

The Deputy Bailiff:

I am afraid that means the time has expired, so we then have to move to questions of the Minister of Health and Social Services: Deputy Power.

3.2.1 Deputy S. Power of St. Brelade:

My question relates to respite care. There has been ongoing and continuous public concern on the condition of the buildings and the bed capacity at the respite unit in Overdale. Given that we know that people live longer and that we have an aging population, will the Minister clarify what long-term redevelopment plans are for respite care in the Island and what is being built into the business plan of Health and Social Services to be introduced to the Council of Ministers this year.

Senator S. Syvret:

Respite care is an important topic and it has to be viewed as part of the larger component of continuing care for people for a variety of reasons and in a variety of different forums. It is certainly accepted by Health and Social Services that the present facilities and the building in which people are receiving respite care at Overdale is hopelessly inadequate. We are working as fast as we can to do what we can to progress the situation. The situation was made far worse than it is because of a major services failing in terms of the electricity and water and heating supplies to some of the older buildings at Overdale. What the solution is to this - we are working towards now - will be part of an overall continuing care strategy. Certainly, this might involve buying spaces from the private sector in which to home people. It may include the use of other health and social services facilities. In the long-term it may have to include some further States expenditure to build new buildings. But, certainly, the present situation at Overdale is unacceptable. We know that and we are doing what we can within budgetary constraints, obviously, to address the situation.

3.2.2 Deputy S.C. Ferguson of St. Brelade:

Would the Minister tell us what steps he is taking to address the problem of extremely low morale at the hospital?

Senator S. Syvret:

Morale in the hospital differs from person to person. I have spoken to a variety of people within the hospital in recent months whose morale has been fine. The Deputy will be aware, as will everyone else, that there was a dispute concerning our nursing staff towards the end of last year. I am happy to say that the organisation is working towards what looks to be a satisfactory resolution of that situation. Certain changes in the way nursing staff are deployed with the use of overtime on board has been introduced and we are working towards a better understanding between management and staff of precisely what the job families agreement means and what it means to staff and whether in fact there were any deficiencies in that agreement. There may have been in terms of appeal procedure, for example. So, I can assure the Deputy that in fact I think she will find that morale has improved significantly in recent weeks and hopefully that will continue to be the case.

3.2.3 Deputy A.E. Pryke of Trinity:

Would the Minister inform the House the cost of introducing the GP out-of-hours service and if it is proposed to use a frontline ambulance as a mode of transport for the GP visits at night. If so, can he ensure that the 999 calls will not be affected?

Senator S. Syvret:

The cost will be something just under £100,000. The GP Out-of-Hours Co-operative has been under discussion with Health and Social Services for a significant period of time - I think it is

certainly over a year, perhaps going on for 2 years. It represents a significant change in working practices and culture for the Island's GP community. A majority of the Island's GP community favour the Out-of-Hours Co-operative. There will be a paramedic car used to provide transport for the GPs who are on out-of-hours duty and there should be no impact on 999 calls. If there ever looked like there were going to be an impact, then obviously we would have to significantly and quickly reappraise the circumstances of the transport. But certainly no impact is foreseen upon 999 responses.

3.2.4 Senator J.L. Perchard:

Is the Minister concerned - and I make no apologies for asking the same question twice - is the Minister concerned that the total number of personnel employed in the public sector workforce continues to grow year on year? If indeed he is, will he be taking action within his department to halt or if possible reverse this growth, or does he believe his department to be an exceptional case?

Senator S. Syvret:

The Health and Social Services Department is the largest employer by some margin of any type in the Channel Islands. We employ a fulltime equivalent of 2,159.87. The fact is that delivering health and social care anywhere you care to look in the world is an extremely hands-on labour intensive occupation. It is a large number of employees and we also have the largest budget of any States department, but I think the Senator would find that the expectation of the community is that expenditure in areas such as health and social care would be viewed correctly as a priority by this organisation. In terms of whether we are concerned at the growth of public sector employees, certainly I am, and I am quite sure the rest of the Council of Ministers do not want to see people being employed in the public sector unnecessarily. Health and Social Services has certainly played its part in delivering the efficiency savings that were required over last year and the next couple of years, so we are certainly conscious of the need to be efficient and cost effective as to how to spend taxpayers money wisely. Of that there is no doubt. In terms of directly employed public sector staff, we are in discussions with a variety of stakeholders across the community including GPs, other care providers, independent organisations, members of the public and patients towards formulating the overall strategy for health and social care, the new directions project which should complete prior to the end of this year. Part of that is looking at a rationalisation of where work is carried out in terms of health and social care between the secondary care environment and the primary care environment. So, it may well be that some work that might presently be undertaken by the secondary care environment - that is the Health and Social Services Department - might be able to be undertaken by the independent primary care sector and indeed I am pleased to see that many GP practices are making very significant investments in their own primary care centres.

3.2.5 Deputy P.N. Troy:

Two weeks ago in this Chamber during Chief Minister's questions, the Chief Minister agreed to request a report from the Health Minister on respite care. Can the Health Minister confirm that that report is either being prepared or has been prepared for submission to the Chief Minister's Department and hopefully he will request that it goes to the Council of Ministers so that they consider the issue of respite care for which, as the Health Minister has said, the facilities are inadequate? Can he confirm that that will go to the Council of Minister and I hope that when it does that it is an item on the 'Part A' agenda?

Senator S. Syvret:

I can inform the Assembly that the matter is viewed so seriously by me - and I think other members of the Council of Ministers including the Chief Minister - that at the last Council of Ministers meeting last week the 2 senior figures within Health and Social Services, who have

responsibility for respite care and continuing care, attended the Council of Ministers meeting in person to give a detailed verbal explanation of the present situation and what they are trying to do to improve matters. Out of that a written report, if not already with the Chief Minister, will be with him very shortly. So, the Council of Ministers has already received a detail appraisal of the current situation.

3.2.6 Deputy J.A. Hilton of St. Helier:

Previous speakers have touched on the subject of respite care for adults, but I particularly wanted to mention respite care for children. Can the Minister tell the House what steps he has taken at the present time to improve the amount of respite available to children who access Aviemore and Oakwell?

Senator S. Syvret:

Two steps are being taken. I suppose in terms of child protection, the principal one is in terms of developing a professional fostering service in the Island for which we have monies voted and set aside for this year. The present respite care facilities for children at Oakwell and Aviemore are grossly overstretched and what makes the situation particularly difficult - and I do not want to mention numbers because obviously when dealing with children in a small community like Jersey, I do not want to go into detail for risk of causing the children to be identified - is that there are a number of child clients within the looked-after category that are cared for at places such as Oakwell and Aviemore who have severe multiple problems. They present the most challenging and difficult behaviour for the service to try and address and help the children with, and therefore staffing ratios are 2 staff to 1 child and indeed in some cases possibly higher ratios are not uncommon. So, it is certainly true that this is a problem for us because when children of that particular high need are in care it can cause disruption and problems for other children within the circumstances within the institution. But, of course, the ideal solution to get away from this situation is to not have institutions where children are placed should they need respite care, should they need to be looked after for other reasons which can be multi-faceted. Ideally we would develop a fully professional fostering service in the Island whereby people would be trained professionally to look after children even with challenging behavioural difficulties in a home environment.

3.2.7 The Connétable of St. Helier:

Senator Perchard seems to be meeting a wall of resistance from the 2 Ministers who have been questioned on staffing numbers. Would the Minister confirm to me that all of the posts in his department are not of course doctors and nurses: there are for example I believe a team of gardeners. Is it not the case that there are other public sector providers of gardening services that could be brought in to release those posts and so reduce the strain on the taxpayer?

Senator S. Syvret:

Yes, Sir, that may well be the case and my understanding is that the rationalisation of the States Parks and Gardening Services along with the Parishes for example is an ongoing project. I do not personally know how close that is to resolution. Certainly it is true that not all of the staff by some margin employed by Health and Social Services are doctors and nurses, but the vast majority of other staff in addition to doctors and nurses are, in fact, professions allied to medicine, such as occupational therapists, physiotherapists, laboratory technicians, pharmaceutical and a whole variety of other people and, in fact, the management portion of the total establishment of Health and Social Services is below that which you would find in an equivalently sized NHS Trust.

3.2.8 The Deputy of St. Martin:

Could I return to the question asked by the Deputy of Trinity. Many of the proposed charges under the new GP scheme appear to be only at a slight reduction from those under normal circumstances. Given that the new operation to be formed is a co-op, where charges should be reduced, overheads should be reduced also. If the doctors are to be taken around in an ambulance, does the Minister really think that the public is going to get value for money, or would he look again at the proposed charges for the new GP practice?

Senator S. Syvret:

The proposed charges for the GP co-operative do represent an improvement on the present situation. Also the nature of the GP co-operative is going to offer people the opportunity to be able to come into the facilities within the hospital and be seen by GPs out of hours - for example, at late evenings and at the weekends - which would not otherwise be the case. A home call may be £90, £100, £110 by some GP practices. It will vary depending upon the practice. But the fact is if people are ambulant, if they are able to bring themselves in to be seen by the GPs on duty who will be part of the GP co-operative, the charge may for example be £40 or £60 or something of that nature. So, there is a cheaper opportunity there for members of the public to be able to see and access GPs out of hours. The charging structure and the way the co-operative is going to work: as I said previously, I am satisfied that the arrangement does represent good value for money and it is also - this is a new point - it represents an important step forward which is necessary for the Island in terms of rationalising secondary and primary care.

3.2.9 Deputy A.D. Lewis of St. John:

Could the Minister advise as to whether any review is planned of the existence of the numerous small medical practices in favour of larger medical centres in order to fulfil future and possible compliance considerations?

Senator S. Syvret:

Yes, Sir, the GP community is in discussions with Health and Social Services and other stakeholders and their views, along with the views of the public, will be sought as part of the new directions of the health and social care strategy, which I referred to earlier, which hopefully will be completed by the end of the year. Unlike a majority of GPs in the UK who are under NHS contract, GP practices in Jersey are essentially independent, private businesses, so there is no question of any form of compulsion being brought on to GP practices to drive any change in the way they are organised at the moment. But the point the Deputy makes is absolutely correct: there are going to be imminently some significant changes in the United Kingdom in terms of clinical governance regimes and the probability is - the clear look of those regulations is - that it will make the current organisational structure of GP practices in Jersey virtually unsustainable and that is almost certainly the case. Now, quite what the alternative appropriate structure is to be put in place is still a matter for discussion and we have clear views from some of the GP community on that. But there is no doubt about it that there does need to be a reorganisation of how primary care is governed in the Island.

The Deputy Bailiff:

I know there are at least 2 Members who wish to ask questions, but I am afraid the time for questions I have noticed has expired.