



Health and Social Security Scrutiny Panel

Government Plan Review

Witness: The Minister for Health and Social Services

Monday, 7th November 2022

Panel:

Deputy G.P. Southern of St. Helier Central (Chair)

Deputy P.M. Bailhache of St. Clement (Vice-Chair)

Deputy B. Ward of St. Clement

Deputy B. Porée of St. Helier South

Deputy A. Howell of St. John, St. Lawrence and Trinity

Witnesses:

Deputy K. Wilson of St. Clement, The Minister for Health and Social Services

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Health and Social Services (1)

Deputy R. Binet of Grouville and St. Martin, Assistant Minister for Health and Social Services

(2) Ms. C. Landon, Director General, Health and Community Services

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

Mr. P. Bradley, Director of Public Health

Ms. R. Naylor, Chief Nurse

Ms. C. Ryder M.B.E., Head of Community Mental Health Services

Ms. C. Thompson, Director of Clinical Services

Mr. J. Carter, Estates Manager, Health and Community Services

[10:34]

Deputy G.P. Southern of St. Helier Central (Chair):

It is our first Scrutiny hearing and, for some of you, it is your first Scrutiny hearing, so the rules need to be paid attention to. So I can draw people's attention, this hearing will be filmed and streamed live. The recording and transcript will be published afterwards on the States Assembly website. All electronic devices, including mobile phones, should be switched to silent; so please do so if you have not already. I would ask that any members of the public who join us today do not interfere in the proceedings and as soon as the hearing is closed please leave quietly. For the purpose of the recording of the transcript, I would be grateful if everyone who speaks could ensure that they state their name and role and find a microphone to speak into so that microphones can pick up the audio. If we can begin with the introductions. I will start with the panel and then we will move to the Minister. I am Geoff Southern, Deputy and chair of the Health and Social Security Scrutiny Panel.

Deputy P.M. Bailhache of St. Clement (Vice-Chair):

Philip Bailhache, deputy chair of the Scrutiny Panel.

Deputy B. Ward of St. Clement:

Deputy Barbara Ward, Deputy for St. Clement and part of the Scrutiny Panel.

Deputy B. Porée of St. Helier South:

Beatriz Porée, and I sit on this panel and I am a St. Helier South Deputy.

Deputy A. Howell of St. John, St. Lawrence and Trinity:

I am Andy Howell. I have been co-opted on to this panel.

The Minister for Health and Social Services:

Good morning, everyone. Karen Wilson, Minister for Health and Social Services and also Deputy in St. Clement.

Assistant Minister for Health and Social Services (1):

Deputy Malcolm Ferey, Assistant Minister for Health and Social Services.

Assistant Minister for Health and Social Services (2):

Deputy Rose Binet, Assistant Minister for Health and Social Services with special responsibility for mental health.

Director General, Health and Community Services:

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

Director of Improvement and Innovation, Health and Community Services:

Anuschka Muller, director of improvement and innovation for Health and Community Services.

Deputy G.P. Southern:

There are other officers sitting.

The Minister for Health and Social Services:

Would you like me to introduce those, Chair.

Deputy G.P. Southern:

Briefly, yes, if you would.

Director of Public Health:

Peter Bradley, director of Public Health.

Chief Nurse:

Rose Naylor, chief nurse, Health and Community Services.

Head of Community Mental Health Services:

Clare Ryder M.B.E., head of Community Mental Health Services.

Director of Clinical Services:

Claire Thompson, director of Clinical Services.

Estates Manager, Health and Community Services:

Jon Carter, estates manager, Health and Community Services.

Deputy G.P. Southern:

First time up I shall lead with the opening question which is, as is my wont, always a comfortable one to get you speaking rather than something that is immediately combative. Firstly, departmental budgets: the proposed head of expenditure for the Health and Community Services Department for 2023, if approved, this will increase to £247 million from £226 million in 2022. The department's income is also projected to increase. Are you satisfied with the H.C.S. (Health and Community Services) Department budget proposed in the plan 2023 - 2026 and do you consider this is sufficient to deliver key legislation and policy areas within your remit? If not, why not? Please tell us about any of the priorities that you feel are appropriate?

The Minister for Health and Social Services:

As ever, health services always welcome additional investment and we welcome the additional investment that has been proposed through this Government Plan. I think the work that we will do in terms of that additional investment will allow us to continue with our transformation programme and also address some of the issues that the services have struggled with for some time due to either limited funding, temporary funding or underfunding. I personally believe that there is a structural funding issue in relation to financing our healthcare system and, as you will know, there are plans within my Ministerial Plan to address the sustainable health funding model. I think what that allows us to do is to take a much broader view about the way in which the whole health and social care system is funded. But this is something that we will not have any detail yet because clearly it is part of the planning. But for this year we welcome the investment. I think we are going to struggle to meet some of the efficiencies that have been identified, and I will be talking to Ministers and the Treasury to try and address some of those particular pressures that are recurrent and have not been appropriately structurally funded over time. On that basis, I am happy with what we have got for this year but clearly there is more work to be done.

Deputy G.P. Southern:

I note that you do have some reservations around your ability to provide particular services. Can I mention that you have got an additional £17 million, which according to my rough and ready calculator is approximately a 7 per cent increase. That must have been satisfactory because not many people around the world were getting increases of that magnitude. Is that the case?

The Minister for Health and Social Services:

It is and, as I have said and just to reiterate, I am very pleased that we have had the support with that level of investment. It is our job now to make sure that we deliver value for money for the taxpayer on those particular investments. You are quite right in the sense that I think when you see what is happening elsewhere in other jurisdictions, that scale of investment is not reflected in other areas. For me, I think it is a welcome addition to quite a challenging financial situation, particularly given the other pressures that government is facing at this time.

Deputy G.P. Southern:

Straight into the mix. I call upon my assistant chairman.

Deputy P.M. Bailhache:

I have some questions about the Health Insurance Fund, which is a matter of some concern to the panel. Because they are historical they may be for the director general rather than for the Minister but let us see. This year's Government Plan proposes to transfer an additional £12.5 million from the Health Insurance Fund for the purposes of the Jersey Care Model and the associated digital schemes. Indeed, a total of £22 million for 2023 and 2024. Is this appropriate given that the

actuarial review of the H.I.F. (Health Insurance Fund) has not been undertaken since December 2017 and indeed is due at the end of this year?

The Minister for Health and Social Services:

As you know, Deputy, I paused the work on the Jersey Care Model for a number of reasons. One which predominantly was driven by the concerns raised by the public about the way in which the H.I.F. was being funded or the H.I.F. was funding service developments. The other was because I could not quite see how that money was delivering value for money at that time. It is also the case that because, as a new the Minister for Health and Social Services coming in and also the work that has been done in relation to the new hospital, that I wanted to take stock of what we were spending our money on right across the piece. So I think some of the assumptions that have been made about what will be drawn down will not probably be reflected in what the eventual position will be year end. I am about to conclude the review into the Jersey Care Model and that report will be available on 21st or 22nd November, at which point we will be able to give more detail and more clarity about how and in what way that money will be spent going forward. That will include an amendment that we will bring to the Assembly to repurpose that.

Deputy P.M. Bailhache:

We have to assume that the money is going to be drawn down, do we not?

The Minister for Health and Social Services:

This is a conversation I think that I need to have further conservations with the Treasury about, as to whether or not this is the right way to fund health improvement. But there was a decision taken by the Assembly to amend the use of the H.I.F., and it was an Assembly decision. I think that is the basis on which I understand we have moved forward.

Deputy P.M. Bailhache:

Will you take it from me, Minister, that the 2017 report, which I assume you have not read, has that the H.I.F. will be down to zero by 2034. I am sure you would agree therefore that with the withdrawal of further funds in 2021, 2022, 2023 it is very likely that the H.I.F. would be reduced to zero considerably before that period.

The Minister for Health and Social Services:

I accept that position, which is why I wanted to undertake a review and to understand what the position was going to be in relation to the drawdown. As it stands at the moment, there are still funds that have not been drawn down over the last couple of months.

[10:45]

It is unlikely that we are in a position today to be able to tell you whether or not all of those funds will be drawn down to achieve that zero position. For me, one of the things about the H.I.F. is the fact that there was a decision taken by the Assembly to use it for that purpose. I need to come back and talk to the Treasury and put a proposition to the Assembly about how we fund future transformation of healthcare services.

Deputy P.M. Bailhache:

When the money originally started to be withdrawn from the Health Insurance Fund it was, and I quote “for the purposes of funding primary care services” but then it changed substantially in 2021 and, as you rightly say, Minister, was for a different purpose related to the Jersey Care Model. We have had commitments given on a number of occasions by both the Minister for Social Security and the Minister for Health and Social Services to bring forward plans for sustainable health funding before any more funds were taken out of the Health Insurance Fund. But now we are in a position where you are proposing to withdraw money from the H.I.F. and we still do not have the sustainable health plan.

The Minister for Health and Social Services:

All I can say on this is that I think the detail, which clearly I will be speaking with Scrutiny on at a later date in terms of the review that is being done around the expenditure in relation to the Jersey Care Model, will be provided for in more detail. I think what I am working with are decisions that have been taken previously. Because some of those decisions I have questioned coming into office to try and understand how and in what way those funds have been used and whether they are being used for the purposes intended or is there an alternative way of funding the initiatives that were originally identified under that; this is all part of the review. It also coincides with the fact that we are in the middle of a decision that affects the way in which our future hospital is going to be provided. I think the 2 have to be aligned in order to make sense of what money is used for service development and innovation, whether that comes from the H.I.F., whether or not there is a separate pot of money that needs to be identified for transformation, and whether or not the H.I.F. itself is the pot of money that can bring about some of these transformations in services anyway. That is the basis on which I want to present some of the data to the Assembly going forward as part of an amendment.

Deputy P.M. Bailhache:

Would you agree that the Minister for Social Security said when the last Government Plan was proposed: “We will undertake a full review which will include taking proposals for the States Assembly ahead of the next Government Plan to determine an appropriate model for future health funding”?

The Minister for Health and Social Services:

Yes.

Deputy P.M. Bailhache:

That is what was said.

The Minister for Health and Social Services:

Yes.

Deputy P.M. Bailhache:

Why has that not happened?

The Minister for Health and Social Services:

With all due respect, I think in terms of 100 days in or so we are looking now, as 2 new Ministers, as to how we take that proposal forward. It is in our Ministerial Plans. We will be doing the work around it.

Deputy P.M. Bailhache:

With respect, Minister, that is not an answer to the question. Perhaps it is a question for the director general. Why has the plan not been brought forward?

Director General, Health and Community Services:

There has been ongoing work during the past few years which has been, by necessity, interrupted by the pandemic, to look at how we can sustainably fund healthcare going forward. Part of that work was the Jersey Care Model but the Jersey Care Model was devised in 2019 pre-pandemic. By necessity, the Minister for Health and Social Services has decided to review the Care Model because we are in a very different world both around recruitment, retention and about the services that we want to offer in Jersey and that we are able to offer. All of the work around the sustainable health funding has needed to be refreshed in view of the lessons learned from the pandemic. I am confident that, as the Minister says, the work will be ongoing and will come to fruition over the next tenure of the Minister for Health and Social Services.

Deputy P.M. Bailhache:

I may be slightly repeating myself but the previous Minister for Health and Social Services said at the time of the last debate at the end of 2020, this is the sustainable funding plan: "The commitment is to bring it forward in the 2022 Government Plan." That is what the proposition asks for. That is in the present Government Plan that commitment to do so.

Director General, Health and Community Services:

And the Minister has committed to do that.

Deputy P.M. Bailhache:

Why has it not happened?

Director General, Health and Community Services:

The Minister has committed to that piece of work and that piece of work is ongoing and is moving at pace.

Deputy P.M. Bailhache:

It is not going to happen until 2024.

Director General, Health and Community Services:

I think it is a complicated piece of work. We need to get it right. Officers need to have the time and the information available in order to be able to get to a solution that means that we can utilise money going forward to deliver robust and sustainable healthcare services.

Deputy P.M. Bailhache:

Why are you drawing money out of the H.I.F. before you have got to that stage?

Director General, Health and Community Services:

As the Minister has said, we are doing a review of the Jersey Care Model. We withdrew £7.4 million out this year against a predicted £17.9. We do not envisage that we will be continuing to withdraw money until the Minister has concluded her review of the Jersey Care Model.

Deputy P.M. Bailhache:

Would it not be better to abandon the proposal to withdraw money from H.I.F.?

Director General, Health and Community Services:

That is a decision that needs to be taken by the Assembly because the decision to allocate funding to the Jersey Care Model from the H.I.F. was made by the Assembly.

Deputy P.M. Bailhache:

I mean it is a serious breach of a Ministerial undertaking, is it not? The Minister for Social Security said: "I understand the Deputy's concerns. I do not share them because we will not be taking any more money out until we find that sustainable model." That was the undertaking given to the

Assembly in 2020 and here we all are coming back in 2022 with a proposal to withdraw large sums of money.

Deputy G.P. Southern:

Could I ask the Minister to answer this because it is a quite serious issue? You are proposing that we can carry on as we are, taking money out of the H.I.F. with no alternative on the board and precious little time for us or anybody else to examine what the alternative might be.

The Minister for Health and Social Services:

The commitments that were made by the Assembly are the commitments that carried forward until I was appointed in June and when I decided to suspend the model in the summer. You will recall that because the agreement was made by the Assembly to fund aspects of the Jersey Care Model, that happened before I was in post and have continued, for those elements of work that have brought patient benefit. One of the things that is quite important to state here is that when you start work that affects the clinical design or the clinical service and the impact that has on patients, the money has to continue to deliver that service element to the patient. It has to. There are concerns about the way in which the Jersey Care Model has been funded, and I do want to refute this to the panel because I think it is important. There is a lot of confusion about what the H.I.F. should be about. There are decisions that have been taken by the Assembly about what the H.I.F. can do and cannot do. The purpose of me undertaking this review was to provide some clarity and some openness and transparency about the position that we are in. That review will detail the position. I have said no more funding for new projects under the Jersey Care Model as part of the H.I.F., but for the ones that were already in train the funding for that has continued.

Deputy P.M. Bailhache:

Following that up, Minister, you said in your recent letter to us that £3.3 million had been spent on the J.C.M. (Jersey Care Model) and digital projects between January and September. Given that the Jersey Care Model has been paused, in accordance with your direction since July, what has the £4.1 million been spent on since then?

The Minister for Health and Social Services:

If I can refer to Anuschka because she will have the detail around this. If you can identify that.

Director of Improvement and Innovation, Health and Community Services:

In terms of the digital projects, there are 2 capital projects. One is the J.C.M. capital I.T. (information technology) projects and this includes the health demographic service, the Jersey Care Record, referred services, telecare and teleguidance.

Deputy P.M. Bailhache:

I am sorry, could I ask you to speak up a little bit?

Director of Improvement and Innovation, Health and Community Services:

Sorry, of course. So the Jersey Care Model, the I.T. project for that includes the health demographic service, the Jersey Care Record, the referred services, telecare and teleguidance. In addition to that there is a larger digital programme which is called the health digital programme; also a capital programme. There are a number of workstreams, including the new E.P.R. (electronic patient records), which is well underway, the P.A.C.S. (picture archiving and communication systems) replacement, vendor-neutral archive, fit order comms, e.P.M.A. (electronic prescribing and medicines administration), which is the pharmacy electronic prescribing system, specific e.P.M.A. for the G.U.M. (genitourinary medicine) Clinic. G.P. (general practitioner) order comms, authority analyser, Pulse hardware replacement and teleradiology. So a lot of quite technical projects. If you would like to have more detail on what these are, we are more than happy to provide these.

Deputy P.M. Bailhache:

I mean a lot of that is in-hospital stuff, is it not?

Director of Improvement and Innovation, Health and Community Services:

No, not all of it. A lot of is also in the community. For example, the electronic prescribing system, e.P.M.A. is in the hospital but also in the community. For example, in mental health and community services where prescriptions are happening there it will be rolled out as well. We are looking at next year also into that is the plan for the digital path. There is an in-hospital electronic patient record, which is important to have the current system tracker being replaced. Next year, once that is done, there is the start of a project to do that also within the community across primary care.

Deputy P.M. Bailhache:

So you would say that all of it has been spent in relation to digital care strategy plans?

Director of Improvement and Innovation, Health and Community Services:

In terms of what was allocated there has been already some forecasting being made, which made it into the Government Plan. So some of the funding that was anticipated for this year has been deferred into next year. So they do quite rigorous planning, which systems will be ready, and what the cost and the spend is.

Deputy P.M. Bailhache:

How much is being spent on staff costs?

Director of Improvement and Innovation, Health and Community Services:

I would have to look that up to provide that.

Deputy P.M. Bailhache:

I think we would be interested to know the answer to that.

Director of Improvement and Innovation, Health and Community Services:

Yes, I can provide that information.

The Minister for Health and Social Services:

If I could just say, when some of these systems are being designed and implemented the importance of the purpose is that they develop an interface between primary and secondary care, so you have to build up the capability within each for the systems to talk to one another so that, as Anuschka has talked about, that you get the ability for a G.P. to write an electronic prescription or you can get a referral between a consultant and a G.P. or you can exchange the diagnostics between them; for example, blood results and whatever. It is important to be able to develop the systems capability both in primary care and in secondary care to be able to deliver that outcome for patients. This is why there is a difficult judgment to be made about things that need to be stopped because they will have consequences to other parts of the developments that are not funded under the H.I.F., which is some of the assessment that we need to make when we are deciding what it is we are going to go forward with and what it is we are needing to continue.

[11:00]

Deputy P.M. Bailhache:

Would you say that any of the funding from the Health Insurance Fund for the purposes of the Jersey Care Model has been used to support the statement: "Money will follow the patient"?

The Minister for Health and Social Services:

On an initial assessment I think some of it has. But as I have said, in terms of the review, one of the things that I have specified as part of that review is for the review to provide content as to how that has benefited patient outcomes and money is aligned to patient outcomes. It is really important.

Deputy P.M. Bailhache:

Is it not fair to say that some of the money coming from the Health Insurance Fund has been used to support the general funding of the hospital?

The Minister for Health and Social Services:

You would need to tell me in particular which areas that you think that might have happened. But one of the things, as I have said, is that the detail of what we have spent and where and how that has been aligned to the development of community services, primary care services, will be reflected in the review.

Deputy P.M. Bailhache:

I appreciate this is perhaps more a matter for the Minister for Social Security than for you but I think it does concern the Minister for Health and Social Services as well. £44.4 million has been taken from the Health Insurance Fund since 2011 and that is without taking into account what is now proposed to be withdrawn. During that period of time from 2011 there has been no change in the medical benefit paid to the people of Jersey seeking primary care services from their G.P. Is that something that concerns you?

The Minister for Health and Social Services:

It is an issue that is of concern to a lot of people.

Deputy P.M. Bailhache:

No, is it of concern to you?

The Minister for Health and Social Services:

I am concerned that there are people who are not able to access primary care because of the cost of primary care but that is a discussion that I am having currently with the Minister for Social Security because I am not in a position to determine the way in which those benefit systems are operating. What I have said is that as part of my Ministerial Plan I am concerned to deliver a sustainable health funding model and address the issues around primary care funding going forward.

Deputy P.M. Bailhache:

Has there been any agreement between your predecessors or the Health Department and the Ministry for Social Security that medical benefit will not be increased in order to fund the Jersey Care Model?

The Minister for Health and Social Services:

I do think that is the case. I think what has happened is that there has been no increase in the remuneration to G.P.s, and that is something that I want to put right.

Deputy G.P. Southern:

That has been going on for 10 years at least.

The Minister for Health and Social Services:

Yes.

Deputy G.P. Southern:

Is that not shameful? A sector of which you are supposed to be helping to deliver healthcare to people has been ignored for that length of time.

The Minister for Health and Social Services:

I do not know why that is the case. It is a fact, I agree with you, but that is something that I am going to be looking at in this tenure.

Deputy G.P. Southern:

You say there is no agreement been reached yet, is that some sort of blockage in the system? Are Social Security saying other than what you would like?

The Minister for Health and Social Services:

No, we just have not started the work yet.

Deputy A. Howell:

Can I just interrupt and say: would you make an undertaking to work with the Minister for Social Security to alter this to increase the benefit for patients? It is 90,000 Islanders who have been paying 2 per cent into the Social Security Fund and they have had no increase for 10 years. It is impacting on Islanders and I just wondered if you would be kind enough to make an undertaking to bring that forward so that even if you are still working on the sustainable model that you could do something now between you?

Deputy G.P. Southern:

The question is there.

The Minister for Health and Social Services:

Yes, thank you, Deputy. I will undertake to review the position, and that is all I am in a position to say at the moment in time.

Deputy A. Howell:

I just would like it recorded, just that it is impacting on Islanders.

The Minister for Health and Social Services:

I cannot give you an undertaking about yes, no or otherwise, other than to say to you that I will undertake to work with the Minister for Social Security and the Treasury to address the sustainable health funding.

Deputy A. Howell:

But at the moment can --

Deputy G.P. Southern:

Deputy Howell, I will come to you, so you will get your time. I do find the attitude you just demonstrated there rather disappointing.

Deputy A. Howell:

It is just while you are working on the sustainable funding model you could perhaps undertake to help 90,000 Islanders. Thank you. But my question is this: this year the Government Plan has requested £1,050,000 for the Jersey Care Model digital systems for 2023. Last year it was £800,000. In a written submission the primary care body states: "The benefit of secondary care I.T. to patients in primary care is likely to be limited and this investment does not reduce costs to primary care providers." Given the importance of the role of primary care and any future healthcare model, why has none of the funding for this project been directed to primary care?

The Minister for Health and Social Services:

As I explained before, there is quite a lot of work around modernising our systems both in primary care and in secondary care. My expectation is that we will get to a place where there will be capability right across primary and secondary care for those systems to talk to one another. It needs investment. It needs development. It is not a quick fix. But one of the things that I also think that will be helpful is for us to have a look at the primary care strategy, which is currently underway, to examine whether or not some of our digital developments are meeting the needs of primary care. I know there is quite a lot of work going on already but what we need to understand is whether or not we have alignment with all of the strategic frameworks. What I am trying to explain to you is that whatever has gone before needs a complete rethink and refresh so that we can optimise the capability right across the system, improve the communication right across the system, and that is why I wanted to pause the Jersey Care Model and bring forward some of the strategic frameworks like the sustainable healthcare funding, like the development of the primary care strategy. But these are all programmes that are work in progress.

Deputy A. Howell:

All I can say is that it will be very helpful if you could, in the interim, consider increasing the rebate for patients to go and see their G.P.s. Of the £2,100,000 that has already been approved for the

purpose of capital project Jersey Care Model digital systems ... I think you said how much has been spent to date.

Director of Improvement and Innovation, Health and Community Services:

Forecast by the end of September is against the digital care strategy £4.5 million. That is against an original budget of £6.2 million.

Deputy A. Howell:

Of the £7,300,000 that has already been approved for the purposes of capital project digital Jersey strategy, how much has been spent to date? I suppose the £4.5 million.

Deputy G.P. Southern:

Do not answer for her.

Deputy A. Howell:

The Government Plan requests £5 million per annum to help fund replacements and off-Island medical care. You have advised us that the original request for funding for this project was £6.6 million per annum but the Council of Ministers made the decision to reduce this to £5 million. Why was this decision made and what impact will it have on those receiving care?

The Minister for Health and Social Services:

I think the current financial position, as you know, is challenging in order to address some of the cost-of-living pressures. All of the budgets were rebalanced right across government services, and this is the figure that I was happy to accept in relation to funding off-Island placements.

Deputy A. Howell:

Do you think that will be sufficient? Will it impact on patient care?

The Minister for Health and Social Services:

Through our commissioning framework we are always looking for value for money. We will expect to have some pressures in the system because post-COVID some of the activity, obviously you know, has experienced a backlog and we are having to look for some alternative providers, which we cannot commission outside of an N.H.S. (National Health Service) tariff. There is possibly some pressure that will be put to bear on the out-of-Island placements but the reason we want to develop our new hospital and to build our capacity in the community is that for the more specialist areas of treatment we want to make sure people can get them on-Island without having to go off-Island. At this moment in time, we are dealing with a backlog and also an increase in the level of complexity

in some of those patients who require off-Island placements that are more expensive than we have known before.

Deputy G.P. Southern:

So is that answer yes, some people's treatment will be affected? Does that not suggest that the money is not following the patient?

The Minister for Health and Social Services:

We will always fund patient care. We will always do that. The issue is whether or not we can manage to do that within the allocation that we have, but it does not prohibit patients from accessing care off-Island.

Deputy B. Porée:

In a recent submission to the panel, Mind Jersey has questioned whether the requested fund is sufficient given the cost of off-Island care and the increase of number of cases? How would you respond to this?

The Minister for Health and Social Services:

One of the things that we will see over time is that we have a population that is increasing in age, and with that comes more morbidity that is complex. I do not think that we have previously considered the impact of the demographic change in the Island. It will affect the number of people who will require more complex care needs because the more people you have with co-morbidity that is complex the more likely they will need off-Island care. What we will want to do is make sure that as part of our preventative agenda, which is some of the aspiration that was originally identified on to the Jersey Care Model, is that we want to have people who live healthier lives so that they do not develop the kind of morbidities that end up having to be treated in places off-Island. That is a much longer-term issue, and I absolutely accept that. I will invite the director of Public Health to talk about this but one of the ways in which we are trying to understand health needs on the Island is that we want to do what you call a joint strategic needs assessment. What that means is that we will have a much better idea of what the health needs are in our community and some real evidence of some data upon which we can develop health services for the future. Also identify through our commissioning arrangements which organisations, either in the U.K. (United Kingdom) or elsewhere, are best placed to provide and respond to the needs that we are unable to provide off-Island. But the plan is to develop a plan of health services interventions that help people to live healthier lives and reduce the need for that more complex care.

Deputy B. Porée:

I would be interested to hear more in due time.

Deputy G.P. Southern:

Are we not looking long term and saying to people who have a need now: "Yes, but we have a plan?"
Is that not the case?

The Minister for Health and Social Services:

We have a lot of unmet need at the moment. That is absolutely accepted and I think we do not understand the quantity of it or how and in what way this need can be addressed other than people are ending up in hospital and being delayed in hospital and that is something that we want to reverse and avoid?

[11:15]

Deputy G.P. Southern:

Sorry, technology, I hate it.

The Minister for Health and Social Services:

Yes, I know. That is why we need to spend so much on it.

Deputy G.P. Southern:

And also why it will not work by the end no matter how much you spend on it. We have learnt from history. Calls from the I.T. and it takes a fortune. We are still live, okay.

Deputy B. Porée:

Minister, I am going to ask about the mental health development and gender pathways now. So the first question is: why does the funding for this project increase from £686,000 in 2023 to £1,127,000 in 2024?

The Minister for Health and Social Services:

There are a couple of elements to the mental health development and gender pathway work. We are trying through this proposal to support the development of services for people who require gender identity support. That represents an additional support for the counselling of people who are exploring their gender identity. We already have some service in place but this will complement that. It is to provide the initial start-up for that with a view then over time to maintain streaming that. The mental health development relates to services that have been temporarily funded and will now become substantive funding streams. They predominantly relate to the appointment of consultants. We have I think, from memory, an under-establishment of consultants. We also need to have some clinical psychologists at a consultant level in place. We also need to appoint a

pharmacist purely and solely for mental health services and what they call an optimisation technician, which will help at a prescribing practice. Over time they represent the sustainable funding of those which have been temporarily funded or not funded at all.

Deputy B. Porée:

I have another question. Was any consideration given to increasing the level of commission work between government and mental health charities, particularly in light of the increased demand for services since the pandemic?

The Minister for Health and Social Services:

It is a good question and I would probably need to get some more detail for you because I do not have that specific detail about the charitable commissioning. I do know that in terms of what we do provide, if I could just refer to my notes and to ask if Clare would like to join us and see if there is anything that she could add in that moment in time.

Head of Community Mental Health Services:

Just going back to the original question about the charity work. We have a joint partnership board that is working with the charitable sector at the moment so certainly looking into 2024, we are looking much more at the commissioning structures across health within that. In terms of the posts and the way that we are working to develop, the Minister has quite accurately outlined some of the non-recurrent posts that we are seeking recurrent funding for as part of particularly the redesign. There are some pressures in that as well in terms of a couple of psychiatry posts that have been run at pressure through 2022. But also having a director for mental health and adult social care, the consultant pharmacist, joining us next year, and the peer support model. So one of the things that is really thread through the entire service model as we move forward is looking at peer and care support, particularly in the community, but we are looking to adopt that in in-patient services as well.

Deputy G.P. Southern:

What can you say about how much conversation has been going on in terms between you and voluntary charitable bodies to effectively deliver support?

Head of Community Mental Health Services:

There is a regular meeting with the charity services. There was one as recently as last week in terms of the partnership board. So that is looking at how individual charities, but also statutory services, work much more structurally together. But also looking at how we commission things moving forward in terms of an acceptance that some areas will always be the natural resource for specific service delivery, but how we can work more as a whole rather than in separate parts with various charities together. There have been some recent pilots around that in terms of the co-

production work that a couple of the charity sectors are working together in terms of how that pilot might look.

Deputy B. Ward:

Minister, under the heading of “Health Service Improvements”, like previous Government Plans, this year’s request is for £5 million for the capital project, health service improvements, which we understand will enable a programme of priority upgrade works that are necessary to keep the current hospital operating in a compliant manner that ensures patient safety, until a new hospital is delivered. Given we now face further delay on the delivery of a new hospital, do you believe that the £5 million per annum is going to be sufficient to ensure that safety?

The Minister for Health and Social Services:

I am really concerned about the state of the hospital; very concerned about it. The £5 million probably will scratch the surface. I would like to invite Jon Carter, who is the estates manager, to the table in the event that he can provide any more detail. But from what I am seeing, and I have done a review and walked around the hospital, and the condition and the fabric of the hospital is in an appalling state, it really is. Obviously the things that concern me are about the way in which the fabric of the building inhibits the ability to provide privacy and dignity, to make sure that you have the right temperature control, for staff working in conditions that I would consider unacceptable and unhealthy for some of the patients who are cared for in there. But there is a backlog maintenance programme and £5 million will just about manage to address the basics. But I am happy to hand over to Jon Carter.

Estate Manager, Health and Community Services:

Jon Carter, estates manager. The £5 million is not enough technically but it is how we manage that fund. The hospital at capacity to find the decamp space, to find the access into the environment to deliver the volume of work required is difficult. If we could empty a block, if we could decamp to another hospital, yes, we could spend more money. But physically accessing the environment is one of our biggest challenges. We are managing the risk on a daily basis. We have a running backlog maintenance list, which is a compiled list of R.A.G. (red, amber, green)-rated issues across the estate and that is managed every October/November to forecast the following year’s maintenance works. The sum, as we publicly know, has been identified at 2019, which was an astronomical figure; the £5 million we have had since that backlog maintenance programme started is managing the key risk items.

Deputy G.P. Southern:

Will you be seeking further funding from Treasury in order to ensure safety?

The Minister for Health and Social Services:

As you know, the recent report into the quality and safety of the hospital by Professor Hugo Mascie-Taylor has revealed a whole host of issues that need to be addressed. We need to make sure that the estates issues relating to that are kept alive on our risk register. Where we need to escalate and where we need to seek further funding from the Treasury we will do that.

Deputy B. Ward:

Because in 2025 you are looking at reducing what you want down to £2.5 million and then nothing for 2026. I think there is going to be a revamp.

The Minister for Health and Social Services:

There will be. Given the recent announcements around the hospital development, some of these assumptions were based on the fact that we would be having a decision, so I think the whole thing needs to be looked at. But I cannot stress to you that I will be very clear about the safety aspects of patient care at the hospital.

Deputy B. Ward:

May I then just move on now to free dressings. As you will be aware, the hosiery pilot scheme operated between February 2020 and February 2021, which provided funding for patients with leg ulcers. In February 2022, in a written response to a written question, the then Minister for Health and Social Services advised that a business case was being put together to draw down funding from the 2023 Government Plan to implement the extension and expansion of the service. Has this funding been identified in this year's Government Plan for this purpose? If not, why not?

The Minister for Health and Social Services:

One of the things that we wanted to make sure was that patients do not suffer as a consequence of some of the provision of the dressings and the hosiery products. One of the things that I have said is that I will bring this forward with the Minister for Social Security because it is again this anomaly about where the money comes from. This is part of our approach to the sustainable health funding model that we want to address. I do not know whether the Minister for Social Security wants to add anything.

Assistant Minister for Health and Social Services (1):

Yes. Dressings should not be seen as a separate clinical issue but should be completely intertwined with the whole view. So if there is a way that we can make those dressings more accessible and the money can be found then that is something we need to move forward on.

Deputy B. Ward:

Yes, because a lot of the dressings are classed as prescriptions and it is all very well putting prescription on but you have to then secure it. It is costing. Those prescriptions, for some unknown reason, are outside medication, as in tablets and things like that, and maybe because it is prescribed by a nurse, I do not know. But will you be looking into this because this is putting a massive amount of financial burden on people out there in the community who really cannot afford it.

Assistant Minister for Health and Social Services (1):

Exactly. That is going back to wound care should not be seen as a separate clinical issue, it should be seen as part of the whole.

Deputy B. Ward:

So you are going to be looking at that. That is fantastic.

The Minister for Health and Social Services:

Yes, we are. The other thing is, if I could just alert the Deputy, I have responded to a number of concerns around this so it is very live for me in terms of what it is. But at the moment we want to make sure that we have sustainable funding streams so that people are not caught between 2 stools on this.

Deputy B. Ward:

In some ways you have answered the question. My question was going to be: has consideration been given to extending any such scheme to include medical dressings for all patients? It is not just the elderly, but it is treatments and it is across the board, it is about children as well.

The Minister for Health and Social Services:

It is. Once you lift a stone up and you see what is underneath, you have to put it down at the moment because there is so much really that needs to be sorted and addressed. But one of the ways that I want to address this much broader issue is we have to be a lot clearer about our commissioning framework and how we cost in the cost of care as opposed to just money in a contract. We have to get more sophisticated about how we commission care going forward, which includes treatment costs.

[11:30]

Deputy G.P. Southern:

Can I just come back on the special payments used to be included in medical need and covered some of the bandage work. If you went along for a special payment you could get a payment. My

understanding is that medical payments no longer are subject to special payments and have fallen off the list. Is that the case?

Assistant Minister for Health and Social Services (1):

Special payments of course used to be grants and now they are loans in most of the cases. Whether or not they still cover medical expenses of that type I would need to double check.

Deputy G.P. Southern:

It would be pretty pointless doing a loan on a medical need.

Assistant Minister for Health and Social Services (1):

Absolutely. That is why it would no longer fit that criteria.

Deputy G.P. Southern:

So the criteria do not apply to the individuals who need that service.

Assistant Minister for Health and Social Services (1):

Not a special payment in that context.

Deputy G.P. Southern:

Was that a yes or a no? That is a "no", they don't apply.

Assistant Minister for Health and Social Services (1):

It is a no, they do not apply, because it was at the time when they stopped being grants and started being loans.

Deputy G.P. Southern:

Here is somebody on income support who is very poor and you offer them help as a loan, so they are going to have to pay you back eventually. Okay, not with interest, but nonetheless that is some system. That works very badly anyway. Unacceptable, yes.

Deputy B. Porée:

A question to the Minister: what funding pressures face the services under your remit and are they being addressed by the proposed proposals contained within your Government Plan? If so, how are they being addressed?

The Minister for Health and Social Services:

The planning pressures, did you say?

Deputy B. Porée:

Yes.

The Minister for Health and Social Services:

We have identified almost £80 million worth of investment that we need to address some of these pressures. This is for this Government Plan. One of the things that is important for Scrutiny to be aware of is that those investments are targeted and they would be very clearly aligned to some of the measures that we will put in place to make sure that they are delivered. One of the things I am keen to do is to make sure that we are accountable around any money that we get from Government that can be transparent and open for the public to see how that is worked through. But if we look at some of the key areas of pressures, we have already talked about the issue in relation to off-Island placements, we have already talked about the issues in relation to the estate. We have also talked about some of the need to fund temporary posts on a much more recurrent basis. So for this plan at this moment in time, we have addressed some of the pressures. But the elephant in the room is the efficiency saving, which is over £6 million. We are going to really struggle as a department to deliver on that.

Deputy G.P. Southern:

That is a hangover from the last budget, is it not?

The Minister for Health and Social Services:

Yes, some of this is.

Deputy G.P. Southern:

We have abandoned efficiencies more or less.

The Minister for Health and Social Services:

Yes, and of course the impact of things like inflation and issues in relation to increased salaries, wages, uplifts, all of those things play a big part in contributing to that pressure.

Deputy B. Porée:

So, Minister, are you aware that the Health and Social Services Department has sufficient staffing challenges in a number of key areas of the department? How do you see this impacting on delivery of the various programmes and initiatives under your ministerial remit? Should funding be agreed as proposed in the Government Plan?

The Minister for Health and Social Services:

We have had a very detailed discussion in the Council of Ministers around deliverability. One of the things that has happened over time is that business cases have been submitted and money has been awarded or not. But let us say it has been awarded. What has been evident is that 6 months in some of that money is still yet to be spent because there have been issues around recruitment and retention. So some of the workforce issues relating to some of these service funds are affected by the workforce supply. While there is an aspiration to deliver the service, there is no guarantee that the workforce is available to deliver it. But we have to be proactive and seek every opportunity to attract people to the Island to deliver some of these services. So we have a particular pressure problem in mental health services, as you have quite rightly heard. We have over 60 vacancies, which we have been carrying for a long time. There is no easy fix to that. That is not the position that we would want to sustain over time. Part of a way of attracting people into a service is to deliver modern fit-for-purpose services with career opportunities and giving people some sense that there is an aspiration and a good place to work. We are also in the competitive market with our U.K. counterparts in terms of the numbers of people entering into some of the professions. We find that some of the clinical professions are not the desired profession of choice anymore. That makes it equally challenging to try to attract people into the Island to come and work. Compounded, as you know, by things like the cost-of-living increase as well and the affordability of housing, which all contribute to the availability of staff to fulfil some of the vacant posts that we have. So we have to be imaginative, we have to be creative. We might have to think longer-term about how we redesign work. We need to think also about some of our staff that we can train and offer training opportunities that they have never perhaps considered a registered profession before. We have had some great success with training social workers and nurses on-Island and I do not know if people recognise that there was one of our nurses who was fast-tracked to deliver oncology support to patients, which is a great idea. So we really do need, right across the board, to think about how we do this. I know the Chief Minister has this as a priority in terms of the work that she is going to do around the workforce commission. We are going to play our part in feeding into that.

Deputy B. Porée:

Big challenges ahead I believe, so thank you.

The Minister for Health and Social Services:

Huge, yes.

Deputy A. Howell:

I just wondered how you are going to be able to retain our health staff. I just wondered what your feelings are about that.

The Minister for Health and Social Services:

There are some things that are obvious. If you increase people's pay it always is an incentive to retain people. But there is an issue around affordability. If you create the right kind of career progression for people that helps with the retention. If you provide affordable housing that helps with retention. If you provide nursery care for children that helps with retention. There are all sorts of issues and what also helps is that you are working in a service where you are not constantly under pressure as a consequence of vacancies. All of the research and the evidence suggests that effective teams work best when you have a full complement of staff, when you have career development, when you have progression, when you have a standard of living that is conducive to stay well and healthy. So these are my views about how we need to go about retaining staff.

Deputy A. Howell:

Can you think of any other reasons, any other ways you might be able to retain them?

The Minister for Health and Social Services:

That is pretty comprehensive. Perhaps maybe opportunities to do something different, secondments, vary their work. You have heard me talk about, Deputy, people enjoying their work, and that includes having variety in their work as well so that they feel that they are not having groundhog day.

Deputy G.P. Southern:

Are you looking at sharing staff with other institutions on the south coast say and other health bodies?

The Minister for Health and Social Services:

Yes, there is always opportunity for exchange and secondments. I know some people have previously enjoyed that. But we also need to look closer to home, because there may well be some people working in our charitable sector who might think about working in the statutory service. Equally, some people who are working within our statutory service experiencing time in the charitable sector. We have to think as broadly as we can about ways in which you can encourage staff to be engaged in work that they enjoy.

Deputy A. Howell:

It was just really how we are going to change the ethos in the hospital to retain the staff.

The Minister for Health and Social Services:

There is a lot of work going on at the moment to engender that. If you look on the Health and Community Services website you will see staff talking about their experience and things that they are doing to improve their working conditions and also talking about some of the joys that they have

in their work, some of the successes, some of the innovations. We have to build that to do more. But what I want to do is address the thorny issue of bullying and harassment because I guess that is what is behind the Deputy's question.

Deputy G.P. Southern:

That can be circular, because if you are under pressure because you are 3 people understaffed when you go on to shift, and if you are doing shift after shift after shift then you are under stress and that is when tempers flare and when people fall out and when people become disillusioned because they do not have the right avenues there. So it is circular, is it not?

The Minister for Health and Social Services:

It is. There are conditions that you create in the workplace that are important to reduce the stress. So having somebody to listen to, having a place where you can go to just get out of the workplace itself, having the support of colleagues around you, making sure that whatever concerns are raised are addressed. Because that is at the root of some of the issues. But also calling out poor behaviour and supporting people to call that out. Most organisations that I have worked in, this is how poor culture, unproductive culture, is tackled.

Deputy B. Ward:

Just going back before your last answer, it is about recruitment, retention, about staff progression, there are a lot of nurse-led services in the U.K. and I do not think we utilise that as fully as we should be doing. Because many nurses now are at masters level. Are you going to look at some of those nurse-led services that could be developed here in Jersey? Especially because of our isolation, difficult to recruit medical staff. I am not saying they are to replace, but as an enhancement to our service provision.

The Minister for Health and Social Services:

It is a great idea and certainly something that I have a previous history of development around nurse-led initiatives. The issue is that we have a lot of highly-qualified staff on the Island that they do not know where else to go in terms of their capability and capacity. So that in a sense leads to some frustration. So we have to open those opportunities out so that people can optimise their contribution. Our current model of service delivery does not lend itself to clinical enterprise and that is what I would like to support so that we release some of that capability going forward.

Deputy G.P. Southern:

We are coming towards the end. Could you tell us what value-for-money savings have been identified, if any, in any of the policy and service areas under your portfolio? When business cases

are put forward, what requirements are in place, if any, to ensure that proposals demonstrate value for money and the best use of public funds?

[11:45]

This links to the last Government Plan where we talked about efficiencies, which ended up as basically cuts. Are you going to avoid those sort of measures?

The Minister for Health and Social Services:

When I think about value for money, I think about it in 2 ways. Value for money is either cheap or it is about improving quality and productivity. I want to focus on the element of improving quality and productivity. That means that we need to make sure that what money we have already had committed in the system is being used efficiently and as effectively as it possibly can. I will be working with officers to continually drill down. I have a meeting with them on a regular basis and we go through the finances. I will continually drive down the inefficiency in the system. The second thing is that what I think we need to be able to do is to articulate and communicate to people what they are getting for the investment that is in the system at this moment in time. If you take waiting lists, for example, we have recently had an investment of £5 million to address the waiting list initiative. That is a welcome investment and that is to do with the backlog around COVID. But it will help Islanders see that when you use money well it delivers really good outcomes. One of the ways that we are doing that at the moment is we are working with providers off-Island to try to see if we can fast-track people into some of the areas where we think they would be able to be treated quickly under this waiting list initiative.

Deputy A. Howell:

I just wondered, what are your thoughts about the management structure at the moment?

The Minister for Health and Social Services:

In what sense, Deputy?

Deputy A. Howell:

I am just wondering just for your comments about it, in the hospital.

Deputy G.P. Southern:

Do we have too many managers?

The Minister for Health and Social Services:

I do not think I have any detail to give you. But the management structure at the moment is inherited from the previous target operating model that was introduced by the previous chief executive. One of the things that we are going to see is the introduction of the new health board and what we will be in a position to do is take stock of what managerial arrangements we will need going forward under that health board.

Deputy G.P. Southern:

Which reminds me that we will probably follow up this meeting with a letter asking bits that were not explored fully. That will probably be one of them.

Deputy A. Howell:

It possibly means that we have had burgeoning numbers in management rather than in front line staff, I would say.

The Minister for Health and Social Services:

I can provide some more detail for you on that. What I would also do is benchmark that against commensurate organisations of a similar size so that you can establish whether or not we do or we do not have enough managers.

Deputy G.P. Southern:

That might be very useful. Can I just, as we are coming towards the end, address 2 further items. Preventative medicine and early diagnosis has been well supported by the Health Access Scheme. What measures, if any, do you have to expand that to deliver cheaper G.P. or primary care services so that the longer-term preventative care can take place?

The Minister for Health and Social Services:

The only measure or the only indication I can give you at the moment is we are going to look at long-term care, health access, Health Insurance Fund, and review this under the sustainable health funding model. My concern is to make sure that patients have access to services. It underpins all of the work that we are trying to do and address as part of a public health initiative, which is to reduce inequality. Poor access to health services is one of those issues. But at the minute we have no mechanism in place but it is clearly something that I want to address as part of the work that I am doing over the Ministerial Plan for 2023/24.

Deputy G.P. Southern:

You have obviously been giving some consideration towards this experiment perhaps, which has been in place for 2 years. Do you have any further areas that are considered? We are talking about some age-weighting, looking at the better and cheaper, our elderly people or children.

Assistant Minister for Health and Social Services (1):

So the Health Access Scheme currently covers about 10 per cent of the population and the main driver is being a recipient of income support. If we could expand that to nearer 30 per cent of the population with the indicators being long-term health conditions, perhaps related to age, perhaps just related to anyone who has a long-term health condition and needs that more frequent visit to primary care. That would be the longer-term goal.

Deputy G.P. Southern:

Have you done any research on this? Would including people with a long-term disability take us up to 30 per cent or not?

The Minister for Health and Social Services:

This is the work around the joint strategic needs assessment that will feed that information.

Director of Public Health:

It is fair to say that we were not sure of the pattern of health in Jersey about a year ago, but over the last year we have accumulated quite a lot of data. So at the moment, for example, we are able to say which are the most important conditions for when we talk about numbers of people with long-term conditions. That will be a forerunner to more work that we do in what we are calling the joint strategic needs assessment where we will be able to give information on the ages and also on the trends for these long-term conditions over time. We hope that will be a very, very useful element in planning for issues such as access to primary care services. The other aspect that the Minister has mentioned is about inequality. So we are very conscious that we need to have data and need to understand the pattern of these long-term conditions over the population as a whole and understand exactly who is impacted. So there was a question earlier about who exactly needs to be supported and we are hoping that this programme of the joint strategic needs assessment will be able to give us some answers to that. The final element is really about choice of where to invest. So we are very conscious that if we are to invest particularly in services or even reuse current funding, we need to be sure that this gives us a real benefit in terms of health. So spending our money to provide the best possible health outcome for our population, for Islanders, is also part of the work.

Deputy G.P. Southern:

Thank you for that. Can I repeat the question though: does that, if you were to take the people with multiple morbidities and long-term disability, take us up to 30 per cent, which is more or less a line that says the people below it are poor?

Director of Public Health:

I certainly can give you information on the number of Islanders with long-term conditions. Unfortunately I cannot remember the figure but recently we published a report on that. I do not know whether it specifically answers your questions but we are getting much closer to it. With my colleagues in Health Community Services we should be able to answer that question.

Deputy G.P. Southern:

I would appreciate some data on that.

Deputy A. Howell:

Just another question, we have the £5 million to reduce the waiting lists. Are you looking to spend some of that perhaps on more radiographers so we can use all the scanners, both the C.T. (computerised tomography) scanners and the 2 M.R.I.s (magnetic resonance imaging)?

The Minister for Health and Social Services:

It will be used according to patient need.

Deputy A. Howell:

Because they have really long waiting lists and it is really impacting on diagnoses.

The Minister for Health and Social Services:

It will be used according to patient need.

Director of Clinical Services:

In fact one of the business cases that has been approved as part of the Government Plan sees that team, as you have described, substantiated to allow us to fully utilise all of the additional equipment.

Deputy A. Howell:

Because we have 2 standing unused because you do not have the staffing for it.

Director of Clinical Services:

There was one that was the team to run the second C.T. scanner had not been substantiated but now has been.

Deputy A. Howell:

Thank you, so that can happen quite immediately.

Director of Clinical Services:

As soon as we can recruit.

Deputy B. Ward:

Just one short question, it is about Overdale. Because we have got so many, forgive me for using this word "bed block" as I hate using that word.

The Minister for Health and Social Services:

Transfer is delayed.

Deputy B. Ward:

Thank you, Minister. It is about opening up the rest of the beds at Overdale. Is there going to be a staffing issue because of that if we open up those beds?

The Minister for Health and Social Services:

We need to model and I can provide a more detailed answer to you on that. We are coming into winter. We have a winter plan and we have people coming and going, so we do need to take stock about how we open up and manage the clinical safety and the clinical risk issues around how we provide beds over the winter period. What I do not want to see is patients stuck in hospital, so we are going to have to think more, consider as to whether or not we can develop different arrangements around that. Caroline, I do not know, is there anything you would like to add in terms of the planning?

Director General, Health and Community Services:

So one of the challenges is the relocation of some of the services that are currently at Overdale and of course staffing those beds. But I know that our chief nurse is working with our director of Clinical Services to ensure that we have the flexibility around that capacity should we need it going into winter. We are planning to open up Plémont in January as one of our winter escalation wards, so that will substantially help us with capacity. But, as the Minister has alluded to, our efforts are on working with the community in order to be able to transfer patients out of hospital that no longer require acute care. As you know, Deputy, if you require discharge it is not safe to be within an acute environment. So we are working hard with the community to try to facilitate that. But they face the same challenges as us around staffing.

Deputy B. Ward:

Because it is A.R.U. (Assisted Reproductive Unit) that is up at Overdale and some of the eye services.

Director General, Health and Community Services:

Retinal screening and our pre-operative assessment services. We have plans in place to work out how we cascade those services to other parts of the organisation. But for now the plan around winter escalation is the Plémont Ward at the General.

Deputy G.P. Southern:

Thank you. Just popping back to what the Minister said a short while ago, she said that she was going to bring an amendment to the funding of the J.C.M. following her review of the J.C.M. and we look forward to seeing that. But there is a review, indeed. Does she plan to bring an amendment to this year's Government Plan or does it wait for next year's?

The Minister for Health and Social Services:

We are hoping that the outcome of the review will allow us to make that amendment in this year's Government Plan.

Deputy G.P. Southern:

The outcome of the review; is the review not finished?

The Minister for Health and Social Services:

Sorry, in terms of the review recommendations and then to make that amendment prior to the Government Plan being approved.

Deputy G.P. Southern:

Is the Minister confident that she will be able to bring an amendment this year rather than next?

The Minister for Health and Social Services:

I am confident I can.

Deputy G.P. Southern:

Could she give this panel a hint as to what that might contain apart from the issues that we have talked about today?

The Minister for Health and Social Services:

I would rather not discuss that today. But I would like to give you the detail of that at a different time if that is okay, Chair.

Deputy G.P. Southern:

On that point, when both the chair and the Minister have a smile on their face, let us call it to a close. Thank you very much.

[11:59]