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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 25th February 2021

Panel:

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

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

Deputy C.S. Alves of St. Helier

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

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

Ms. R. Naylor, Chief Nurse

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

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

Ms. I. Watson, Associate Manager and Director, Mental Health and Adult Social Care

Mr. T. Walker, Director General, Strategic Policy, Planning and Performance

Mr. A. Khaldi, Director, Public Health Policy

Mr. A. Noon, Medical Director, Primary Care and Associate Medical Director, Primary, Prevention and Intermediate Care

Ms. J. Tardivel, Head of Strategic Planning and Reporting, Health and Community Services

Ms. M. Roach, Head of Finance

[10:06]

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

Good morning, everybody, and welcome to the Health and Social Security Scrutiny Panel's quarterly hearing with the Minister for Health and Social Services. The normal rules apply. We are remote working but the normal rules apply in relation to our public hearings if we were holding them in the States building. I welcome anybody that is listening to us this morning. Hopefully, we will be able to provide you with a reasonable amount of information. The hearing is scheduled from 10.00 to 12.00 and hopefully that is the timescale we will work within. Firstly, I am going to ask the panel to introduce themselves. My name is Deputy Mary Le Hegarat and I am the chair of the panel and then I will ask those that are in attendance as well to introduce themselves, thank you.

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

Thanks, Chair. Deputy Kevin Pamplin, I am the vice-chair of the panel.

Deputy C.S. Alves of St. Helier:

Good morning, I am Deputy Carina Alves of St. Helier District 2 and I am a member of the panel.

The Minister for Health and Social Services:

Good morning, I am Deputy Richard Renouf, Minister for Health and Social Services and I would like my team to introduce themselves, beginning with my Assistant Minister, please.

Assistant Minister for Health and Social Services:

I am Deputy Trevor Pointon of St. John.

Director General for Health and Community Services:

My name is Caroline Landon, I am the director general for Health and Community Services.

Medical Director, Health and Community Services:

May name is Patrick Armstrong, I am the medical director for Health and Community Services.

Chief Nurse:

My name is Rose Naylor and I am the chief nurse.

Group Managing Director, Health and Community Services:

Robert Sainsbury, Group Managing Director, Health and Community Services.

Director, Improvement and Innovation, Health and Community Services:

Good morning, Anuschka Muller, director, Improvement and Innovation for Health and Community Services.

Associate Manager and Director, Mental Health and Adult Social Care:
Good morning, I am Isabel Watson, associate manager and director for Mental Health and Adult Social Care.

Director General, Strategic Policy, Planning and Performance:
Good morning, panel, I am Tom Walker, I am the director general, Strategy Policy, Planning and Performance, which is the department responsible for public health. I am joined today by my colleague Alex Khaldi. Alex, would you like to introduce yourself?

Director, Public Health Policy:
Good morning, Alex Khaldi, director of Public Health Policy.

Medical Director, Primary Care and Associate Medical Director, Primary Prevention and Intermediate Care:
Good morning, Adrian Noon, I am the medical director for Primary Care and Associate Medical Director for Primary Prevention and Intermediate Care.

Head of Strategic Planning and Reporting, Health and Community Services:
Jackie Tardevil, head of Strategic Planning and Reporting for Health and Community Services.

The Minister for Health and Social Services:
I think that is all of my team, Mary.

Deputy M.R. Le Hegarat:
Thank you. What I will ask is that we do have a reasonable amount of questions so I would ask that we can be as concise as we possibly can with obviously being able to provide the information, just so that we are able to achieve what we want to achieve today in relation to the question plan. This is obviously the first time we have had the opportunity to have a public hearing since last October so it is quite important from the point of view that there have been a significant amount of things going on across the board, particularly in relation to the pandemic but obviously all of our other areas of business that have continued along the way. One of the main issues the panel and Members have expressed is the understanding in relation to COVID and the medical and scientific data and information that has been provided to Ministers, which we did eventually get. Part of those concerns of the members of the public and politicians alike was the delay in the delivery of the S.T.A.C. (Scientific and Technical Advice Cell) minutes alongside the sudden spike in the Island just before Christmas. Why has the full list of those attending, including all those either being senior civil servants or invited persons to S.T.A.C., not been published each time?

The Minister for Health and Social Services:
I will ask Tom to respond to that, please.

Director General, Strategic Policy, Planning and Performance:
So my understanding is that the members of S.T.A.C. considered … when they decided that they were content for the minutes to be published in accordance with the Assembly's decision, they considered whether they wished to publish simply the substance of the discussions or whether they also wished to publish the details of the names of the attendees. Their decision at that time was to publish the substance of the discussions and that that should include the job titles of people who attended but people's individual names were removed at the point of publication.

Deputy M.R. Le Hegarat:
Can I just follow up on that, please? I am a little confused as to why that decision was made from the point of view that fully being up to speed with freedom of information, data protection, et cetera, the level of those personnel attending those minutes are of a high level, so I am a little confused as to why those names may not have been published.

Director General, Strategic Policy, Planning and Performance:
Many of the people that attend are, as you say, senior holders of public office, such as the medical director is chair and it is very straightforward to know who they are. So, as you say, it is not so much of a mystery and very easy just to look up who they are from their job title because they are senior public officer holders. That is not universally true and so, as I understand it, in order to take a consistent approach S.T.A.C. decided that they would publish job titles, thereby making it very easy to work out for the senior figures who they are but equally being able to follow the usual conventions of preserving the identity of those who are not senior office holders who attend.

[10:15]

Deputy M.R. Le Hegarat:
Sorry to labour the point here but there will be, or could be, some changes in those senior personnel and I also wonder, from the perspective that if we look at this currently then the public and everyone will know who those individuals are but 3, 4, 5, 10 years down the line that will then not be known. I do not really understand, if I am perfectly honest, why this is the case and … I am not going to labour the point but I would just like to make it known that I am not really convinced by the reasonings that you provided me with in relation to this. But I will move forward.

The Minister for Health and Social Services:

Maybe you would like to hear from our medical director, he would like to make a contribution.

Medical Director, Health and Community Services:

The original discussion in S.T.A.C., or the original premise of S.T.A.C. is it is a safe space for people to have a conversation where we can explore any subject and people can say whatever they like so that we can get a really balanced view across the board. That was the reason why we thought it would be easier if people's identities were not made public. However, I hear what you are saying and if Scrutiny feel that is an important thing for us to do, I certainly would have no objection to it moving forward and looking back, if you felt that would be helpful.

Deputy M.R. Le Hegarat:

Thank you, you have made me understand a little bit better as to maybe the reasons why that might be the case. I noticed that Deputy Pamplin has a question so I will ask him quickly to raise that question and then I will move on, thank you.

Deputy K.G. Pamplin:

Thanks, Patrick, your insight is always really grateful. Obviously, as everybody knows, I have full insight in this and S.A.G.E., (Scientific Advisory Group for Emergencies) - obviously very different of course but the theory is still the same - on their website they have their list so I will just read: "Sir Patrick Vallance, the Government chief scientific adviser; Professor Chris Whitty, chief medical officer" obviously those people are known but you go down the list: "Professor Rebecca Allen, University of Oxford …" and it lists the people and their expertise. It would be helpful, of course, to know the discussion so we can all understand its decision-making but I think if that can be replicated it is really helpful, as the chair says. As the meeting progressed you can see the tones of the meeting so it is made clearer, that is where we are coming from, if that makes sense. I just wanted to interject that.

Deputy M.R. Le Hegarat:

I think so from the public's perception maybe if you identify the individual it may give you confidence as well. From my perspective, I think that may be a confidence boost when people see some of the information. Anyway, moving on, why has part B of the cell's minutes not been published? Part A is non-exempt. To quote the first minutes: "Global, local and national evidence will be used to advise Ministers, Governments, H.C.S. (Health and Community Services) gold and S.C.G. (Strategic Co-ordinating Group) gold", however minutes on 3rd December show that in fact the Government's interim head of public health told S.T.A.C. that Ministers had accepted advice from policy officials on the Christmas gathering plans and visiting care homes, promoting a response that these decisions without consultation brought into question its role.

Director General, Strategic Policy, Planning and Performance:

Just to reassure on the first part of that question. When S.T.A.C. minutes are published everything is moved from part B to part A. There are no non-published minutes. That is just a States Greffe procedure and, to my knowledge, it is being done at 100 per cent for every S.T.A.C. minutes so far. The Christmas guidance point as well, perhaps just to pick that up at the same time, the Christmas guidance went to S.T.A.C. and it went in an iterative way backwards and forwards between the bodies, between S.T.A.C. and C.A.M. (Competent Authority Ministers). So while it is correct to say that S.T.A.C. did not get on advice on the final version of the Christmas guidance, both the chair and vice-chair of S.T.A.C. were present at C.A.M. when that final version was agreed.

Deputy M.R. Le Hegarat:

Minister, who are the members of the competent authority and how could they be making decisions not guided by medical advice without S.T.A.C.?

The Minister for Health and Social Services:

The competent authority Ministers are not a decision-making body; each Minister makes decisions within their own competencies but we meet together for the purposes of having a discussion forum and receiving each other's ideas and thoughts and planning our COVID response together as a group of Ministers. But, in fact, any decisions to be made rest with the individual Minister. Sorry, your second question was?

Deputy M.R. Le Hegarat:

I was asking you which Ministers, so that the public are fully aware, are members of the competent authority? So which Ministers does this include?

The Minister for Health and Social Services:

There are 6 Ministers and they are defined in the Emergency Powers Law as competent authorities and they are essentially Ministers who have duties in any emergency facing the Island. They consist of the Chief Minister, the Deputy Chief Minister as Minister for Economic Development, Tourism, Spot and Culture, the Minister for Home Affairs, the Minister for External Relations, the Minister for Infrastructure and myself. Do I have them all? In addition, although they are not competent authorities Ministers, we invite the Minister for Treasury and Resource and the Minister for Education to competent authority Minister meetings because of their very necessary input into our discussion. Finance has been a huge issue, of course, and ongoing and Education and the need to keep schools open has been a constant theme throughout our COVID response.

Deputy M.R. Le Hegarat:

So those Ministers are able to contribute to any meetings in relation to the competent authorities, so Education and Treasury are included, or should I say were invited, but they are not part of the competent authority or are not part under the rules and the law, but they are able to contribute. Is that correct?

The Minister for Health and Social Services:

Yes, indeed and we have also had the Minister for Social Security attend meetings from time to time if there is a question of assistance through her department.

Director General, Strategic Policy, Planning and Performance:

Perhaps, Minister, just to pick the final part of the chair's question, and to reassure, all competent authority Ministers meetings, either the chair or one or both of the vice chairs of S.T.A.C. are invited to attend and that is consistent. So there is always one of them in the room and for most larger decisions all 3 of them are in the room at all times as well.

The Minister for Health and Social Services:

I will ask the chair of S.T.A.C. to add to this.

Medical Director, Health and Community Services:

I just wanted to pick up the point about advice from S.T.A.C. being followed or not followed. It is a point that I have made in other Scrutiny meetings. S.T.A.C. is just an advisory cell, we very hope that our advice is listened to and taken on board. We do not have a complete overview of everything that is important across the Island so there are political considerations, other social considerations, economic considerations that Ministers need to consider as well. Trying to learn from this whole process moving forward, it is probably much better that Ministers are informed by our advice rather than having to follow it or being perceived to have to follow it, because there are many things that we do not discuss and do not take into consideration for the Island as a whole that I think are really important to be put into the mix when we are taking these decisions in the round.

Deputy M.R. Le Hegarat:

I note that Deputy Pamplin wishes to ask a question.

Deputy K.G. Pamplin:

Following on from the original question about the competent authority, because again in the released minutes of the S.T.A.C. meeting on 14th December, we saw that Senator Farnham and Senator Gorst had written to you, Minister, about reopening … looking at the decision of the circuit breaker for hospitality and seeing if S.T.A.C. would look at the advice maybe to change the decision. While

it seemed at the time, obviously cases were going up, we all knew what happened. We are just curious to find out if the competent authority are meeting therefore why did those 2 Ministers have to write to you to try to put pressure on opening hospitality in mid-December, when we all know what was going on at that time? Just enlighten us.

The Minister for Health and Social Services:

Deputy, they could have spoken to me, they chose to write. It is not a problem to me if they wish to write to me, it is something that I can then put before S.T.A.C. or others who have an interest in these matters and seek their views. I am not sure what you were driving at. Do you think there is a problem about a letter coming from them?

Deputy K.G. Pamplin:

No, again it is because we have not had an opportunity to discuss this, this has come from our work over the last few months studying the minutes and trying to understand because we all know the … I think the chair of S.T.A.C. just alluded to it, what is based on medical advice and what is therefore political decisions. I think this was one of those examples where there was political influence applied to you as Minister for Health and Social Services to try and keep hospitality open. It is just taking us into the decision-making because obviously these are the balancing acts. It gives the public some insight into the decision-making and we were just looking for your response into that and what that must have been like.

The Minister for Health and Social Services:

I think the word you used there is very important. You spoke of a balancing act and it is trying to maintain a balance of harms. We have said that before. There is the purely medical considerations about suppressing COVID and the care of COVID patients and the pressures on the hospital, but against that we have to balance the economy, which is one thing, because if we destroy the economy we are in very difficult areas and we destroy the funding for the health service, we must do our best to maintain an economy throughout the pandemic in a safe way so that people have jobs to go to and Islanders can have some sense of security and normality as far as possible. Otherwise we have seen and we have heard from S.T.A.C. recently about the balance tipping and tipping adversely so that people's mental health and well-being is affected by restrictions we have imposed. We have to consider the effect of those restrictions, which might be addressing purely COVID issues, against wider issues such as mental health and the economy is one of those wider issues. We need to maintain as far as possible economic life because people's well-being and their sense of purpose and security depend on it as well as the financial outcomes for the Island. Balance is the word you used and which I would reiterate, thank you.

Deputy K.G. Pamplin:

It is obviously very clear when you read those minutes that the deputy medical officer of health was clear on his medical advice and that seems to have been followed. I will hand back to the chair because we will continue on the timeline now.

Deputy M.R. Le Hegarat:

In the minutes of early September, S.T.A.C. advised mask wearing as soon as possible. However, this critical medical public health measure only came into law on 1st December. Why was this the case and why was there not the sense of urgency? We mention urgency in the question because on 19th December a sudden press conference was called by Dr. Muscat confirming that mixing between households must stop and ending the original Christmas plans, which we, of course, fully supported. It was stated, however, by the Chief Minister that there had been casual compliance with COVID restrictions and also he stated that because more testing was being carried out that was why more cases were being recorded.

[10:30]

Something again S.T.A.C. in their minutes said was not fully supported and was leading to a situation being underestimated as well as the pressure and delays of the contact tracing. Can I ask then why it took so long?

The Minister for Health and Social Services:

Chair, it took so long because of the need for law drafting. This was a very difficult law to draft, I understand. I was involved in several meetings discussing exactly how this might be done. It was not something that could be brought in by an order, which is, in relative terms, much easier to do, because the States had given no authority to any Minister to introduce such a provision. So we had to come back to the States with specific regulations for approval. This is not something that had been done before in the Island and our set up, our public health legislation was inadequate, still is inadequate, simply to add this on as a measure that needed to be introduced. From the decision taken at Council of Ministers, it had to go into detailed law drafting and regulations eventually came before the States, we consulted with you as a panel and I am pleased the States supported it. But it just shows how complex this is. It also tells me that we need better public health legislation, which means that we can act quickly in the future because we do not know what might be necessary in any future emergencies, but the States Assembly would need to have confidence in Ministers at the time, introducing orders to safeguard public health. In this case, yes, I am grateful the States Assembly had confidence when I brought the regulations but had a Minister been able to make an order under an overarching power the mask wearing would have been able to be introduced more quickly. You asked about the testing regime. We believe it is the case that the amount of workforce testing did flush out many cases that might not otherwise have come to light and that the visibility of

COVID in the Island was greatly enhanced by COVID testing. We have never said that that is the reason for the spike in numbers we had. We believe that it contributed to the numbers we had but we have also said that there is a possibility that the entry of the Kent variant into the Island led to the spike. There may be other factors. All of these contributed. There is no one cause, we believe, to the spike we saw in November, December.

Deputy M.R. Le Hegarat:

I note that Deputy Pamplin has a question but before I move on to him, can I just ask, Minister, when did this go to law drafting for the mask wearing? Do you have that date?

The Minister for Health and Social Services:

I do not immediately but I do not believe there was any significant delay.

Deputy M.R. Le Hegarat:

Can I ask another question then? What I would say is that the pandemic hit Jersey in March 2020 and I, at that stage, would have made some assumption that the medical people would have been looking at all sorts of possibilities, bearing in mind that in the Far East, for example, mask wearing is fairly regular. I would be interested to know the timeline because I would have anticipated that mask wearing would have been considered fairly early doors, so March/April time. The reason I ask the question about when it went to law drafting is because I would have thought that this would have been considered at an early stage and therefore law drafting could already have been put in place because it would have been something that would have been considered early.

Director General, Strategic Policy, Planning and Performance:

I can assist you with that, Minister, if that helps.

The Minister for Health and Social Services:

Yes, please, Tom.

Director General, Strategic Policy, Planning and Performance:

Dr. Muscat recommended the use of face masks on 6th April. So he issued a public advice, very clear, very well-evidenced public advice on 6th April that recommended to Islanders that face masks should be worn, particularly in indoor public spaces. Then that was considered again by S.T.A.C. on 2nd September. On 2nd September S.T.A.C. did not recommend mandatory mask wearing, the minutes clearly show the consultant community disease control said it was important not to mandate the wearing of masks too early but to find the appropriate point at which to emphasise they should be worn. I think following on from that there were some queries from the States Assembly about the evidence to do with mask wearing and the public health team prepared a 6-page evidence

review, which was then sent to States Members on 7th October. Then face masks were again strongly recommended in indoor public spaces in the press on 23rd October and then after that, in answer to your question, the advice was that we should consider bringing in mandatory on the back of that and the law drafting instructions were started. But I think that the Minister is quite right in that they were quite complicated drafting instructions to get right and there were a number of complications because they were very novel. But I would emphasise that the Island has been very well served by the law draftsmen throughout this and by the law officers and by the policy team, who have developed well over 50 pieces of legislation incredibly quickly and have done what I think is a highly commendable job. Then on the back of their rapid and excellent work to resolve the legal issues that needed to be resolved to the legislation, face masks then became mandatory, as you will be aware, from 1st December. I hope that is helpful, Chair, just as a complete timeline from March all the way through to December.

Deputy M.R. Le Hegarat:

Yes, thank you, that is very helpful and I fully recognise that ... well I think everyone recognises the level of work that has had to come out in relation to the changes of legislation. But my point is that Dr. Muscat in April had suggested about wearing of masks and, yes, we may not at that stage have thought it might ever have been compulsory. But I would have thought that that would have been the time maybe to have spoken to the law drafting, as opposed to 6 months later, because I think that is where we lost our time, not the law drafting people but the timescale as to the fact that we did not give it to them for 6 months. My comment at that time is what I would say, and maybe the Minister might want to make a comment on that, that we lost 6 months. I do note though that Deputy Pamplin has a further question as well.

Deputy K.G. Pamplin:

I think the answer is somewhere in the mix here because back in March and April we all remember what we were doing at that time, turning round legislation and regulations in silly time, another word to describe it. We were looking at mental capacity, legal drafting and getting it on a Friday and then passing it on a Tuesday. I think if we could all go back, I know we are on different stages but this became a very key part of the public health management of this pandemic, which Dr. Muscat, as you said, Tom, in April started alluding to. But as we went through there seemed to be a debate playing out about the actual wearing of masks. Again, this is where we are struggling a little bit because we were turning round very complex legislation at the beginning of the pandemic, this was perhaps a crucial part of mitigation techniques, which was the strategy the Government went with; that is the point. We completely agree the law drafting, everybody has worked hard but why the urgency was not into this is a critical component of managing the pandemic, like we were turning round legislation in days back in April and other legislation; that is where we are coming from and that sense of urgency but we agree with the rest.

Director General, Strategic Policy, Planning and Performance:

No, that is helpful, Deputy. Just to re-emphasise, Dr. Muscat was strongly recommending face masks but not mandating them as late as 23rd October in the press. You will appreciate the preparatory work was not away before that in case it was needed and then the gap between 23rd October and then face masks becoming mandatory on 1st December is an incredibly short period of time. Again, my view is that the policy officers, the law draftsmen, the Law Officers' Department did yet another incredible job in turning around novel legislation in a very short period of time and the Assembly did a great job in bringing that forward as well. I think it was done very promptly as soon as it became clear that S.T.A.C. advice may move to being recommending that we have now reached the point that mandatory was going to be required. But they have not reached that point until quite late in the year.

Deputy K.G. Pamplin:

Very quickly on this, there is evidence obviously in minutes and discussions around the time there was pushback from certain people in industries that it should not be mandatory for various different reasons. Can you just confirm that, that there was a pushback, be it political or from members of the public or those representing people in the community who did not want to see it through and that was and also part of the concerns?

The Minister for Health and Social Services:

Yes, if I can address that, it is not so much the concerns. I think this is an issue with that wonderful great gift of hindsight we can see might have come forward earlier. But we now see mask-wearing as a critical component of our COVID response but, as the Deputy has just identified, that was not recognised throughout the summer and at the initial start of the pandemic. There was a great deal of controversy around the wearing of masks. It was not just from some industry sectors, it was with some States Members also, significant doubts existed. The evidence, at that time, it was not clear, at least in the western world. Jersey was not alone in grappling with this issue. More evidence emerged over the year and it became, over the months, increasingly obvious, to me at least, that we should introduce mask-wearing. But of course mask-wearing is not universally applied, it is only in certain venues and that is a feature of the law. We have done that in indoor public spaces, such as retail but we have not mandated it outdoors. Could we have known exactly where we should wear …

Deputy K.G. Pamplin:

I think we have lost you, Minister. I do not know if anybody else has lost sound as well.

The Minister for Health and Social Services:

Yes, I am sorry, what did you last hear?

Deputy K.G. Pamplin:
A good question.

Deputy M.R. Le Hegarat:
To be honest, I think that is fine, Minister. I think we probably can move on because I am conscious that we are sort of well into our time and we have still got quite a lot of areas to cover. How many H.C.S. staff have been affected by the pandemic in terms of illness or having to isolate? Were there emergency plans in place if this got more serious? How are all H.C.S. staff being treated for their continuing mental health support or the serious amount of lack of holiday or overtime that was taken?

The Minister for Health and Social Services:
Okay, may I ask Rob to start on that and perhaps other members of the team can add and contribute?

Group Managing Director, Health and Community Services:
Let me just switch my camera on. I can give you a snapshot of the kind of pressure that we were seeing. Around 14th December we were having around 70 to 80 COVID-related absences each day.

[10:45]

Of those absences we were finding about a third of the staff were positive with COVID. By the time we had got up to the Christmas week we were seeing that to be much higher, so we were then having around 128 staff who were absent on the 21st, 121 on the 22nd, 116 on the 23rd. It really took that Christmas week where we saw the peak of staff who were away from work, either through being positive or contact-traced requiring isolation. We started to see that decrease by 11th January, going down into the 40s and then into the 20s by 1st February. That is the kind of scale of impact of what we were seeing on a daily basis at peak time and then pre-peak time and post-peak time. In terms of well-being support, I think Rose, who sits on a Well-being Committee, could probably give a good view of what we are doing to support those staff.

Chief Nurse:
Thanks, Rob. Yes, just to say that in terms of managing staff at that time, particularly with the loss of staff through the COVID, either through directly affected or through direct contacts, we managed staff on a shift-by-shift basis and we were really supported by staff who were keen to go and support their colleagues in areas that needed it most. We did see staff redeployed to different areas of the

organisation. In relation to continuing our well-being support that we set up during the first wave of COVID, we continued that throughout, with some individual offers to staff who do need it and who want that individual face-to-face support. But also really do more around staff reflection, teams talking together, supporting each other, particularly through the line management response. We have been working very closely with our line managers to ensure that that support is there. We are continuing the well-being support, it is something that our staff had said that they would like to see more embedded in the organisation and that is a commitment that we have got through the Well-being Committee going forward. We are looking at a number of things that we can do differently in terms of offering to staff. In addition to that, we have increased our staff support from a psychology perspective and have had 2 new colleagues start in the service recently.

Deputy M.R. Le Hegarat:

Rob mentioned the sort of levels in December. Can I just ask in comparison to the first wave, if you like to call it that, when we first had cases in March, April, May, was there a significant difference then in the second wave in relation to H.C.S. staff?

Group Managing Director, Health and Community Services:

Yes, there was. We had a different testing regime in wave 2 to wave one; you had much more capability. In our key areas of pressure where we thought there was high risk, we were having daily testing and so that resulted in much more significant positivity and obviously the community prevalence was much higher as well. Yes, the numbers were much, much higher for our staff impact in wave 2 than they were in wave one.

Deputy M.R. Le Hegarat:

Perfect, thank you. Final question from me before we move on to Carina and mental health is: why has a road map not been produced to guide the next stages of the pandemic?

The Minister for Health and Social Services:

It has not been produced, you are right, Chair, but a road map or something of that sort is being planned. We are considering, as C.A.M.H.S. (Child and Adolescent Mental Health Service) Ministers, together with S.T.A.C. and the M.O.H. (medical officer of health), exactly how we might come out and reconnect sectors of society. Could I ask Patrick if he wishes to answer that?

Medical Director, Health and Community Services:

I would just say we have been talking about it for some time. I think of everything that we have discussed it has probably been the most difficult thing to describe. It is much easier to put measures in. It is much, much more difficult to relax them in an order that seems logical because there are so many competing things to consider and we have to consider what is happening on the Island and

then we need to really seriously consider the borders and the impact that might have. It gets back to what the Minister was saying about the balance of harm and weighing up what those balances of harm, it is incredibly difficult because everyone has a different perspective on that. But we have already done a lot of work on it, we are discussing it again at S.T.A.C. next week and then we will be going back to C.A.M.H.S. next week as well to try and put something in place to give everybody, ourselves included, greater clarity of what to expect in the coming months.

Deputy M.R. Le Hegarat:

Before I move on to Carina in relation to mental health, I note there is a message within the chat asking if attendees could keep their cameras on if possible and we will only be live when we are speaking. Because I note that we are not sort of getting many people on camera and it does assist obviously those who are watching these proceedings, so that is a note from one of our officers asking if people could keep their cameras on. Thank you and I will move on to Carina.

Deputy C.S. Alves:

Good morning, everybody. New figures have shown that there has been an 11 per cent rise in referrals to the Child and Adolescent Mental Health Service in 2020, compared to in 2019; what are the reasons for this increase please?

The Minister for Health and Social Services:

Yes, I was going to ask my Assistant Minister if he would wish to begin with …

Assistant Minister for Health and Social Services:

I might answer this … children at the …

Deputy C.S. Alves:

We are having trouble hearing you, Deputy Pointon, you keep cutting out.

The Minister for Health and Social Services:

I think if Trevor came closer to his mic perhaps.

Assistant Minister for Health and Social Services:

Just a moment, Chair. Is that better? Is that better? You will need to refresh the question again. You were talking about rise in the numbers of …

The Minister for Health and Social Services:

C.A.M.H.S.

Assistant Minister for Health and Social Services:

Yes. The numbers refer … the caseload in C.A.M.H.S. is reduced …

Deputy C.S. Alves:

Sorry, Deputy, your connection keeps cutting out and keeps freezing you, so I do not think it is a mic issue, I think it is your actual connection.

Assistant Minister for Health and Social Services:

I am afraid …

The Minister for Health and Social Services:

Trevor, I do apologise but we really cannot …

Assistant Minister for Health and Social Services:

We cannot get over it.

The Minister for Health and Social Services:

Yes, we really cannot hear you, so perhaps I can ask Rob to take the question.

Group Managing Director, Health and Community Services:

I can. I think we are seeing an emerging position within C.A.M.H.S. and I think we expect that we probably will have similarity to the U.K. (United Kingdom). One of the areas where we are definitely seeing an increase in activities around eating disorders in young people, we believe we have recently had 29 additional cases, now it is very high for us. There are other categories that we are monitoring, such as our attendances to E.D. (Emergency Department) and whether or not that increases. In 2020, for example, we had our highest number of children admitted to Robin Ward, which was around 50 young persons for C.A.M.H.S reasons and that was much, much higher than in 2019. In terms of bed days for 2020 we were just under 700, compared to around 250 in 2019. I think aside with the pandemic, we are seeing growth in the area of C.A.M.H.S. and I think that mirrors what we are probably going to see from an adult mental health perspective. I know that the teams are working thorough caseload management. There is benchmarking that is happening at the moment. We are looking at different approaches around things like home treatment within C.A.M.H.S. that could mirror some of the adult improvements that we have made but I would say it is a very emerging live position at the moment.

Deputy C.S. Alves:

My follow-up question was: how are these figures comparable for referrals in adult mental health?

Group Managing Director, Health and Community Services:

Sorry, Deputy, can I check, is the Assistant Minister back or do you want me to answer this one?

Deputy S.C. Alves:

I am happy for you to answer. I think we will risk it cutting out otherwise.

Group Managing Director, Health and Community Services:

No problem. Again, within Adult Services we are seeing some clear trends, so towards the latter half of 2020 we were seeing a higher number of admissions, not a huge increase but between 2 to 4 increases month on month in terms of the number of people who were admitted in an acute crisis into Orchard House. Looking at our 100,000 comparative population, we look to a figure below 20 and within 2020 we had a total of 9 months where we had exceeded that number, the highest being 29 in March and then 25 in August. The other areas where we are seeing pressure emerging is in our bed occupancy within Orchard House; that has increased in the first part of this year. That looked consistent with the impact of wave one. Jersey Talking Therapies are, inevitably, going to have a big increase added but, fortunately, the waiting lists are in a good position within that area, so the numbers are much, much lower than pre-pandemic levels, so that is positive. The Listening Lounge, if we look at November year-on-year comparatives, we were seeing 170 persons in November 2019, 488 in November 2020, 289 in January 2020 and 476 in January 2021. You can see there are indicators that are showing pressure within direct access services and statutory mental health services that we provide as well.

Deputy C.S. Alves:

Following on from that, what are the current waiting times in respect of accessing the adult mental health services at the moment?

Associate Manager and Director, Mental Health and Adult Social Care:

Chair, can I answer this? It is Isabel here. This is a good news story. Prior to the pandemic the Jersey Talking Therapies, we were sitting at 180 and because we have managed the caseloads quite proactively it is down to 96 now. We are in a better position, we are streamlining our work, focusing on the treatments within the community to prevent the admissions to Orchard House, for example. There is a lot of early interventive work going on.

Group Managing Director, Health and Community Services:

Yes, I would just add to that, across all of the indicators for Jersey Talking Therapies, all of the stages for therapy required we have seen a reduction and they are very significant. Even in the percentage of people who waited over 18 weeks in January 2020 it was 76.6 per cent, by January this year it is 26.1 per cent. Referrals have first assessment 621 persons a year ago, this year in

January just 76. All of the indicators we look at for that service are positive and that is because we have invested in it, we have provided additional resource through COVID and through the Government Plan and the recommendations from Scrutiny. But that volume, fortunately, is in a good place but we do anticipate it will get pressure as a result of wave 2.

Deputy C.S. Alves:

You mentioned in your answer about the Listening Lounge, which was set up as a trial period and I can imagine it has probably had quite significant pressure now put on to it. Are there any plans to make that permanent or provide other support service similar to that?

Group Managing Director, Health and Community Services:

Yes, we are working really closely with the Listening Lounge. We have extended the contract as it is at the moment. The contract award has definitely been interrupted by the pandemic but we are seeing good results from that service. We anticipate that we will have a substantive contract in place with a provider. We are working with them about whether or not we could look at a second outlet because we think that probably in terms of the volume coming through the existing Listening Lounge it is very high.

[11:00]

We need to look at other areas of the Island as well and we are working with them in that area. The other thing we have done of course is to align J.T.T. (Jersey Talking Therapies) to work with the Listening Lounge so that they are working much closer together but we anticipate that service is here to stay. But the contract award substantive is definitely interrupted, purely because of the pandemic.

Deputy C.S. Alves:

You also mentioned Orchard House there, so are you able to provide us an update on the relocation of Orchard House to Clinique Pinel, please?

Group Managing Director, Health and Community Services:

I can. At the moment so, again, we had disruption in wave one to the Orchard House timeline, less disruption in wave 2; we were still able to continue with some of the works required. At the moment our trajectory for delivery for full completion of the programme is by quarter one in 2022. We are on track for the full transfer of the services by then. We are hoping that is at the beginning part of quarter one, so January to February, but we are working with our construction partners around that and trying to recover the lost time.

Deputy C.S. Alves:

Has any further progress been made in respect of the improvement plan, for example, when did the Mental Health Improvement Board last meet?

Group Managing Director, Health and Community Services:

Yes, we have undertaken a review. Anuschka and team have been looking at all of the recommendations in the mental health improvement plans. They have looked at the 62 schemes, 33 of those recommendations of course came from Scrutiny and we had 46 objectives set through operational business plans within H.C.S. as well. They have identified all of the individual items that are in progress and that are completed and for 2021 we have now put those into different tranches for focus. We can share with the panel our progress on the mental health improvement plan. The one thing I would say is that in looking at some of our ambition for tranche one, which will be completion of things like the crisis response service, which is now going quite well, complex trauma pathway will be in place, triangular care. There are some things which were in tranche 2 ambition that we looked at, such as suicide prevention, that we believe in the context of the pandemic, probably it needs to come into tranche one because we anticipate that we could have pressure in this area and we need to develop our strategy there. We are working with the team and Anuschka on that at the moment and we can share the output of that with the panel; we have got quite a detailed analysis.

Deputy C.S. Alves:

Are you able to tell us, when was the last time that the Mental Health Improvement Board met?

Group Managing Director, Health and Community Services:

Yes, I can. The board is not meeting in the previous concept. The board has merged with the mental health cluster, so they still meet on a monthly basis. They have throughout wave 2 and the partners have still been coming together. It has not been possible to hold the board in its previous arrangement. We felt the cluster was the best approach, mainly because the cluster has the ability to focus on the here and now; what can we do to work differently now and what are the operational pressures? That was the preferred mechanism for all of our stakeholders in terms of the purpose of the board right now. We are discussing with the Assistant Minister the new speaker of the board and what that needs to look like and some of our emerging thought is that there are 3 clear key areas we need to look at; completion of the improvement plan that was set for adult services, development of a C.A.M.H.S. plan, improvement plan and also a dementia strategy to be delivered. Those 3 strands we anticipate to be going through that board.

Deputy C.S. Alves:

You mentioned that you were happy to share the progress of the improvement plan with the Scrutiny Panel, can I ask, will you be reporting publicly on the progress as well?

Group Managing Director, Health and Community Services:
I will ask Anuschka to respond to that, who has got oversight of the plan.

Deputy C.S. Alves:
Sure, no problem, thank you.

Director, Improvement and Innovation, Health and Community Services:
In terms of the core team, it is important that we provide progress on key areas of the Government Plan and the Government Plan did include the mental health improvement plan, so as part of that we will report on that publicly. The detail of each project will be reported internally but we are happy to share as part of our overall portfolio of change, we are looking at progress against each of the improvement programmes and projects across Health and Community Services.

Deputy C.S. Alves:
My final question is for the Minister. Can you advise if and when you intend to formally delegate the responsibility of mental health to one of your Assistant Ministers, please, as it is our understanding that there has not been a ministerial order signed yet?

The Minister for Health and Social Services:
That is correct, no order as yet but the delegation will be to Deputy Pointon and I am very pleased to do that. At the moment Deputy Pointon is meeting with key personnel in the area of mental health and as soon as he feels he is in a position that he has met everyone that he needs to meet to understand his remit, then I am very happy to make that delegation. Meanwhile all the necessary work is going on and officers are working to plan and clearly pressures, as a result of the pandemic and other issues. But we are responding well, I believe, and the service is better resourced, increased staffing levels and I am very pleased to see the progress that is being made. Thank you, Carina.

Deputy C.S. Alves:
My final question is: do you plan to delegate any other responsibilities to your Assistant Ministers?

The Minister for Health and Social Services:
Yes. Deputy Pointon will be chairing the Quality and Risk Committee, which is a very key committee in our government structure. I do not think that requires a formal delegation in the same way as the mental health powers but it is a very important task that I will be asking him to undertake.

Deputy C.S. Alves:

I am going to hand over to Deputy Pamplin, who will be asking some questions on the Jersey Care Model.

Deputy K.G. Pamplin:

I will indeed but it is no surprise for anybody picking up some of those answers to mental health. The stress of C.A.M.H.S., Rob, and the numbers that you mentioned coming to E.D., I have met with some of the families. You are right on the aspects that you are honing in on. There is concern there, is there not, because of the lack of a place of safety and the space available in Robin Ward to sort of scenarios that staff are facing? What is going to be done with that long term? What is the update thinking? Because remember we also pushed for a place of safety, which I know is part of the plans from Clinique Pinel from an adult perspective but as these increases go on for complications where young people - and we are talking teenagers and some younger - are in periods of critical distress, putting great strains on the staff in the area when the resource is not there, what is your view on that and what can you update us on that?

Group Managing Director, Health and Community Services:

Yes. You will be aware that in 2020 we have had a number of these situations whereby we have people who have become 18 or 19 who have been on C.A.M.H.S.'s caseload and, inevitably, we are seeing pressure within the inpatient environment for that. Our plans for the here and now is to continue to make sure that we wrap around the community support where needed to prevent admission and support discharge for these individuals, so caseload management is really key. Where we do require inpatient support, we will continue to make sure that Robin is able to give shared care, both physical and mental health support. We are looking at the Clinique Pinel estate plan because our experience in 2020, particularly the last quarter and you will be aware that we have had young persons within the inpatient facility, we anticipate that that could be a continued risk and we are looking at how that estate plan can ensure that it has what we might be developing as a pod concept, which is something that we are also embedding within the new future hospital concept. We are seeing if we can try and do that within the new scheme and that work is ongoing now.

Deputy K.G. Pamplin:

Because the first wave of the pandemic Greenfields was seconded and there is a time when that was being used but then it quickly stopped. I am wondering now because I think it was only a couple of cases that that was used for but, as you highlighted, the increase over Christmas and January, which has always been a hot spot anyway, is there not a temporary measure to review Greenfields and using that facility if possible? Did it not work? It seemed like a good idea at the time in the first wave but not in the second.

Group Managing Director, Health and Community Services:

Yes, I mean we are working with our colleagues in C.Y.P.E.S. (Children, Young People, Education and Skills) in this area. I think we saw some good results from that initiative but we saw some pressures from it as well. In all honesty, the biggest pressure around sustaining that service is around staffing and resources, which is why we are looking at the solution together and that is why we have to look at both adults and adolescents and what we can do with our inpatient environment. It became very difficult for our C.A.M.H.S. resources to support inpatient services and community caseload and of course we want them focused on that community caseload particularly. It is a difficult situation. We do, of course, still have off-Island pathways, which we must also and we do use but we are working with C.Y.P.E.S. colleagues around all of those options. The other thing that we are looking at is the potential for something that is in between in terms of step up or step down but we need to talk to the whole sector around that potential, which we think could also help with some of the pressures that we are seeing.

Deputy K.G. Pamplin:

It is a question about making sure that additional resource is needed, especially after the impact of the pandemic.

Group Managing Director, Health and Community Services:

Yes.

Deputy K.G. Pamplin:

All right, okay, I will move on. Let us do a whistle-stop tour of the Jersey Care Model, shall we, for old times' sake? I see Anuschka is there. What can you update us? What has happened? We are just about to hit March, into the third month of the year, what has happened so far?

Director, Improvement and Innovation, Health and Community Services:

Minister, are you happy for me to answer that?

The Minister for Health and Social Services:

Yes, please, Anuschka.

Director, Improvement and Innovation, Health and Community Services:

Happy to give you a bit of a whizzer through there on the developments that happened. I will categorise it a little bit because there are a number of work streams we have progressed. The first one, as already mentioned today, was the review on the development of the J.C.M. (Jersey Care Model) governance, taking into account Scrutiny recommendations on wider stakeholder

engagement, which is really useful. We had a number of stakeholder engagement sessions, also online, so it was really useful to have that being done virtually with a wider ability of invitations. We reviewed previous governance proposals that have been done over the past years. Eventually, from that input, we have drafted a governance and had a legal review of that to ensure it fits into our existing governance and the existing H.C.S. governance but also into the existing accountable officers, finance law and so on. This has now been concluded. The next steps for that governance here are to go through the H.C.S. governance approval route and by the beginning of March we expect the full governance and terms of reference to be signed off at the Health and Community Services Board meeting. As part of that we also progressed defining the recruitment process for the independent board, which was proposed by the Scrutiny Panel and it was part of the amendment, which was accepted and also the chair of the Partnership Board. What we have made the progress then on was, how do we recruit to the independent board but also the chair for the partnership group? In discussions also with yourself, we have approached the Jersey Appointments Commission and they were happy for this recruitment to be supported. We have already outlined with them what the process would be. We just need to get the overall governance approved and the terms of reference for the Jersey Appointments Commission to take forward the recruitment on that. On the programme management team, as you may remember, in the Jersey Care Model there is specific funding made available to establish a programme team which is wider than just project managers, as you may remember.

[11:15]

It is also about communications, engagement support, having the right resources on quality improvement and a number of other areas. What we did was we reviewed the existing resources in H.C.S. but also across other departments, including the policy team, to assess what do we have available and where are the gaps? As part of that, we were quite clear that the scope of the change in improvement resources need to facilitate the redesign of the pathways and services, as per the J.C.M. What we then did was on the face of that developed a function and new operating model, more or less, for the old modernisation team to facilitate that. That new improvement in innovation operating model is now in place since 15th February and it has a dedicated portfolio of change management office function, obviously the whole of the portfolio of change for H.C.S., including of course the J.C.M. But that was a very, very important part not to look at the existing change and the J.C.M. change separately, really looking at that holistically because one really informs the other. The function now also includes a dedicated team for quality improvement, strategic planning and reporting, commissioning and have business intelligence. While the teams are established on paper, which is really important, the functions are agreed, we have now identified the number of roles that need to be recruited to. We have created the job descriptions, got them signed off and now in the process of creating the posts in the system and the next steps are to recruit to these

additional posts. Just with a forward look estimating the time for advertising into the arranged shortlisting and people may have a 3-month notice period, we are looking at a start date of August realistically for people to take up these posts. However, the team has been established and existing staff have been matched into a variety of these roles and have already started in these roles. One aspect which you may have seen, I will give you an update on that in a moment, is the quality improvement function is focusing very much on mental health and you have just heard the update on that, so that has made already massive progress, which is really, really good to see. Business plans, a changed portfolio for each care group, a very important part of having a good view of what the J.C.M. delivery plan will look like in the future. It means we need to really understand what are we providing and planning for this year in the existing care groups in the department? We have established - it has started and it is nearly there - business plans under changed portfolio for each care group and also how they align back to the J.C.M. objectives and benefits. What it resulted in is basically we have a whole portfolio of change, which has come from existing change improvement activities, plus the objectives and benefits of the J.C.M. What we now can look at is the whole portfolio, either from a view by a care group and the different benefits, activities from the J.C.M. within the care groups or by J.C.M. looking at the J.C.M. benefits and where each care group contributes to. What we are now in the process of doing is to establish the clear delivery plan against the benefits of the J.C.M. is what are the gaps. Where do we not have improvement activities happening already? Where do we need to establish a new programme? This is mainly related around really complex new pathways, which then need to have their own project wrapped around it. This is a very, very important piece of work. I am really pleased that with a small team they have managed to bring all that information together. It has made a massive difference to the care groups as well because they will now be able to see their plans, their forward look and their changed portfolio across each other as well. The business plans will be finalised by the end of February and then there will be a sharing exercise between care groups in March and April to encourage that cross-working. The J.C.M. delivery plans, so just following on from that … just on the business plans, I think another really important part relating back into the governance, because I know you are keen on understanding that as well, is the business plans are really important. They will feed their update on how we are doing against objectives, performance measures, finance work laws working. We have reviewed our monthly care group performance reviews which are part of their role in H.C.S. governance and the outputs of these will be set into the Finance and Operation of Performance Committee, which eventually goes into the Health and Community Services Board, which is a public board, so that information is transparent. J.C.M. delivery plan, the completed review of the existing change, as I have said, this has been completed. We have created that portfolio of change that is now managed by the new portfolio change management office. We have nearly finished the governance around it, so, as you can imagine now, it is about thinking ahead around, okay, it is a big portfolio of change, how do we manage to keep up to date, the reporting? Which group will report when? As part of that input from the operational funds monitoring system, that project

management system, we have established a hierarchy and a system of how to embed all of this whole portfolio of change in to perform. You have a portfolio of a programme and you have a project and within each you have the different levels of governance and owners and stakeholders and so on. That is in principle there, so by the end of March for each project and programme there will be an update and perform, so we have then the ability easily to report on all of the projects and where they are. The central team and my team will really keep the overview and will keep people on their feet to deliver against their objectives and the project but also provide support, project management support to the various teams. As part of that is a massive piece also to create standard templates for what a project description should look like, what the reporting should look like, so that is being worked on at the moment as well. It is a lot of the basics that need to be in place in order to provide future reporting and oversight and being able to manage and drive the whole portfolio of change. The …

Deputy K.G. Pamplin:
Sorry, to give you a break …

Director, Improvement and Innovation, Health and Community Services:
That is all right, I am happy to go on.

Deputy K.G. Pamplin:
Really detailed as well, we thank you, we are just pushed for time but I think that gave us a good overview and the public as well. The key question then and you have alluded to yourself, it is a huge project and, as you have alluded to yourself, it is a small team. Realistically though, given the pressure and the expectation and the amount going on, is it a reality that all of this can be completed by the end of this year?

Director, Improvement and Innovation, Health and Community Services:
As I have just said, on the standards I am pretty confident we can deliver quite a lot. The key big piece, which we will see how we get on this year, is once we have got this gap analysis, which we will have by the end of March latest, is developing the pathways in developing that with the stakeholders. At the same time, of course, we need to get the Partnership Board, the group running and a number of advisory groups, so that is probably the key areas here are of developing new pathways. We need to be realistic of where do we prioritise? I think that is a really important part. But with this like it will be easier to see and to make the decision within the department but also with stakeholders to say: “Look, this is a really important halfway change, we need to discuss how we manage to bring activity out of the hospital into the community and we will focus on a specific project.” That is the key thing which really needs to happen to be realistic of what can be delivered this year and will inform really the delivery plan for next year. But so far it is on track, which is quite

amazing, to be honest. But you are right, we need to keep an eye on this recruitment, they need to learn what the J.C.M. is, if they have not been involved in that. It is being absolutely clear of what does the problem of work look like. What is realistic? What resources are needed and what can we deliver? I think that is the important part and also for yourselves to see why we progress on some areas and on some areas not.

Deputy K.G. Pamplin:

Okay, great. Again, excellent, thank you. Some quick answers here, quick-fire questions. When is it due to be undertaken of a full review of the health funding in respect of all of this, as referred in the Minister's letter to us on 8th February? Have you got a date in mind for that, when will that be undertaken?

The Minister for Health and Social Services:

Health funding?

Director, Improvement and Innovation, Health and Community Services:

Is that the sustainable funding model?

Deputy K.G. Pamplin:

Yes, and the implementation of it, yes.

Director, Improvement and Innovation, Health and Community Services:

Yes, so as committed in the proposition, a review of the sustainable funding model basically has already started to ensure there is a sustainable funding model in place for the future and the proposed option this year for the Government Plan. What we are currently doing is reviewing the different costs but also the impact of it and to inform Ministers, working very closely together with the Strategic Policy Department to develop options for Ministers to consider to how this model could look like. This work is on track and as per the proposition it should be provided for the next Government Plan this year.

Deputy K.G. Pamplin:

Okay, we will watch with interest. Lastly, you mentioned it yourself, Anuschka, and, Minister, maybe you could answer this: where are we with the negotiations with primary care regarding all of this and the future working? Have you got a sight yet of when you are closer to complete the negotiations with them?

The Minister for Health and Social Services:

That is negotiations on funding, Deputy?

Deputy K.G. Pamplin:

With the whole primary care, the whole kit and caboodle of the future of the care model. You are in negotiations with the G.P.s (general practitioners) about working forwards, are they still ongoing?

The Minister for Health and Social Services:

Yes, G.P.s are engaged with the department on a regular basis and specifically they are working with Anuschka to plan the Jersey Care Model and its delivery. Can I ask Anuschka to give you the detail on precisely how that works?

Deputy K.G. Pamplin:

Yes, just before you do because we are pushed for time, sorry, we can always do this in more detail but, Minister, are you confident that the G.P.s are fully engaged and fully on board, committed to the care model?

The Minister for Health and Social Services:

Yes, I mean this care model has been approved by the Assembly. Clearly, there needs to be change in whatever health economy there is in the western world and this is charting the way forward. I am confident that G.P.s see the need to change and want to engage and be part of that change.

Deputy K.G. Pamplin:

I am aware that has taken a lot of time but Anuschka was excellent as always, thank you so much for your input. I will hand over to chair now, who is going to pick up on the Government Plan, some questioning there, so, Mary.

Deputy M.R. Le Hegarat:

One of the recommendations from our review of the Government Plan 2021 to 2024 was to provide the panel with the outcome of the feasibility work for the replacement of the Aviemore facility. This was due in January of this year, has this been completed and are you able to share this with the panel?

The Minister for Health and Social Services:

May I ask the director general to address that question, please?

Director General for Health and Community Services:

We have got a lot of work going on around the reprovision of the Aviemore facility. But in order to be able to assist with the provision of that service the feasibility has been agreed and signed off and a meeting has been put in place with the design team to progress options around the design

elements. The challenge that we have is finding a facility on-Island whereby we can provision that service. Rose, I do not know if you wanted to add more to that around the conversations you have been having.

Chief Nurse:
Yes, it is just to say that we are working at pace to source all the provision for current residents of that facility at the moment. We have got quite a tight timeline in relation to that and we are meeting on a very regular basis. I do not think there is anything more to add, Caroline, on that.

[11:30]

Deputy M.R. Le Hegarat:
Have we got a timescale now? When do you think it is likely to be completed?

Chief Nurse:
The timescale for the reprovision is we are looking at June for completion for reprovision with a view that it will be available from July.

Deputy M.R. Le Hegarat:
Can I ask those people that have been contributing, if you are not speaking now can we now turn off our cameras? It is always a bit of a juggle game when we are using modern technology but now we feel that we need to turn them off again. Only have them on while speaking, thank you. The next question is: in one of the recommendations the Minister should provide the panel with monthly updates on the planned spend on the Nightingale hospital due end of January; are you able to advise us of the spend on the facility in January and February of this year, please?

Head of Finance:
Minister, it is Michelle Roche, head of Finance, would you like me to update on that?

The Minister for Health and Social Services:
Yes, please, Michelle.

Head of Finance:
Yes, apologies, I have got a technical issue on my camera, it just is not working. We are collating the information, we do not report in month one of the financial year, so that information will be available at the end of February this month.

Deputy M.R. Le Hegarat:

Okay. When do you plan to dismantle the facility?

Director General for Health and Community Services:
Minister, would you like me to answer that? Thank you, Michelle, technical issues today. We have done an assessment of where we currently are with the Nightingale and the need going forward. We have identified that we think we will need to extend the provision of the Nightingale for an additional quarter. The Nightingale was currently planned until the end of March and we have sought permission to extend that for quarter 2.

Deputy M.R. Le Hegarat:
Can I ask why we think that there has been a need for the extension, based on the fact that it has not been utilised at this stage?

Director General for Health and Community Services:
I think that in conversations with clinical colleagues we have determined that, although the vaccine offers much promise for us to move forward, we still do not have enough evidence around the efficacy of the vaccine, around the impact upon illness. While the vaccine does suggest that you can still transmit the disease and the disease will not be as virulent in its presentation, we still do not have enough evidence to be clear about that and to be absolutely confident that we would not require additional capacity. If I can just ask Patrick to comment further on that.

Medical Director, Health and Community Services:
Yes, I think there are 2 things to bear in mind, is that we will not have opened our borders by that stage, so that is one of our big risks, and the other is the new variance, which continued to emerge across the world and as travel increases there is a great deal of uncertainty with that.

Deputy M.R. Le Hegarat:
Okay, just before I move on I note that Deputy Alves would like to ask a question.

Deputy C.S. Alves:
Just a quick one. How much will that extension cost then please?

Director General for Health and Community Services:
Michelle, do you have the exact information around that?

Head of Finance:
I do not. We are looking at modelling through the activity and once we have that we will be able to present something to the Minister.

Director General for Health and Community Services:

We can share that with you when we have that information. I think we are clear that we have more information around the disease before we make any decision that could impact upon our business continuity going forward. We think another 3 months will enable us to have more detail in order to be able to influence our decision for the future.

Deputy M.R. Le Hegarat:

Finally, in relation to my section: a substantial amount of money, £6.8 million, was requested and approved in the last Government Plan for H.C.S.'s digital strategy project. What work has been undertaken on the health digital strategy since the G.P. was approved?

The Minister for Health and Social Services:

This is a very exciting area of work and we are already seeing digital innovations in health. I feel this has really taken off with this Government Plan; we are at last beginning to achieve what is needed. But can I ask Anuschka to address the detail, please?

Director, Improvement and Innovation, Health and Community Services:

On the digital health strategy you have received a detailed breakdown of the deliverables for that budget. What we have been really working on over the last weeks and months is the new E.P.R. (Electronic Patient Record) project, which is a really, really important project and quite complex as well. That is a massive piece of work that will not just enable better and more efficient working and help clinicians at the forefront but also a key piece of work to enable the J.C.M. and the new hospital. This cannot be underestimated. It is in 3 procurement stages, so it is going through the first one and starting with the second one soon and involves a number of evaluations, clinical input and digital input as well. In addition to that, we had a number of news items being produced to make people aware of what the digital health team has been doing and helped Islanders to feel there is a better service. One was the summary care record and another one, which will come out I think tomorrow or in the next few days, is an app which will help Islanders with long-term conditions to manage these better on their own and get additional support and a better ability for clinicians to monitor that as well. A number of areas have really been progressed. At the same time we are working closely with the digital team to review that delivery plan, to ensure it is still up to date, the strategy is up to date and there is sufficient clinical input to guide the future development.

Deputy M.R. Le Hegarat:

Okay, thank you very much. I am now going to move to Deputy Alves in relation to antenatal appointments' COVID-19 restrictions and then followed by assisted reproduction.

Deputy C.S. Alves:

We have recently been advised by the N.S.P.C.C. (National Society for the Prevention of Cruelty to Children) that feedback they have received indicates that for many expectant parents not being able to attend antenatal appointments and scans with their partners or supporters is having a significant impact on their mental health and increases their anxieties. It is, therefore, great news and we welcome it, that this rule has been lifted as of yesterday. Can I ask: why are fathers or birthing partners only now allowed to attend scans with the mother?

Director General for Health and Community Services:

Deputy, the Minister has had to leave the room, so I am going to ask Rose to answer that question.

Chief Nurse:

I think it is probably just worthwhile putting it in context of the trajectory of the decision-making around antenatal partners and, firstly, just to say we absolutely recognise the impact that this has had and it was not a decision that the department took lightly in December to bring this rule in, as you refer to it. I think it is fair to say that on 14th December when the decision was reached to stop partners attending antenatal scans, that was in a context of a very, very high COVID transmission rate among our community and an increased number of cases that we were seeing in hospital, as well as the fact that we are an Island. We only have one unit and at that moment in time we only had one sonographer. The whole context of the risk assessment needs to be considered in a very early vaccination programme, high community transmission and physical issues within the department as well. I have to say the N.H.S. (National Health Service) produced some guidance on the same day that we stopped partners attending antenatal scans and that guidance has been really useful for us in terms of our full risk assessment. But, again, I have to stress that we have not got another maternity unit up the road should we get into difficulties. We have reviewed it again in January against the U.K. guidance and, unfortunately, in January we reached the same decision. We have changed it this time because it is in the context of the progression of our vaccination programme, the current context of reduced community transmission in cases in the Island and also reduced cases within hospital at this moment in time. We have also been fortunate enough to recruit somebody else in the department who has got full sonography skills as well, so that gives us a bit more sustainability moving forward. Yesterday, as you say, we were delighted to welcome partners back and visitors back into the organisation.

Deputy C.S. Alves:

Just over the period in which birthing partners were not allowed, was consideration given to allowing exemptions to the rule, for example, allowing someone to attend with mothers who have previously experienced miscarriages or stillbirths, for example?

Chief Nurse:

My understanding is that at the time any individual case was considered but, again, it still needed to be considered in the context of everything else that was happening in relation to COVID. I cannot answer on a specific level with regards to specific cases but we did have a mechanism in place that it was that the issues were escalated to the head of midwifery for individual consideration and discussion, along with our infection control guidance and procedures. Ultimately, safety was our main priority at that moment in time in reducing any risk of spread within the organisation.

Deputy C.S. Alves:

Was consideration given to the possibility of introducing further safeguards for the sonographer, which would allow partners to attend, for example, partners to wear full P.P.E. (personal protective equipment) to the appointment or take a test before?

Chief Nurse:

Yes. We considered all of that because that, of course, was in the guidance as well that came out from the N.H.S. All of the considerations were taken into account. People do wear P.P.E. when they come into the hospital environment and that is still the case. In relation to some of the other things like the P.C.R. (polymerase chain reaction) testing that you mention, the footfall through the department is significant. Again, at that time when it was considered, there are a number of variables that affected our risk assessment. Even if you were able to test everybody, you have still got all of the other constrictions and on top of that you are asking individuals to isolate and self-regulate before they come into the organisation. All of those factors were absolutely considered when we made the decision.

Deputy C.S. Alves:

I am going to move on to assisted reproduction. The Health Department has recently announced plans to offer women under 40 3 cycles of I.V.F. (in-vitro fertilisation) treatment. How is this due to be funded?

The Minister for Health and Social Services:

Yes, we are conducting a review of the Assisted Reproduction Units. I pay tribute to Neil MacLachlan, who has recently retired, who introduced the service to the Island and has nurtured it to what we have. But it has been thoroughly reviewed now, we have a good service provision in place with new staff, new expertise available. I do want to ensure that the unit is funded in a way that … I am very aware that people who need the specialist I.V.F. treatment have to pass a means test and some people, it appears, do not take up that treatment because they do not have the means to pay for it. Personally, I am very keen to ensure that as we move forward we reduce that threshold

and more people who might need that treatment can access it. But, Patrick, our medical director, has worked very closely on this and I will ask him to address the specifics of this.

Medical Director, Health and Community Services:
Yes, absolutely. I have been working very closely with the team on this. In terms of answering your specific question, how will we fund it: we already spend quite a significant amount of money on fertility services at the lower level and partly the high level.

[11:45]

It is just using that money differently. We think by providing a different type of service and the nurse-led service, which does not mean doctors are not involved, it means there is more involvement by nurse specialists, by looking at the money we spend on drugs, by looking at the way we spend money within laboratories, we can do that quite differently and that will basically pay for cycles of the I.V.F. treatment. As we have said in public, our aspiration would be to reach something like the Scottish model but that is quite a challenge; that is a longer-term plan really.

Deputy C.S. Alves:
Will this offer be open to any woman under 40 who is experiencing fertility challenges or will there be eligibility criteria?

Medical Director, Health and Community Services:
There will definitely be eligibility criteria. We are likely to follow the N.I.C.E. (National Institute for Health and Care Excellence) guidance on this, so under 40 but I think our aspiration will be to provide as much treatment as appropriate for people, whether they have got a good chance of success. But there is a lot of guidance around that and we will obviously take experts' views on that as well.

Deputy C.S. Alves:
A fertility expert recently suggested that Jersey should have its own I.V.F. unit and offer egg-freezing services to help couples and fire up health tourism. What are your views and thoughts on this please?

Medical Director, Health and Community Services:
I think that is a fantastic aspiration. I think in reviewing the service we would not exclude anything and it is definitely something that we would look at and see the viability. There are challenges with that in terms of staffing laboratory numbers. We may have to look and see about working with others to provide that service. But, no, I think it would be very exciting if we could do that and we will definitely look at it. Because we know from our service users it is something that people would like

to see. If it was possible to provide it in a safe way and an appropriate way, then, yes, we should definitely consider it.

Deputy C.S. Alves:

Can I just double-check that the Minister also agrees with that and whether he has any thoughts that you would like to add?

The Minister for Health and Social Services:

Yes, I do. I would like to hold that out as an aspiration but we have got to make sure that we get the service in the right place for Islanders first and then I think we can look beyond that to see what more we can offer without prejudicing the offering to Islanders.

Deputy C.S. Alves:

Has any consideration been given to this during discussions of the Future Hospital?

The Minister for Health and Social Services:

Yes, the A.R.U. (Assisted Reproduction Unit) is a fundamental part of the new hospital and that is planned to have its home there in the new hospital, and the team have been engaged with the design of it. I do not know if anyone else round the table wants to add to that.

Director General for Health and Community Services:

I think there are many options that we are looking at about how we can deliver fertility services that do not necessarily have to be situated within an acute facility but absolutely we have the space identified to do that. But I think, as the medical director has alluded to, we are very much using the opportunity to build upon the work that has been done by Neil and to look at providing a completely different model of care for Jersey. I think we can deliver that through a variety of delivery modes, so it is very exciting.

Deputy C.S. Alves:

I am going to pass back to Deputy Pamplin, who will be asking some questions around the path agreement between Jersey and Guernsey.

Deputy K.G. Pamplin:

Let us just refresh. So this collaboration work, and this was undertaken and signed back in pre-COVID days, if we can all remember those days, December 2019, which formalised the Islands' agreement to work together to deliver high quality healthcare and care services and share resources in all things and matters. Where is that now? With hindsight, I think you mentioned earlier, Minister,

has there been a big opportunity missed at its first hurdle to not join the Islands up to share resources in dealing with the pandemic, which has been stretching both islands' medical resources?

The Minister for Health and Social Services:

Undoubtedly the pandemic has had an effect on our joint working with Guernsey, just the necessity of the urgency and immediate needs. I do not think we were in a position because we were not in that advanced mature situation that we could together address a joint public health response to something that really came out of the blue for both Islands and the world within a matter of weeks. I think that that is the reality of it. But work with Guernsey still goes on where possible. We took some of their orthopaedic patients when we had capacity and helped them out in that way. We have worked with Guernsey in approaching our providers in the U.K. for tertiary services and had joint negotiations over the contracts there. They help us and we help them when it comes to investigations and staff are needed to carry those out, who can be seen to have a degree of independence. We joined with Guernsey in negotiating a new contract for the air ambulance; that was in the middle of the pandemic when the earlier provider folded and we had to put that in place very quickly. We do also have some Guernsey students who come across for educational purposes in our nurse education and the mental health nursing pathway has been of interest to them too. I think perhaps we might encourage more but they have an option to come to Jersey or to train in hospitals in the U.K. Work still goes on. I hope that answers your question, as far as I can. I am happy to try and help further.

Deputy K.G. Pamplin:

Yes, so just with regards to the care model, back in last June and, again, I know even last week seems like a long time ago in these new days, but we were advised that the department was scoping to ascertain which other services would benefit from closer working practices with Guernsey, which would, therefore, result in benefit for Islanders. Obviously we know the obvious with what has been happening but is there any update on that work? Obviously there is a new Minister for Health in Guernsey as well, so I am just wondering if there has been new impetus with the new Government in Guernsey.

The Minister for Health and Social Services:

I think we would want to pursue that this year and undertake meetings online and discuss what might be possible. Now that COVID, we trust, is something that is going to become more manageable, something that we are used to dealing with, we can get back to those sort of more business-as-usual issues. But I do not know if anyone round the table wants to add. No, okay.

Deputy K.G. Pamplin:

The obvious thing, and I do not want to go back down this road of comparing the 2 Islands, because I do not agree with that but there have been different approaches in terms of various public health and policy-dealing and there is a very prevalent medical officer of health on Guernsey and we did not have our resident one in place at the time and, thank goodness, we had Ivan who stepped up. But are there lessons going forward here, when you answered the question very early in this hearing, about looking back at the public health strategy? But it just seems that with the 2 Islands so close together with limited resources, that that could be part of their thinking for future dealings with pandemics. I know the Guernsey health structure is set up differently from an economic point of view - we know that - but if any insight of thinking has been gone into that at that stage. I see Tom has just appeared.

The Minister for Health and Social Services:

Yes, because I am going to ask Tom to respond. But I absolutely agree, Deputy, that there are always lessons that can be learned and I will be keen to work closely with Guernsey where it is mutually beneficial for both of us. But can I pass over to Tom because this is his area where he will be able to speak about developing a public health programme?

Director General, Strategic Policy, Planning and Performance:

Just to reassure the Deputy that there is a good stream of ongoing dialogue between the public services dealing with the public health crisis in Jersey and in Guernsey. I speak to counterparts over there on a regular basis and they will ring me sometimes late at night, sometimes early in the morning to exchange notes and to share experiences. Both Islands have challenges in different places and our Guernsey colleagues have been very good in offering help and support when they can and, likewise, we have offered help and support to Guernsey colleagues where they have had challenging phases or difficult decisions to make, so that has been ongoing throughout. I think that has been helped by having a number of joint structures, so the emergency planning structures have been joined for a while in the background, so when we did our initial response group back at the end of January we were able to do that on a Channel Islands' basis. Indeed, you mentioned the time Dr. Turnbull needed to be off for some planned sick leave in kind of February, March time but we had a very good arrangement with Dr. Brink over in Guernsey, who offered to continue to pool expertise. Dr. Muscat and Dr. Brink spoke on a regular basis and had weekly phone calls throughout that early period where they were discussing their understanding of the virology and the microbiology and the emerging science at that time. I think we have got quite robust arrangements in place that have meant we have been able to do mutual support and be supportive. There are a number of other structures that helped that, so having a shared independent safeguarding chair. Sarah Elliott working in both Jersey and Guernsey has meant that as we have gone through the response we have been able to more easily pull together and compare and contrast the approaches in each Island and learn from each other. I think it has probably been a good healthy interaction between mutually

supportive public services but that is perhaps just been a little bit out of sight in terms of the more visible kind of side of the pandemic response.

Deputy K.G. Pamplin:

I think that is the first time, I could be wrong, that confirmation that Dr. Brink and Dr. Muscat were talking and it could be one of those things overlooked, and I think that might bring a lot of reassurance out in the public. We are nearly out of time and I did have another question but I have to go back to the Nightingale decision because I have just looked at a document for a friend of mine who works at the N.H.S. that they are now closing down the Nightingale hospitals in the United Kingdom. The one in Manchester is going to close in March. The London one is being used for different reasons. I just want to go back to the decision-making, and I know you were highlighting the concerns that they are in, but the U.K., which, to be fair, has had its complications with variants, seem to be taking a different approach. Is there another thought process that the Nightingale has another role to play in supporting the current hospital with its problems and its maintenance issues while we wait for the Future Hospital? Is it going to have another role to play? Because I get where you are coming from against the risks that are still out there but looking around us there seems to be a different decision process by the N.H.S. Can you just add some clarity? That would be helpful, I think.

Director General for Health and Community Services:

Absolutely, Deputy. I can assure you there is no intent to use Nightingale for any other purpose than for resilience. We are not the U.K., we are an island and we are unable to transfer patients down the road to other facilities or access staff from other facilities. For us, the Nightingale is a part of our resilience planning so that we can ensure that if we are presented with significant acuity that we are not able to accommodate, then we have resilience in place in order to be able to deliver care to Islanders.

Deputy K.G. Pamplin:

Obviously at the time when it first came along there was a campaign to train people to become healthcare assistants, so a lot of them were students who have now left the Island. How are you keeping up to date with the staff that if you suddenly had to operate it? Where on earth would these people come from?

Director General for Health and Community Services:

It is an ongoing programme of training and recruitment and the chief nurse can speak far more eloquently than me, if you so desire, around that programme of work to ensure that we are maintaining our resilience around staffing. We will not say it will not be a challenge, it will.

[12:00]

It will be an additional area for us to service but we are confident that we will be able to do that.

Deputy K.G. Pamplin:

I know we have been asking for a while and it has been complicated for various reasons but the panel is urgently desperately wanting to come and visit the facility. I know both sides, we have been struggling but if that could be made high up on the agenda A.S.A.P. (as soon as possible), given the news today, I think we would really appreciate that, everybody. With that I will hand it back to the chair to conclude. Thanks, everybody.

Deputy M.R. Le Hegarat:

There is only sort of one very small question or areas of questioning that we were going to ask but I am conscious of time. What we will do is, is I will ask our Scrutiny Officer just to send you a quick letter just asking about this particular area so that we can close on time, due to the fact that everyone is exceptionally busy. I would just like to say thank you to all those that have contributed this morning. I think it has been a very positive public hearing and the public will have some answers to some of the questions. I think particularly with the J.C.M. and I thank Anuschka for those extensive answers because I think that is one area, certainly from my perspective, I get a lot of questions. No doubt over the next few weeks there will be more questions coming. I thank you all very much for your time and effort this morning and I wish you well and have a good day. Thank you very much.

The Minister for Health and Social Services:

Thank you, Chair, thank you for your questions.

Deputy K.G. Pamplin:

Thanks, all.

[12:01]