lot of changes. Can you just bring everybody up to speed on how it works now and how it is set up, the in-house testing?

Deputy Medical Officer of Health:

Indeed. Currently we remain dependent on OpenCell, which is the laboratory next to the airport. That is on-Island testing. We send material away for sequencing or genotyping by sequencing, because that technology is rather more sophisticated. We have always had the capacity to undertake a small number of tests within the hospital, which we use for admissions. That is the Cepheid technology, which we will continue with this coming winter, and we will expand this coming winter to include quadrivalent testing, that is COVID, flu A and B and R.S.V. (respiratory syncytial virus) because we will have to contend with all those this coming winter. We are setting up a laboratory within the hospital premises to undertake COVID P.C.R. (polymerase chain reaction) testing, possibly quadrivalent testing as well, as we speak. So this week the robotics of it are being tested using sterile fluid to make sure that sort of things go from A to B to C successfully and then I believe it is going to be next week we will be trialling the system out with infected material to see if it performs the way we would like it to perform. So there are some large pieces of equipment which have all been joined up. I am not quite sure where we are in terms of the linkage to I.T. (information technology) yet. That is an important part of the whole process, of course, but it is anticipated that

in September we should be able to go live, not to add the capacity of 2,000 a day, which is our goal. We will start slowly and then build up to make sure that we do not sort of shock the system by going too much too soon.

Deputy K.G. Pamplin:

So that would then see the gradual step away from OpenCell ...

Deputy Medical Officer of Health:

Indeed.

Deputy K.G. Pamplin:

... and the reliance on which, because they have also opened up their own private on-Island testing route for Islanders who want to pay for that service, so at the moment I guess they can manage that workload of private and still ... even though it is unable to do sooner, it is taking a bit longer, but everybody is happy with the way it is working and everybody can work within the capacity currently?

Deputy Medical Officer of Health:

Indeed. Currently the capacity that has been required has been perfect. We did at one point, when the third wave accelerated significantly, look at re-establishing our links with laboratories in the U.K., but I think we only had very limited recourse to that, if any, so we certainly are not using laboratories in the U.K. except for genotyping by sequencing.

Deputy K.G. Pamplin:

So it is fair to say the impact of this last wave has had an impact across the board, as we know with all areas of COVID, as you are saying, the testing as well, which possibly may have delayed things, how you want to see them. You would love to have seen them earlier, I am sure, but we are hopeful that it will be all up and running in place because there is obviously the ongoing cost to the Island as well.

Deputy Medical Officer of Health:

Indeed. The timetable remains for us to be up and running as we should be towards late September.

Deputy K.G. Pamplin:

Great. How many P.C.R. tests have been booked via the online request form on the gov.je website? Do we have that data available yet?

Deputy Medical Officer of Health:

I do not have that data to hand, but we do do something like 25,000 tests a week. Quite how they are booked, I do not know, but that is the number of P.C.R. and other tests that are undertaken on a weekly basis, which is significantly more than the U.K.

Deputy K.G. Pamplin:
Okay, good stuff.

The Minister for Health and Social Services:
I can give a figure for the times between 23rd July and 12th August, Deputy: 1,792 tests were booked online.

Deputy K.G. Pamplin:
Very good, thank you for that. As of 18th August there were, I believe, 10 patients in the hospital with COVID, so what has been the impact in this last wave on the cases during the recent wave? Because we have seen a fluctuation of number of cases at the hospital during this last wave. How can you break it down for the public, who are trying to ... who on one hand are seeing that we are so advanced now in dealing with this pandemic and because of the vaccinations, but we are seeing people in the hospital more than we did previously? How can you break that down for Islanders from the last couple of months so they can understand why?

Deputy Medical Officer of Health:
I think one way of looking at the figures is to compare what we saw in the second wave - which was around, as you recall, December/January with the Alpha variant - with what we have seen in the third wave due to the Delta variant, which of course is much more transmissible than the Alpha variant, which therefore created many more cases quickly, despite vaccination. In the second wave we had something 3,000 diagnosed cases with a 5 per cent admission rate and a mortality of 1.2 per cent. In the third wave we had something like 5,000 confirmed cases to early August, with a 1 per cent admission rate and the mortality to early August at least of 0.08 per cent. Despite this being due to Delta, it is a result of the dampening effect of the vaccine, which had pushed infection towards the young, because we started of course with the most vulnerable and elderly and the young people tend to get less severe disease. What is important to remember though is that now that a large proportion of our population is doubly or fully vaccinated, then they are going to be the larger denominator of our population and so we are going to see people coming into hospital despite being fully vaccinated, because the vaccine is not perfect and the fully vaccinated population are the largest proportion of our population.

[13:00]

Deputy K.G. Pamplin:

I guess it is difficult because of the ... and this is a question we have wrestled with the last few months, but are you able to break down for the public people with COVID? Because, as we know, people were coming in for elective surgeries and routine things, and then part of the process was being tested and showing they had COVID, as opposed to the numbers of people who needed hospital treatment predominantly because of COVID. Are we able to, at this stage, sort of share those numbers so people can understand what you have just said, but in context of the data?

Deputy Medical Officer of Health:

Yes. So I have got the data to 4th August from the date of first admission in the third wave. So from 28th June to 4th August we had 51 hospital admissions, of which 34 were due to COVID disease. The others came in with something else and were coincidentally found to have COVID on routine admission screening. Of those 34 with primary COVID, the approximate age range was 50 to 92, and 14 out of those 34 had been fully vaccinated, but that means that bearing in mind that 95 per cent of the over-50s had been fully vaccinated by then, that means that the positivity rate among the vaccinated population was 0.08 per cent. Then if you look at the non-vaccinated COVID admissions, that number would have been 20 over 5,000, which is about 0.4 per cent, so vaccination reduced the admission rate tenfold at least.

Deputy K.G. Pamplin:

Yes. It is good to have that context of data out there. It is really helpful. The next question on the impact of the last wave on the hospital staff: how has hospital and all the staff been affected in this last wave with these sort of cases coming in and the increases, if any?

Deputy Medical Officer of Health:

So my understanding is that despite having some 3,000 staff, the vast majority of whom have been fully vaccinated, only 25 have been off as a result of COVID over the period, which again is testimony to the benefit of vaccination.

Deputy K.G. Pamplin:

Definitely. Good stuff. A couple more quick questions from me. In the S.T.A.C. minutes of 22nd March, going a bit further back now, it was noted that during the second wave the services had taken mitigating actions, which had included to spot purchase beds with a local care provider and to establish its own domiciliary care team. Can we just have a bit of an update on that and what was the purpose of these beds and how many were used, if any?

Group Managing Director, Health and Community Services:

Yes, I can confirm that. So in wave 2 particularly, we saw some significant disruption to the care-at-home market. We had quite large elements of workforce that were isolating or absent from work as a result of COVID and we experienced that within the hospital, a different position to what we have had in wave 3. So part of our patient flow initiative was to see what available capacity we had within the system, so we worked closely with our care home providers to see where we would be able to access some of those beds - for COVID negative patients, obviously - and to use them. So there were 11 patients who were discharged into spot purchase beds where we transferred them into the care home sector for that period.

Deputy K.G. Pamplin:

What has been the impact on the care sector? Because obviously we have seen also in this wave ... as well as numbers in hospital, we have seen cases in care homes. Has there been any crossover with what you have just said or not?

Group Managing Director, Health and Community Services:

So there is no evidence at all that there has been hospital-acquired COVID infection that then has been transferred into care home environments. We have certainly not seen that in wave 3 either, so we have a very clear protocol in terms of screening and ensuring that patients are negative for a longer period of time before they are transferred into the care home sector. Obviously we need to work that through because we have positivity on the Island. Care homes are in a similar position fortunately to H.C.S. in terms of a very large proportion of the workforce are vaccinated and a very large proportion of the residents are also vaccinated, so we are working with the providers around that. The 11 discharges that we had were very helpful in terms of sustaining our patient flow. In relation to your other question about supporting homecare, we tried to work with the sector to deploy some of our healthcare assistants in wave 2 to help to pick up some of the packages of care. That proved quite difficult for us. It shows how the sector is much more able to meet the needs and for us it was quite difficult to sort of plug that gap really, so that is something that we need to build on, working with the department. But it shows the collaboration that we had in terms of the hospital, the community services working together to see how we could share staffing and try and build on that. We have had some of that within wave 3 as well, so I think it is just good collaboration across the sector.

Deputy K.G. Pamplin:

Good stuff. Okay, going back to the last couple of months then and back on 14th June, this is all around masks, and I am sure you thought this subject would come up, but could you explain the advice received, Minister, and the advice presented in respect of the rationale behind the removal of the absolute requirement for the public to wear masks in indoor public spaces from 14th June, followed then of course by the reintroduction of the requirement to wear masks from 21st July?

Because obviously, as we found out, as you said yourself in this meeting, things escalated pretty quickly and I think there was some confusion from the public that that happened, so any explanation around that would be helpful.

The Minister for Health and Social Services:

Deputies, I am sorry, at this stage I cannot immediately recall advice given in June. You are referring to S.T.A.C. advice given on 21st June?

Deputy K.G. Pamplin:

Yes. This is to the removal of masks from 14th June, but obviously that was followed by the reintroduction of the requirement to wear masks from 21st July, given the rise in cases and the concern and the pause of the roadmap. As masks have been so successful, as we tiptoe out of the reconnection plans, that suddenly we saw a spike in cases and then the reintroduction of masks, so a lot of questions to us and I am sure you have received them yourselves from the public. If they were working so well, why did we drop the masks, only to put them back on again when we saw the rise in cases?

The Minister for Health and Social Services:

We removed the mandatory requirements on advice, which came through S.T.A.C., that it was not ... I mean, I cannot recall this precisely now, but I know that all of those measures you have described were introduced on advice and the S.T.A.C. advices narrated to us as Ministers through the public health team. So I am assuming for the purposes of this question that S.T.A.C. had said that it was appropriate to remove the mandatory requirement for wearing masks in June, but then as we saw an increased rate of infection, S.T.A.C. reconsidered - and it is quite proper to do so - and recommended the introduction of masks as a mandatory measure. If by your question you are suggesting should it have remained mandatory throughout so that we did not have that period in the middle, I would say no, because I do not believe in mandating this when it is not necessary. That would be an infringement on people's liberties, I think. Mask wearing is not a great restriction, it is not a huge imposition, but I think it is not necessary if the public health advice is that the situation is such that they do not need to be required as a matter of law. It may be that in the future we may see outbreaks and there might be a limited period in which advice would be given or even a requirement, a legal requirement, would be introduced to wear masks in certain places for a time. We are going to have to see how this develops and what the needs and specifically what the medical advice is, but I do recall in the most recent instance, following the S.T.A.C. advice to reintroduce the mandatory wearing of masks, I asked for confirmation that that was necessary and proportionate in the circumstances because that is the legal test set out in the regulation. These are measures that are not simply introduced on a whim, but we have to be assured that they are necessary, which would be for medical reasons, but proportionate also, proportionate to all the other measures that

we are taking and the levels of infection in the Island. After a few days, that assurance was given to me and therefore the order was made to make them mandatory once again on that date last month. Thank you.

Deputy K.G. Pamplin:

I guess the big test is coming when all restrictions do fall away on 26th August, and like I said earlier, we still do not know the strategy for a return to education, will young people still need to wear masks in communal areas and that sort of thing, so the issue of masks has not gone away. I guess the difficulty is as the pandemic has gone on longer and things keep chopping that naturally people's resilience and frustration will grow because things keep changing. It is a challenge, but it is a necessary challenge. How are you going to be keeping it under review, especially as we head towards the winter months, so that the public are not too disheartened because there is another change, they have to put the masks on? I guess you see the point I am coming at.

The Minister for Health and Social Services:

Your question is how we will be keeping this under review. Well, we will still be asking S.T.A.C. to monitor the situation and the public health team will equally be gathering data and we will know of course if there is a rising risk of infection, perhaps in particular areas. There will be specific monitoring around schools and the risks there, how they might be different from the general population. Should advice come forward that the situation is serious enough to merit the introduction of mask-wearing as a legal requirement, then of course that would be given very serious consideration in the interests of keeping people safe.

Deputy K.G. Pamplin:

Good stuff. Okay, I am conscious of time, so I will hand back to the chair, who has got some more questions in the area of COVID-19 before we move on to other subjects, so, Chair, back to you.

Deputy M.R. Le Hegarat:

Thank you. Will Jersey consider providing COVID-19 vaccination certificates for individuals who have at least one of their 2 required doses on-Island, subject to verification of the other, either first or second dose?

The Minister for Health and Social Services:

Chair, yes, that will be done. It is just a question of linking with the N.H.S. procedures to verify the fact of that other dose having been given in the other jurisdiction, but plans are quite advanced to be able to issue those certificates.

Deputy M.R. Le Hegarat:

But do we have any sort of timescale?

The Minister for Health and Social Services:
I think next week we hope to be in the position to do so. If Graham Ramsden has any further detail about this, I am happy for him to jump in.

Associate Director of People, Health and Community Services:
Yes, thank you, Minister. Yes, absolutely, we are very close to being able to do this. We are in the final stages of testing the solution, which will enable Islanders to submit to us evidence of the vaccination dose they received elsewhere for us to then update our records, recognising that that dose was given elsewhere and then be able to issue them a full certificate. So we are working to have that in place by the end of next week.

Deputy M.R. Le Hegarat:
Perfect, thank you. What is the latest on whether there will be a booster COVID-19 vaccination programme during the autumn/winter of 2021?

Deputy Medical Officer of Health:
There seems to be agreement in principle that a booster would be appropriate and beneficial this coming late summer/early autumn for certain groups.

[13:15]

What the J.C.V.I. (Joint Committee on Vaccination and Immunisation) are still determining are the details around that, which groups will go first, what vaccine will be used, although there seems to be a preference to date for the mRNA vaccines and specifically Pfizer, but until they come out with the specific recommendations we cannot define our programme. What we are doing of course is preparing ourselves to deliver the programme, whatever the finer details are within that programme.

Deputy M.R. Le Hegarat:
Do we have any sort of idea when they are likely to be in a position for us to move forward on this?

Deputy Medical Officer of Health:
The impression I have is that towards the end of September we will be rolling things out, but the data continues to be gathered and analysed and used to determine what the best way forward is. For example, just this morning there was an announcement from a large study organised by Oxford, which indicated the importance of having a booster. That information will be used, with information from elsewhere, by J.C.V.I. in coming up with their final recommendations. It is worth saying that

J.C.V.I. have issued a programme of a work-up towards the booster programme that they are working towards. It is just that it is confidential. It is open to change because they are learning as they go along and will be using that learning to finalise the details as we go forward, but it is certainly on the cards and we can anticipate the type of programme they are going to be suggesting, which is to start with the most vulnerable first because that is logical and in keeping with the time of our first programme. It has got to be timed to that as well. I see Peter has put his camera on, so he probably wants to add to that.

Director, Public Health:
Just a bit of detail. We are expecting the announcement from J.C.V.I., the vaccination committee in the U.K., to come through on 16th September. If that is the case, we would be able to start childhood vaccinations around the 25th and the adults around the 30th. We are planning quite actively to make sure that we can meet those timelines.

Deputy M.R. Le Hegarat:
Perfect, thank you. What is the latest following the news that those aged 16 and 17 are being offered a first dose in the U.K., while no plans to offer the jab to healthy children?

Director, Public Health:
Do you want me to answer that one as well, Ivan?

Deputy Medical Officer of Health:
Yes, by all means.

Director, Public Health:
So we understand that the position they will be taking for the vaccination of children between 12 and 15 is dependent on the data that the U.K. authorities receive about the success of the programme for the 16 to 17 year-old children. There is a suggestion of some very rare side effects that could occur in the 16 to 17 year-old age group and obviously there has been a decision that the benefit of vaccination to that age group is considerably more than any risk, but I think that the data is awaited before they can make the final decision about the younger group, the 12 to 15 year-olds.

Deputy M.R. Le Hegarat:
Okay, that is lovely, thank you. How much has been spent on the provision of the COVID-19 vaccination programme to date? Now we have reached 80 per cent in adults, when will a wind-down of the service, as it has been running, commence so community vaccination can happen?

Director of Finance, Health and Community Services:

To date, as at 31st July, there has been £2.3 million spent on the rollout on the vaccine. However, it is just to highlight that that position could be slightly lower than anticipated due to the timing of expenditure. More realistically, it is usually roughly a month out of date, so I would say we have spent forecast-wise to the end of August £2.8 million, but that is not in the position yet. It is not available from the financial ledgers.

Deputy M.R. Le Hegarat:
Okay, thank you. The other half of that question, now we have reached the 80 per cent in adults, when will a wind-down of the service, as it has been running, commence so community vaccination can happen?

Deputy Medical Officer of Health:
Shall I try to answer that, Michelle?

Director of Finance, Health and Community Services:
Yes, please.

Deputy Medical Officer of Health:
So 80 per cent of the eligible population, that is 18-plus - and I accept of course we are now rolling down to the 16-plus - means that only 64 per cent of that group is protected, because the efficacy of the vaccine is 80 per cent, so 80 per cent of 80 per cent is 64 per cent, which is a small proportion of our population, relatively speaking, so we would much rather of course achieve a higher proportion of the eligible group than we have to date, so we will continue to push out on that. The second point to make relates to a previous question which we touched upon, which is the booster, and that is a third dose, as you know. We do not have the precise details of that. We have got an idea of when it is going to start rolling out. We need to deliver that booster through extant assistance, because the cold chain for the Pfizer vaccine is very stringent. It needs to be stored at minus 80 and cannot be moved once it is defrosted too much, or a couple of moves and then actual bubble of fat that contains the gubbins that work breaks down. So we will continue to deliver the boosters through the Fort and we will need to dovetail in the flu vaccine, which is really important this year because we did not have any flu vaccine last year, with the COVID vaccination schedule. So we will be blending the usual ways in which we can vaccinate against flu with the vaccination against flu at the Fort, because COVID is going to be given over there as well, so rather than bring people in twice we will give them both vaccines at the same time.

Deputy M.R. Le Hegarat:
Deputy Pamplin has put his camera on and wishes to ask a question at this stage.

Deputy K.G. Pamplin:

Yes. Very quickly, and I guess this is more of a political question to the Minister, but there has been some criticism from the World Health Organization about the handing out of a booster shot when there ... and I am sort of quoting them now. Dr. Mike Ryan, who has obviously been very present in the whole pandemic, saying that millions of people were still being left without any protection against the disease while wealthy countries were preparing to hand out third doses. He says the science is not certain and the right thing to do is wait for evidence to determine who might need boosters. Minister, are we feeling comfortable that obviously there are benefits to having a third booster and obviously if the science comes through, but should there not be more emphasis on the delivery of the flu vaccination, especially as flu was not so present because of all the public health measures that have been in place for the last few years, that there will be a sudden raise in flu as people come more back together, which may impact vulnerable people, less so than COVID having an impact, as seems to be the case?

The Minister for Health and Social Services:

Deputy, there is and there will continue to be an emphasis on getting the flu vaccination. I do not see it as an either/or. The plan is that we will offer a COVID booster and flu to all eligible groups, as directed by the J.C.V.I. As to the international politics around this, well, we have aligned ourselves to the J.C.V.I. and I am pleased we did. Jersey on its own is not in a position to give advice around this complex sort of area and it is fortunate that we are able to align ourselves and receive supplies from the U.K. and follow their vaccination advice and programme, so I am pleased that the U.K. brought us in in that respect and that we have followed that course. That is our policy to do so, so if the U.K. is introducing booster vaccinations, we will be also.

Deputy K.G. Pamplin:

Okay, thank you for that. Chair, back to you.

Deputy M.R. Le Hegarat:

Thank you. What is the future strategy for Health and Community Services during this pandemic if a new variant of COVID-19 is identified, especially for the winter and flu season?

The Minister for Health and Social Services:

Sorry, Ivan had his camera on first. I was going to ask Peter. Perhaps between Ivan and Peter, could they both assist?

Director, Public Health:

I am happy for you to go first, Ivan. I will follow.

Deputy Medical Officer of Health:

Thank you, Peter. It depends what the significance of the new variant is, I guess, so the variants to date have in the main been covered by the vaccines that are available to us, which were completely derived from the original wild-type COVID virus. The way the Pfizer vaccine is manufactured suggests that it is more likely to be better able to manage a number of variants than the AstraZeneca, simply because of the way they are made up, as such. But what we most certainly need to do, I think - and as we have been saying repeatedly, we will be guided by J.C.V.I. - is that all the vaccines will have a waning strength, will provide a waning immunity and we therefore do need a booster to cover especially the vulnerable this coming winter period, which is why that is happening. Now, if the variants that come along, any new variants that come along are covered by those vaccines, then potentially we will be seeing another form of a third wave of some description, the size of which though is quite unknown really, but it could be that the vaccine will afford us the same protection it has afforded us in relation to Delta with a new variant. If that is not the case, then we will have to think about non-vaccine protection of our community obviously because that will be all that is left to us, unless direct-acting antiviral agents come to light. At the moment there are not any useful readily available agents that are available to us against COVID in the same way as there is against influenza, for example, so we do not have that bit in our armour yet.

Director, Public Health:

Maybe I will just add that I think the key to it is that we have really built up our capacity to look forward at the potential risks that we might see in the community and they may come from the existing Delta variants or a new variant or winter infections. With that increased public health capacity and the flexibility that we can now offer through our testing programme and our vaccination programme, it feels like we are very well prepared for the things that may happen in the coming months, so we have to be driven by the data and the science. Our international connections allow us to be ahead of the game. Normally we are trying to plan for these slightly unpredictable events, but we have got the mechanism to make sure that our community is kept safe.

Deputy M.R. Le Hegarat:

Okay, thank you. Minister, at our hearing on 20th May 2021, you advised that work was underway with G.P.s to identify Islanders with long COVID. Please could you provide some further information about the research or data collection being done and the systems being put in place to ensure that people in Jersey with long COVID are caught and supported?

[13:30]

The Minister for Health and Social Services:

Yes, so long COVID has been codified within the EMIS system and those codes have run since March, so we have data available from March of this year, which may mean that we are underestimating long COVID if there are cases that predate March which have not gone back to their G.P. for any sort of monitoring. But there are 136 patients currently recorded in the EMIS system, 75 with ongoing symptomatic COVID and 64 with post-COVID-19 syndrome. It is perhaps a challenge to know exactly how we can manage this, because long COVID can mean very different things in terms of symptoms being displayed and of course there are the measures available. If it is respiratory problems that are continuing, then G.P.s can treat that as a respiratory illness, but it would be a very different sort of treatment to somebody who continues with their loss of taste or smell, for example. So this is still an area where clinicians are learning, and perhaps if I could ask Rob or Ivan, I know you have helped and been able to ... Peter is our guide to go further on this.

Director, Public Health:
Yes, so as the Minister says, I think one issue we have here is identifying those people who are suffering long COVID and we are working with the general practices to try to improve the recognition of those people, so that essentially means working with the data quality. We are also looking at the potential solutions to support people once they have received a diagnosis. It is at an early stage at the moment, but I have had initial conversations with some of the hospital consultants, who are offering support to general practices, for example, so that they are able to manage patients in their communities. So I am hoping that we will be able to bring some ideas forward. We have a little bit of work to do before we can really advise what is best. It is a new condition and when you have a new condition it is harder to advise the treatment pathways that are best for the patient.

Deputy M.R. Le Hegarat:
Okay, thank you. In the Comptroller and Auditor General's report, *Procurement and Supply Chain Management during the COVID-19 pandemic,* it is highlighted that different numbers have been reported in respect of the H.S.C. ventilator capacity at 3 points in the year, specifically between 30th April 2020 and February 2021. Please could you clarify why the numbers of ventilators available has been inconsistently reported for the record and provide a confirmation of the H.S.C. ventilator capacity today?

Group Managing Director, Health and Community Services:
Yes, I can confirm that. So as of today we have 20 mechanical ventilators and 18 anaesthetic machines that can be used for mechanical ventilation and there will be some variation on that figure. The reason why we will see different figures that are disclosed, both previously and going forward in the future, is because those machines will have varied repair or asset management requirements or replacement requirements and so we will have a fluctuation in the numbers which are available at any given time. Obviously as the pandemic has gone forward, our dependency and requirement

for mechanical ventilation has decreased and most of our patients are requiring non-invasive ventilation. So that is the reason why we have seen some variation and that is the current position we are in today.

Deputy M.R. Le Hegarat:
Okay, thank you. The final question in relation to COVID. The Government were providing free P.P.E. (personal protective equipment) and this has had an impact on some local suppliers. Can we now ask, is the Government still providing P.P.E. free and how are they dealing with the impact that this has on suppliers?

The Minister for Health and Social Services:
Chair, yes, the Government are still providing P.P.E. free of charge to third parties, such as care homes and doctors' surgeries, and I understand that local suppliers are involved in that supply chain, so they are able to quote and indeed we have purchased from local suppliers is my understanding. Of course as long as they can provide P.P.E. which meets the standards and is safe, then we would wish to use local suppliers if that is the best option. Thank you.

Deputy M.R. Le Hegarat:
Okay, thank you. I will now move on to elective surgeries. The panel wrote to you in July regarding the cancellation of elective surgery at the Jersey General Hospital. We were advised that routine surgery will be resumed once safe staffing levels are achieved and after some routine maintenance had been undertaken within the operating theatre department, which is scheduled for the week commencing 31st August 2021. Can you confirm it is 1st September?

Group Managing Director, Health and Community Services:
Yes. Our staffing is improving. We have seen significant improvements there - I will hand over to the chief nurse in relation to that - and as anticipated, by the end of August and commencing in September, we will be back to that position. Rose, could you update on the staffing position?

Chief Nurse:
Certainly. So at the moment we have got 9 vacancies out of a total workforce of 86 in theatres. We have supplemented those vacancies while we are substantively recruiting with some temporary staff, so we will have agency staff in supporting the department at the moment.

Deputy M.R. Le Hegarat:
Okay, thank you, so confirming you have 9 current vacancies?

Chief Nurse:

Yes.

Deputy M.R. Le Hegarat:
Okay, thank you.

Chief Nurse:
The posts are covered though with agency staff.

Deputy M.R. Le Hegarat:
Okay, that is fine. Thank you. Following the recent delays to routine surgery, how has this impacted the waiting list times at the General Hospital, plus approximately how long will it take to catch up with the surgeries that have been affected in 2021?

Group Managing Director, Health and Community Services:
I can answer that. It has had an impact. Like many areas, we have seen a COVID-19 impact on both our outpatient waiting list and our inpatient waiting list. We are not in the same position as the U.K. mainland, I think it is important to stress. Particularly for the inpatient waiting list, rather than seeing that waiting list increase significantly, we have just not seen the reduction that we would expect over the period of time in the pre-pandemic period. If you look at June 2020, we had had 2,718 patients on the waiting list. If we go forward to June 2021, it is 2,808 patients. So we have not seen a doubling of our inpatient waiting list, but we have not seen a reduction. We have now got clear plans in place to start to see the reduction. We want to get back to pre-pandemic levels, and by the end of the year, we would like to be below that 2,700 patients. We are focusing very much on ophthalmology, general surgery and endoscopy and obviously we have got ongoing work with some of our traditional waiting list pressures, such as specialist services like orthodontics, which again have a big national problem in terms of waits. So we have had some impact as a result of this more short term. That is not as impactful as other periods of time, because we ordinarily have to have some shutdown period within our elective capacity in the summer. That is because we have to carry out very essential works in the theatre departments and the day surgery unit, so that has coincided with when some of these staffing pressures have occurred, but we obviously have our clear plans to address that now going forward.

The Minister for Health and Social Services:
Chair, if I may, I would just like to emphasise that we are still continuing of course with emergency but also urgent surgery. There has been some suggestion that all surgery has been closed down, which has just not happened. The theatres are open. It is routine surgery that has had to be stopped for a short period.

Deputy M.R. Le Hegarat:

Okay, thank you, Minister. I will now hand back to Deputy Pamplin in relation to governance.

Deputy K.G. Pamplin:

Thanks, Chair. Time is against us, so maybe we could just have some succinct answers to these ones so we can rush forward. How many times has the H.C.S. board and any of the H.C.S. associated boards or sub-boards met since the beginning of 2020 and how have they been impacted by the pandemic?

Director General, Health and Community Services:

Thank you, Deputy. The H.C.S. board has met 9 times in that period; the Quality, Performance and Risk Assurance Committee has had 8 meetings; the risk meeting has had 5 meetings; the People and Organisational Development Committee has had 9 meetings; the Mental Health Improvement board has met 4 times; and the Mental Health Network, formerly the Cluster, has met 9 times.

Deputy K.G. Pamplin:

Any impacts of the pandemic? Because there was a time period where obviously because of the restrictions, in great numbers we could not meet and I know of the change. Has there been any impact on some of the boards not meeting at all? I know some had moved from monthly to quarterly, so any insight into that?

Director General, Health and Community Services:

So there has been an impact upon some of the meetings, yes, particularly in the early days of the pandemic, when we were absolutely not encouraging people to meet, so yes, but we have come out of that over the last 6 months, really the last 8 months, and got back to meeting regularly. Yes, the board meeting has moved from monthly to quarterly and that is to enable us to have really ... we had a long conversation at board about that with partners and that is to enable there to be more rich and more validated information for us to talk about at that meeting.

Deputy K.G. Pamplin:

Can you also provide an update on the risk and governance framework that was started as urgent work back in 2019? It seems like a long time ago now. How has that work progressed?

Director General, Health and Community Services:

Yes, so we have a governance structure in place which is based upon a quality assurance framework. That is our committee and our board structure with various sub-groups underneath that, which is led by our Minister and Assistant Minister, supported by executive directors. That is an ongoing and iterative process. We have recently had another C. and A.G. (Comptroller and Auditor

General) review. As you know, we have been having annual reviews around our governance processes and we are hopeful that that report will demonstrate that we are continuing to move in the right direction.

Deputy K.G. Pamplin:

Moving on to the Government Plan and some of the funding across the service. Can we have an update on the various aspects of the estate that we touched on in our last meeting as well? First off, the new mental health inpatient facility, which we heard about on 20th May, which was delayed, we understand it has been delayed again. Can we have a further update on the process of that and if that delay can be made up?

Assistant Minister for Health and Social Services:

Ordinarily I would be answering this, Deputy, but Rob Sainsbury is very close to this issue and he can give very much a more concise response.

Group Managing Director, Health and Community Services:

Thank you, Assistant Minister. Yes, we are trying to catch up. We have been trying to catch up for the last year and we have had COVID impact, particularly within the building context of this. I visited the site yesterday. We had a look around and we are still trying to aim to get completion by the end of quarter one. There is potential that might go into more of the beginning ... going into quarter 2, so April, but we are trying to mitigate that. So we are working with Jersey Property Holdings and the local provider to try and speed up the areas where we can. We have done all we can to sort of support the speeding up of the development, but I have to stress that we are building a new facility within an existing facility and there are patients within the existing facility, so we must adhere to strict noise control, protected quiet times for the patients, many of whom are there in distressed circumstances, so maintaining that has been a challenge. That had not been our intention for this capital programme. We obviously would have wanted more free space to be able to get this capital programme through, but because of the time lost with the works and because of the pandemic we have had to run in this way.

[13:45]

So that is some of the challenge that we face in terms of this delicate timeline between maintaining patient experience and accelerating the programme. Apologies, Deputy, you are on mute.

Deputy K.G. Pamplin:

There was me thinking I would get away with it one more time, but alas, I was caught out. There we go. Okay, we will come back to the mental health facility, I am sure, but the work to decommission

the Aviemore facility, we understand there was one more patient, but that was sorted last time we met. What is the update around that?

Group Managing Director, Health and Community Services:
Yes, I will hand over to the Chief Nurse to give an update on that work.

Chief Nurse:
So we have sourced alternative premises for the individual who was living up there. In terms of the actual building work, I apologise, I would need to send that update through from the Care Group.

Deputy K.G. Pamplin:
We will wait for that. Then also the move of services from Overdale to Les Quennevais. Now, we saw today - well, I have seen today - in the media a list of services that is part of the planning proposition, slightly different to what we expected. Can you give us any insight to those things that have been presented today, which I have only just skimmed through myself, how it is going to work, and equally, if planning is approved, when all this will kick off? Do you have a date that you have been given as a sort of benchmark?

Director General, Health and Community Services:
Sorry, apologies, Deputy, if you could clarify for me what it is you are surprised to see, because I think we had previously published the services that are going to Les Quennevais.

Deputy K.G. Pamplin:
It is just the fact I was surprised to see it in the media today, because it is part of the planning process and it is just one of those things of seeing it in the media this morning. There were a couple of bits, just picking out of the report, about originally some of it was all going to be at one level, but some are now going to be split on 2 levels, so I am just picking that out as an example. But if you can explain if there have been any changes from the original plans that are now part of this planning that have been released in this planning process and also, more importantly, the date, if approved, when it could be open.

Director General, Health and Community Services:
So there has not been any significant changes as far as I am aware around services going to Les Quennevais. There may have been some internal shifts around where services are going to be located within the building, but all of the service users have been involved in that conversation and we have appointed a senior leader who previously worked closely with Rob to lead on that with our teams at Overdale to ensure that everyone has been involved in that decision-making. So I am confident that that move has full buy-in from our clinicians and from our services and should work

well within that location. Apologies, Deputy, but I need to come back to you on the start date, because I have a date in my head, but I am not sure that it is accurate. Can I do that outside of the meeting or if I can find out within the meeting I will put it in the chat?

Deputy K.G. Pamplin:

Yes. No, absolutely. One other bit I am just picking up is Meals on Wheels, who are now going to be given a space on the ground floor, pending obviously planning permission. Previously they were told it was unlikely that they would be given a space, so again another change. I know things change, but is there any reason for that, there was found space for them or do we know?

Director General, Health and Community Services:

I think it is because we are using both of the floors now, Deputy, but I will get an absolute answer on that for you, but I think it is great news for Meals on Wheels. They are a really valuable service.

Deputy K.G. Pamplin:

Yes, hear hear. Okay, the Nightingale, which now has left us, however, please can we have an update, a final figure on the total amount of money spent on the Nightingale hospital? If you have that today, we would appreciate it.

Director of Finance, Health and Community Services:

Yes, final figures as at 31st July is cumulatively for 2021 and 2020 £12.8 million, which is split between the set-up and construction cost, the running costs and the removal costs.

Deputy K.G. Pamplin:

That is it as far as the expenditure on Nightingale. Have there been any additional costs with the deconstruction and the removal, do you know?

Director of Finance, Health and Community Services:

Not that I am aware of. There may be some costs coming through due to timing that have not been received yet. I do not anticipate any significant movement. Other than that, there will also be sale and repurpose of some of the equipment.

Deputy K.G. Pamplin:

We are up against it for time, but I know we did start a little bit late, so I will hand back to the chair, because we do want to delve into the world of mental health, so I will hand back to the chair to carry on.

Deputy M.R. Le Hegarat:

Okay, thank you. The panel remains very concerned about the mental health services: 7 patients under the age of 18 have been admitted to Orchard House this year. As stated in our report, young people should not be admitted into an adult mental health unit. It is not best practice at all. We also note bed capacity has been high and also waiting lists remain a challenge, despite efforts to reduce them. How can you explain the situation, other than the impact of the pandemic?

Assistant Minister for Health and Social Services:

If we want to talk about Orchard House, some of the pressures have come off Orchard House. There are still ... and I cannot quote an exact number because there is a possibility that people could be identified, but there are currently under 5 adolescents engaged in Orchard House. The difficulty we have is that the adolescent community does not have an inpatient facility and will not have an inpatient facility until we have a new hospital, which is some considerable time away. Social Services are working on trying to create a therapeutic care home to enable there to be a bit of slack with this problem, but the numbers of people being admitted to Orchard House have remained steady and indications are they are diminishing. We have not, for some considerable time, admitted an adolescent to Orchard House other than those individuals that currently occupy the space. We have a good news story, however, a really good news story in relation to Talking Therapies. We have seen considerable improvement in the ability of Talking Therapies to process referrals and to make sure that the referrals receive timely treatment. I have to give you some examples, and you can certainly have this information. In June of 2020, when I was very concerned as a member of the Scrutiny Panel about the numbers of people on the waiting list at Talking Therapies, there were some 57 people who had not in that month received their first assessment. Those 57 people waited for over 90 days. In total, there were ... and this was the backlog, there were 549 people who had been waiting for a period of time and the numbers waiting over 18 weeks were 314. These were big numbers and I remember it well, that we were really concerned about these big numbers. Well, the good news is that although referrals have increased significantly from 57 to 192 in June of 2021, there are only 16 people who have had to wait more than 90 days for a referral. There are 169 people who have been waiting up to the end of this reporting period and only 46 who have had to wait over 18 weeks. Now, that is a vast improvement on the space we saw a year ago and there has been a lot of hard work put into this - and Rob Sainsbury is not least responsible - for ensuring that these numbers have changed significantly. You wanted to speak to this, Rob.

Group Managing Director, Health and Community Services:

Chair, may I thank the Assistant Minister? I just need to add we must highlight that in terms of the adult mental health care group, they are demonstrating the most sustained green and amber performance across most of their indicators. One of the biggest indicators that we look at is mental health law application and the number of admissions per 100,000 registered population. Yes, from April to June we have seen an increase. It is still within our amber indicator, however, and overall

the services have done well to try and minimise admissions to this area. We are also seeing better bed occupancy. Now, that has been increasing recently and that is very much pandemic impacted, but overall we are seeing a sustained change and improvement within most of these indicators. We do benchmark against the N.H.S. and these are better-performing metrics than what we see in our partners. I absolutely concur though, Chair, our admission prevalence for persons under the age of 18 is an indicator that we have not previously seen. As the Assistant Minister outlined, we are working with our colleagues in C.Y.P.E.S. and the C.A.M.H.S. within C.Y.P.E.S. to try and develop plans to address this, because we do not have a short-term measure, so we are looking at that with those colleagues to try and come up with options around that.

Deputy M.R. Le Hegarat:

Yes, because obviously it is going to be quite a long wait for a facility to be provided by the new hospital. I mean, do you have any solutions?

Group Managing Director, Health and Community Services:

We are looking at multiple options. We are looking at the Clinique Pinel capital programme. The new hospital has a concept of step-up, step-down pods for C.A.M.H.S. inpatient services. We do need to look at the existing capacity, so if we need short-term acute assessment for individuals. We do need to look within the existing bed estate and that might need to be both Orchard House now and Clinique Pinel going forward. We are trying to engage with the wider sector to see whether there are other facilities we could use and we are also talking to the U.K., because we need to also utilise off-Island capacity. That has been compounded because of the pandemic, so we are obviously working within a C.A.M.H.S. network there to see what we can do. But our biggest focus, which colleagues in C.Y.P.E.S. are pushing, is they are establishing a home treatment service to prevent admissions and we are seeing from adult services that is working for us, so if we can get that team set up quite quickly, that could have an impact in this area and that is what we are focused on.

Deputy M.R. Le Hegarat:

Okay. How many vacancies are there currently in the adult mental health service?

Assistant Minister for Health and Social Services:

Chair, the question is going to be answered by Steve Graham.

Associate Director of People, Health and Community Services:

Thank you. So at the minute we have 41 vacancies in the mental health service. Of those, 15 have been through interview and are awaiting a start date, 2 are posts that are still just waiting for interviews - interviews have been set up, but have not happened yet - and the remaining 25 are out

to advert with closing dates in the near future. I think it is worth pointing out that of the 41, 17 were from investment posts, so they were new posts that were just established, which obviously increased our establishment before we had people in post. The J.T.T. (Jersey Talking Therapies) is now fully staffed, so we did have 2 vacancies there, but they have now both been filled. So again, as I described earlier, when it comes to activity, we are actively pursuing all of these vacancies and are making head-roads into them.

Deputy M.R. Le Hegarat:
How many locums or temporary staff are currently in position?

Associate Director of People, Health and Community Services:
There are 4 agency posts in the C.M.H.T. (community mental health team). Yes, 4 agency posts.

Deputy M.R. Le Hegarat:
Okay, thank you.

Associate Director of People, Health and Community Services:
There has been a huge reduction as we bring in more people substantively.

Deputy M.R. Le Hegarat:
Okay, thank you. Moving forward, given that over 900 young people make up the caseload for C.A.M.H.S. and the concern growing of the number of acute admissions following the publication of the Children and Young People Emotional Well-being and Mental Health Strategy 2021 to 2025 in May, what feedback have you received?

Assistant Minister for Health and Social Services:
I am wondering if you can be clearer about the question.

Deputy M.R. Le Hegarat:
Yes, I will ask the whole question again. Given that over 900 young people make up the caseload for C.A.M.H.S. and the concern growing of the number of acute admissions, following the publication of the Children and Young People Emotional Well-being and Mental Health Strategy, which was 2021 to 2025, in May of this year, what feedback have you received in relation to that?

Assistant Minister for Health and Social Services:
We are getting some very positive feedback both from service users and those people who are not currently service users, but accessing some of the support systems that have been made available within that strategy. We trust that we are going to experience a reduction in the number of people

requiring C.A.M.H.S., but the current increase in referrals to C.A.M.H.S. is directly related to COVID and the uncertainties and anxieties that have existed in the younger population.

[14:00]

It is early days to say that those anxieties have gone away and it is early days to be able to say that we will see an absolute reduction in the numbers of people who are referring to the service.

Deputy M.R. Le Hegarat:
Okay. When are you able to provide an update of when you will publish the specific timescales for completion of the 16 actions and the funding that will be required?

Assistant Minister for Health and Social Services:
We are talking here about the Government Plan of course and the calculations, the proposals are currently being put together. I left a meeting with Mark Rogers this afternoon. We have not finalised those proposals yet, but there will be proposals put into the Government Plan. There were proposals put into the interim Government Plan last year and that is where some £950,000 worth of COVID funding came from to allow us to increase services, certain services like the establishment of Kooth and the employment of agency staff to bolster the whole-time equivalent numbers on the coalface, as it were. Money has already gone in, but for permanent money, then we are looking to establish £2.5 million a year over the next 3 or so years to improve the service rather than just to stand still, which is what we have been doing for a number of years, is just standing still. So I do not know whether that answers your question.

Deputy M.R. Le Hegarat:
No, that is fine, thank you. Just finally on this sort of section, further to the concerns of obviously the increased waiting lists, what is being done locally to assess the impact of COVID-19 on the mental health of children and adults on the Island?

Assistant Minister for Health and Social Services:
As you have heard, I have just said that we are quite clear that COVID-19 has had an impact on young people and children and will continue to do so until we are out of the woods. It dismays me to see that ... this morning I read a tweet which told me that Israel, one of the best COVID-vaccinated countries in the world, is experiencing a fourth wave and they are madly trying to vaccinate people with a booster vaccine to try and get on top of it. So we are not out of the woods yet, I do not think, and I know there is a lot of optimism, but it is still going to affect young people and children because it is going to affect their relationships, it is going to affect their ability to study, their ability in some situations to go to school and some will have to isolate, so it will have a serious effect.

Deputy M.R. Le Hegarat:

Thank you for that. I am conscious that we are now at 2.00 p.m. and this has been sort of running for 2 hours. There are still a number of questions and I ask, Minister, whether you would like to finish those questions now or whether you would prefer them to be put in writing to you.

The Minister for Health and Social Services:

Chair, I think officers will have other meetings to get to, so if you could put them in writing and we will respond as best we can.

Deputy M.R. Le Hegarat:

Yes. The matters will be in relation to the public health consultation and also the maternity services review, so we will put those into writing. We would like to thank you. It has been a very good public hearing and a number of questions have been put - in fact, over 40 questions in that 2-hour period - so thank you very much, Minister, and Assistant Minister and to all of the officers who have assisted us this morning with our public hearing. We look forward to seeing you in 3 months' time. Thank you very much indeed. Thank you to the public who may have been listening too.

[14:04]