Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 9th July 2020

Panel:

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

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

Deputy T. Pointon of St. John

Deputy C.S. Alves of St. Helier

Deputy G.P. Southern of St. Helier

Witnesses:

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

Senator S.W. Pallett, Assistant Minister for Health and Social Services (1)

Deputy H.C. Raymond of Trinity, Assistant Minister for Health and Social Services (2)

Dr. I. Muscat, Deputy Medical Officer of Health

Ms. J. Poynter, Associate Managing Director, Modernisation, Health and Community Services

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

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

Ms. I. Watson, Head of Adult Social Care, Health and Community Services

Ms. L. Jones, Head of Finance Business Partnering, Health and Community Services

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

Mr. S. Skelton, Director of Strategy and Innovation, Health and Community Services

[10:05]

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

Good morning, all. It is Thursday, 9th July, and it is a quarterly hearing with the Health panel and the Scrutiny Panel. Hopefully you will be able to connect with us in our new virtual world. I am Deputy Mary Le Hegarat from St. Helier and I am the Chair of this panel.

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

I am Deputy Kevin Pamplin and I am Vice-Chair of the panel.

Deputy G.P. Southern of St. Helier:

Deputy Geoff Southern, member of the panel.

Deputy T. Pointon of St. John:

I am Trevor Pointon, Deputy of St. John, member of the panel.

Deputy C.S. Alves of St. Helier:

I am Deputy Carina Alves of St. Helier District No. 2 and I am also a member of the panel.

Deputy M.R. Le Hegarat:

I will now ask if those that are going to participate in this hearing would introduce themselves. Thank you.

The Minister for Health and Social Services:

Thank you, Chair. I am Deputy Richard Renouf, the Minister for Health and Social Services.

Assistant Minister for Health and Social Services (1):

Steve Pallett, Assistant Minister, Health and Social Services.

Assistant Minister for Health and Social Services (2):

Hugh Raymond, Assistant Minister for Health and Social Services.

Director General, Health and Community Services:

Caroline Landon, Director General, Health and Community Services.

Group Managing Director, Health and Community Services:

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

Associate Managing Director, Modernisation, Health and Community Services:

Jo Poynter, Associate Managing Director for Modernisation, Health and Community Services.

The Minister for Health and Social Services:

As I said before, we expect to be joined by Mr. Patrick Armstrong, our Medical Director, and Steve Skelton, Director of Strategy and Innovation (Strategic Policy, Performance and Population).

Deputy M.R. Le Hegarat:

Okay, thank you. We will kick off if everyone is ready to go. The first person that is going to ask questions will be Deputy Pamplin.

Deputy K.G. Pamplin:

Thank you, Chair. Good morning, Minister; good morning, everybody. Minister, the first line of questioning we are going to quite rightly start with is COVID-19. Who has the lead on the Safer Travel Guidance policy and, in fact, the overall policy of where we find ourselves now, following the debate last week?

The Minister for Health and Social Services:

The lead sits with me, I understand, because the policy is around a testing procedure, which is, of course, a medical function carried out by H.C.S. (Health and Community Services) staff. It is true, it is one of those issues that span a variety of responsibilities, so there is an operational aspect regarding the ports and there are general policy issues, too.

Deputy K.G. Pamplin:

Thank you for that answer. Bearing in mind what you have just said, can you explain why, if you are the lead as you explained, the Island did not hear from you as the Minister for Health and Social Services in response to the couple of incidents we saw over the weekend that caused, it could be argued, great anxiety, as did the situation with the harbour? In fact, we did not hear from any Government Minister. The private individual who was seconded to help the service was put in front of the media to respond and the Director General, Home Affairs. Do you not think the Island should have heard from the Minister for Health and Social Services, who you have just explained is the lead on the policy?

The Minister for Health and Social Services:

Can I just clarify, Deputy, which events you are referring to? Are those the positive tests that were conducted or the incident with the Clipper?

Deputy K.G. Pamplin:

All of it.

The Minister for Health and Social Services:

All of it? Okay, because the Clipper was Monday, was it not? It is because communications, as you were telling us on Tuesday, are so vitally important, and the communication was handled in a different way. I was involved with those communications.

Deputy K.G. Pamplin:

You say you were involved, but do you not think the Island should have heard from the Minister who, as you have explained, is the lead for the policy and the overall testing? In hindsight, do you not think that maybe the Minister for Health and Social Services with the lead responsibility should have come and reassured the Island, not private individuals supporting Government? I know, as you explained, the Director General for Home Affairs spoke but do you not think in hindsight that could have been you?

The Minister for Health and Social Services:

The Director General for Home Affairs spoke about the Clipper incident, which was an operational matter. I do not see why it was necessary. Ministers were ready if there were further questions arising, but it was an operational matter. It is not that the strategy or policy had changed and it is quite right that officers should respond, and I think they responded well and explained the situation operationally.

Deputy K.G. Pamplin:

I get that, and sorry to go on about this point, but did you have no choice as Minister for Health and Social Services to say: "I think the Island should listen to me because I am the Minister for Health and Social Services and I have the overall responsibility" or were you simply told: "Minister, we do not need you to talk, it is unnecessary"? Just so we are clear for the public watching, who made that decision that you were not talking to the Island after those incidents over the weekend?

The Minister for Health and Social Services:

I do not see this is an issue about individuals. It is an issue about a Government operation, so there was a glitch with the operation at the harbour, which meant that Clipper passengers thought they could be tested when the plan was never to test them, as we have learned, at that stage. That is not necessarily a matter for the Minister for Health and Social Services to respond to. It is not within my area of responsibility to organise the operation at the harbour and organise essential travel. That has always been conducted centrally for weeks now, the essential passenger arrangements. I think there is too much of a concentration perhaps on individuals involved. The real question is communication, whoever it comes from.

Deputy K.G. Pamplin:

Agreed, but as you stated in the original answer, you are the Minister, the lead of the policy, and so that is why I was making that point. You have given your answer, but on the ...

The Minister for Health and Social Services:
We have lost you here, Deputy.

Deputy K.G. Pamplin:
Apologies to members of the public, we may have technical difficulties but hopefully you can hear me. What is your explanation of the breakdown of what happened over the weekend as far as you understand it with the Islanders arriving via the Clipper, and what are your concerns? It was always a risk, was it not, and others have spoken about this, the Medical Officer of Health, but there was a positive case, asymptomatic, on the first flight. There was another one on the first ferry, so what are your concerns? Putting aside how good the testing was, picking those things up, we know that, but what are your overall concerns at this stage of where we find ourselves?

The Minister for Health and Social Services:
You raise 2 issues there. Those were the positive tests and the Clipper incident. If I deal with the positive tests first, we have always said that we would expect some positive tests to come in. I have checked with members of S.T.A.C. (Scientific and Technical Advisory Committee) and the advice has not changed. Those positive tests do not change their view that it is safe to open the borders, so that is not any failing of Government or anyone at all that some positive tests entered the Island. We have positive persons already in the Island, we know that. It happened, it was remarkable but it happened that they came in one on Friday and one on Saturday, but hundreds of people have passed through the ports since last Friday and there have been 2 positive tests. As you said, Deputy, it is clear we are conducting tests quite rapidly and picking everyone up, everyone has been tested that needs to be tested. As to the Clipper, I think there have been many explanations of that. The Clipper has always been the route into the Island during the pandemic for certain essential workers, because we know some people perhaps for medical reasons do not fly, so some have been coming in together with our essential freight. What we did not know was that there were quite a few excess numbers on the Clipper that day, which I think was related to the French industrial action at St. Malo, and they could not come on a planned route and they had been put on the Clipper. There were more than the usual dozen that might have been expected, maximum of a dozen, and there was confusion over whether they would be tested at the port and/or the usual arrangement that they would be asked to go to the airport testing centre the next day. We know now how that confusion arose.

[10:15]

Deputy K.G. Pamplin:

When those things happened did you contact the Medical Officer of Health and get an update from the advice, the information that was explained to you and then to us and say: "Could you update us?" and test the evidence that was being provided? The Medical Officer of Health is not with you alongside, and I am not going to ask where she is, it is up to you obviously who you bring to the hearings, but I think for the reassurance, as I keep going on about, I think the public were needing that reassurance and I wonder what your thoughts are on that.

The Minister for Health and Social Services:

The Medical Officer of Health is on leave, but we will have Mr. Patrick Armstrong shortly, who is our Senior Medical Director in the group. There is no question of not being able to give reassurance. I want to move away from personalities here. It is about the right response and not a particular person to give a response.

Deputy K.G. Pamplin:

Let us move away from it, then, and come back to it when those others join. There is concern about the overall costs of the antibody testing kits. We were told about these by the Chief Minister back in March when we were at Fort Regent and the Island was learning about the possibility of what those antibody tests at the time could bring. We know that they were purchased via contact with a U.K. (United Kingdom) company and also elsewhere, so what is the total money that was spent on all the antibody testing from way back then, but also could you say how much money has been lost, you could argue, if they have not been used? How much money overall has been spent on the antibody tests and has there been a loss?

The Minister for Health and Social Services:

Deputy, I am afraid to say I would need notice of that detailed question, so I cannot tell you offhand the total budget on antibody tests. You began your question by saying there is concern over the cost. No one has raised concerns with me. If you would like to put your concerns in writing, we can look into them.

Deputy K.G. Pamplin:

The concerns, Minister, have come from members of the public who engage with Scrutiny. As you know, before we do these hearings we do ask the public to ask us any questions relating to the subject matters we send you in advance. The antibody testing, we have had some engagement with the public, who have quite rightly put their concerns to us, which is what we are doing. If you can get those answers at a later date, we would appreciate that as well.

The Minister for Health and Social Services:

Okay. I believe it is valuable to conduct the antibody tests and we have received funding to combat this pandemic. There has never been a question that we should not pay for this. What public health has needed has been provided by the Treasury to deal with this pandemic. I am pleased to say, and you will be pleased to know, Dr. Muscat has now joined us. I wonder if he wanted to contribute to that issue.

Deputy K.G. Pamplin:
We can just about see you, Ivan.

Deputy Medical Officer of Health:
Okay, shall I move somewhere?

Deputy K.G. Pamplin:
Maybe if you can swap with the Director General, if that is possible, so you can get comfortable and set, and I will just remind members of the public this is a live quarterly hearing with the Minister and the Health and Social Services Scrutiny Panel. We started by asking a range of questions and we will move on to my colleagues to talk about other subjects of mental health and the Jersey Care Model. As, Dr. Muscat, you are with us and for the first time in a quarterly hearing - you have met with us privately - and now you are here and the public are watching, can you first, before we get back to the antibody testing, give us now in your opinion where we are as an Island and your overall summary of how we have performed since 22nd January?

Deputy Medical Officer of Health:
We are in a reasonable position, I think. We have capped the significant COVID activity that was apparent in the winter months and very early spring months, and did so ahead of many European countries. The COVID activity currently is very low indeed on-Island and it is only being perceived at the moment as a result of the proactive screening that is being undertaken at a fairly reasonable rate in order to pick up hidden asymptomatic infection and contacts of such individuals. We are going out seeking “fires” to put them out before they become apparent, if that is the right analogy. Given the low rates in other countries in Europe currently - COVID is still present in these other countries but the rates are relatively low - then the side effects of the mitigation factors, the restrictive mitigation factors that were put in place to manage COVID, started to weigh more heavily in the equation and it seemed reasonable as a result to dial down on these restrictive practices, given the overall COVID situation. So we have moved from level 3 to level 2 within Jersey and the borders have been opened under various regulations to allow individuals to see their families in the U.K. and vice versa and for people perhaps who were stuck abroad because of the generic lockdown to return to the Island if this was their place of residence. I think all in all we have managed to control COVID so far. We have not got rid of it, of course. I am not for one minute saying that, but we have

managed to put a cap on it. We are testing quite frequently and, of course, contact tracing in relation to that to prevent as much as we can any re-emergence of COVID, and we are also dialling back on the restrictive mitigation that had been put in place to allow for more normal activity, but we are absolutely not back to normal. COVID is still there; we still need to pay attention to it as a threat. We still need to ensure there are counter measures.

Deputy K.G. Pamplin:

Excellent. Dr. Muscat, because you are here again, the public who engage with us, who definitely engage with me and I am sure you are hearing this as well, have been totally consumed by a novel virus like no other occasion before, because of social media, 24-hour news, and information. People are genuinely obviously very concerned about the second wave. Can you update us based on your information and the way you see it now? Will we see a second wave, do you think, to the best of your knowledge, or how do we prevent a second wave? I think for the reassurance of Islanders that is a big point going forward.

Deputy Medical Officer of Health:

There is a distinct likelihood of a second wave when we go into winter, because respiratory viruses as a whole are more common in winter and this is a respiratory virus. It is also a gastrointestinal virus and some gastrointestinal viruses, for example norovirus, which classically is named winter vomiting disease, are also more common in winter. We should expect that if COVID is going to cause a second wave it is going to do so in winter. Indeed, if you look at the southern hemisphere now, which is their wintertime of course, then places in South America and South Africa and one or 2 areas in Australia are seeing an increase in COVID, so we will need to be even more vigilant and more careful as we approach wintertime and we just need to bear that in mind. The other thing that we need to bear in mind, of course, is that all respiratory viruses are more common in winter and that includes flu, and I would very strongly encourage all those who are eligible for free flu vaccinations to be vaccinated as soon as possible this coming season, and more flu vaccines have been requested to help cater for that. There was a second point, I think.

Deputy K.G. Pamplin:

No, you have answered the bulk of it, as you always do. My final point before I turn to the Minister is this whole thing about herd immunity. If we go right back to February and March, and we are watching what the United Kingdom were doing - and we could sit here and talk about that all day, and other parts of the world - it is difficult to compare but we must focus on ourselves. The other concern that people are raising and bringing to us, and I am sure you are hearing it again, is this herd immunity. Are we just letting the virus into the Island to get everybody infected so we can use the Nightingale Hospital, so we can get everybody immune? You have explained this to me, but could you now use this moment to explain once and for all about all of that?

Deputy Medical Officer of Health:

At the very beginning, before people had any real feel for COVID, there were parallels being made with other viral infections and the possibility of controlling the bulk of COVID infection and only letting small numbers trickle through in order to gain herd immunity safely. I think all thoughts of herd immunity quickly evaporated and we focused on dampening down infections and the problems caused by COVID, but we wanted to measure how much COVID was going through the population, not just by noting symptomatic cases, which of course always came to light and were diagnosed, but by also noting the asymptomatic cases. That is where the zero-prevalence studies came into the equation and, as you know, we have done 2 or 3 zero-prevalence studies that continue to show an exposure rate of about 4 per cent to 5 per cent, so that is single figures. So the infection rates in Jersey have been relatively low compared with some parts of the U.K., for example, where the zero-prevalence rates are closer to 10 per cent or more. That, if you like, is another measure of the degree to which we have managed to put a cap on COVID activity in Jersey, but it does mean that most of our population are not immune to COVID and we have got to be careful of that. It does mean that we have got to be careful to pick up any infection as soon as possible, isolate those people and contact trace in relation to those people. That is what we are doing at the moment. At the moment we are doing it perhaps more avidly than we did in winter because we are going out looking for cases.

Deputy K.G. Pamplin:

That neatly leads me to my final questions. How many tests are we doing at the moment, and how does it break down between the travel testing that we are doing and the workforce programme, and what is the update on the turnaround of testing times? I hope someone is making a note of all my final questions, but how many tests are going off-Island and how many tests are happening on-Island? Finally, could you give us an update on the increased test kits that you were telling us all about in the press conference and to Members in terms of boosting those numbers? I hope you got all that, and those are my final questions and then I will hand over.

[10:30]

Deputy Medical Officer of Health:

I believe at the moment we are probably exceeding the 500 a day with the border testing. I cannot give you an exact number because I do not have it off the top of my head, so I apologise for that. I know that many of the off-Island tests are coming back to us within 24 hours, not all of them, but many of those going to a particular laboratory in the U.K. that is dealing with the bulk of our off-Island tests are coming back to us within 24 hours or just over that. The vast majority come back to us within 48 hours. There are occasions when there are problems either with transport or more often

with I.T. (information technology) where there is a delay in the results coming back to us. That happens once every 2 to 3 weeks, a glitch happens somewhere in the system and we have to cater for that and try to ensure that such glitches are not repeated. New glitches come along in life, as always. We currently ration ourselves to 65 tests on-Island per day, which obviously some days we do more and some days we do less, but that is the average, because that is the number we can knowingly replace going forward. We use those on-Island tests, which give you a result within one, maximum 2 hours, for emergency admissions, emergency transfers and acute medical care, rather than for simple screening purposes. In terms of where we are going next, we want very much to have a more large-scale, on-Island P.C.R. (polymerase chain reaction) testing and we are in the throes of bringing in a self-contained laboratory that will be annexed to the hospital laboratory to undertake P.C.R. tests at a rate of about 1,376 tests every 8 hours if everything goes swimmingly, which would be about 2,600 every 16 hours, which would be a reasonable work day. We are hoping if all goes to plan to receive that self-contained laboratory early in August, have results starting to come out later in August and have full capacity in September and most definitely ahead of the winter season. The thinking behind that is both borders and winter, in my mind. While all this is being set up we will continue with off-Island testing. At the same time, we will be looking at other technologies like the lamp P.C.R. technology that will give you a result within about 1½ hours, 45 minutes extraction and 20 minutes testing, and that is a rapidly developing technology that is really very attractive and so we are keeping a close eye on that. A third option, which has only really come to light in the last week, is the concept of pooled testing, so the on-Island test is run one sample per cartridge, which is 65 cartridges a day, but you can in a low prevalence area such as Jersey do up to 6 swabs per cartridge. That will reduce your sensitivity a little, but it is still doable. Theoretically, then you have 6 times 65 tests you can undertake. Obviously, if you find a positive in a pool you would then need to take those that have contributed to the pool apart and run 6 tests to find out who of those is positive. That concept of pooling is one that has been used in other situations, for example in blood donor testing in the U.K., so it is not a novel concept, it is just novel in relation to COVID. We are looking at that now because, of course, it will increase our capacity. It is not up and running yet; we are looking at it, I hasten to add.

Deputy K.G. Pamplin:

Of course. Dr. Muscat, you have just demonstrated why we have been so desperate to have you at these meetings, because in all those answers you have given reassurance and you have given us answers and the fact that testing is looking to increase, so again the ability to say thank you for everything you have done in the last few weeks in answering all of our questions. I am sure if the public were alongside me right now they would echo those thoughts. Thank you very much for everything you have done. With that, I am going to hand over to my colleague, the Deputy of St. John, who is going to speak to you now, Minister.

The Deputy of St. John:

Thank you, Deputy Pamplin. I apologise for coming in very slowly there, but I am having problems with the technology, switching the sound and camera on. I am going to ask a couple of questions about the effects of the virus on the Jersey Alzheimer's group of people, those people suffering from dementia. Jersey Alzheimer's has publicly and directly expressed its concerns about the information on COVID-19 that they have and the feeling that they are not offered enough information to be able to share with some of the families depending upon them. Why did you not take the charity up on its offer to assist in simplifying the information being shared with these particular members of our society?

The Minister for Health and Social Services:

Thank you for your question. The work of the Alzheimer's Association does mean a lot to me and many Islanders. I have previously apologised when asked similar questions. To be frank, we did seem to drop the Alzheimer's Association in the vast number of other work that needed to be done at speed, and perhaps we did not give enough thought to the people that they were looking after. For example, we could not continue the memory clinic during lockdown. That has had an impact on many dementia sufferers and their families. Similarly, day care centres and the like. We would have liked to have worked things through with them, but since their expression of disappointment we have made contact with them and we are working well with them. We had a good relationship before and we continue to have that good relationship and we are very appreciative of the work they do. May I pass this question to Jo Poynter, our head of modernisation, who will be able to give the detail on what we are doing with the clients of the Alzheimer's Association?

Associate Managing Director, Modernisation, Health and Community Services:

Good morning. We have met with the Alzheimer's Association. The biggest concern they had was things were happening very rapidly and we were getting very good at getting information out through social media, electronic media, and we had not had the time to think about how we get it out in paper form in an understandable way. We are working with them and our communications department is working with them so that we can do better. At the early stages, with the rapid speed, it was very hard to get everything out in an easy and accessible format for people to understand. I have met personally with the executive of that organisation and we set up a programme to do that. There were other things that we had to stop doing in this period, as the Minister has mentioned, such as the memory clinic and some of the work on the dementia strategy, but we have now started looking at how we can do that, even if it is electronically, so we do not lose the good work and the good relationship we have currently with the Alzheimer's Association, and some of our other charities and organisations that we work with.

The Deputy of St. John:

Picking up your reference to electronically, are the Jersey Alzheimer's Association now listed on the Connect Me page on the Government website, because they were not?

Associate Managing Director, Modernisation, Health and Community Services:
My understanding was that we have not got charities listed on the Connect Me page. I do not believe they are there, but they will get directed to Alzheimer's if somebody rings into one of the help lines. They are on the list of organisations that can help and be of assistance.

The Deputy of St. John:
Thank you for those answers. I am going to move on now to ask the Minister about the mental health services in general. Minister, following Deputy Pamplin's amendment to P.61, which attempted to enhance the mental health services during the safe exit strategy, what is now in place to provide the extra support that the Adult Mental Health Service requires, given the increased demand for support that we are seeing?

The Minister for Health and Social Services:
The Adult Mental Health Service has reconfigured its teams in order to be able to provide better support during COVID. That has been explained very well previously in States debates by Senator Pallett who, of course, has responsibility for this area. Would you wish me to pass over to him?

The Deputy of St. John:
That might be the answer, yes.

The Minister for Health and Social Services:
Okay. Steve, may I ask you to speak?

Assistant Minister for Health and Social Services (1):
Yes, I am happy to. Good morning, panel. As the Minister has just said, you have previously received documents and I have made various statements in the Assembly around the reshaping of Adult Mental Health Services through COVID-19 and also how that will transition into business as usual services moving forward. The amendment of Deputy Pamplin was an important amendment, and we will certainly be clear in how we are going to improve and enhance services moving forward and inform the Assembly at regular intervals around what that will look like. I want to stress that in terms of business as usual the mental health improvement plan is something that has been in place for some time now, and the Mental Health Improvement Board oversees any improvements, developments, within Adult Mental Health Services within the Island, and that remains the document that we will be looking to provide improvements within. It is a flexible document. It is one that monitors and R.A.G.-rates (red-amber-green) improvements within the service. You are quite right,

we do need to ensure that we are on top of improving services and as we reintroduce services, such as Jersey Talking Therapies, and carry on discussions with the Listening Lounge in terms of what that might look like moving forward, it is absolutely vital that we provide the services that the public needs. There is an awful lot of work going on within the Mental Health Care Group to ensure that services are of the standard and have enough capacity for the public. There is no shortage of effort going into it. Perhaps communication at times could be better, but I think what we intend to do and what Deputy Pamplin has asked is that the communication is better and it will be and we will provide regular updates.

[10:45]

The Deputy of St. John:

Thank you for that, Assistant Minister. You mentioned the Listening Lounge and Jersey Talking Therapies. Jersey Talking Therapies have been redeployed in effect and the Listening Lounge has become the first port of call. It has come to our attention that the Listening Lounge is creaking from the pressures that it is under, to the point at which they may be considering pulling out of the service altogether because they simply cannot manage the level of severity of the burden that besets them.

Assistant Minister for Health and Social Services (1):

Deputy, I would totally refute what you have just said. I have no information whatsoever that the Listening Lounge is creaking.

The Deputy of St. John:

Over the last fortnight they have had 55 referrals, I gather, and their levels of skill are insufficient to deal with the burdensome cases that are walking through their door.

Assistant Minister for Health and Social Services (1):

That is just not the information that I am receiving from the Listening Lounge. Clearly, if cases are more severe or require immediate attention there are opportunities within Adult Mental Health Services to refer them on. The Listening Lounge know exactly the way that can happen, so I have not got any concerns that the Listening Lounge is not able to cope with the level of referrals or people walking in at the current time. It is a difficult time; we all know it is a difficult time as we reintroduce services back in, but the plan is to get Jersey Talking Therapies back up and running in a reformed way, which will again add back into the service. I have heard nothing from the Listening Lounge to suggest that that is the case. The report we have had from them recently was clear around the levels of referrals that they are getting. We have still got to go through a formal review with them at some stage in terms of what the service will look like longer term. I am sorry, I have not had that information and I keep in regular contact with them.

The Deputy of St. John:

Will you be contacting them immediately after this meeting to find out where it is at?

Assistant Minister for Health and Social Services (1):

I know where it is at, because we have just had a regular update from them in terms of the levels of referrals that are going through it. We have regular contact and our Director of Mental Health Services has regular contact with them. If you wish me to speak to them I am quite happy to. I speak to the director who deals with the Listening Lounge on a regular basis. If you want me to go down and talk to her again I absolutely will do.

The Deputy of St. John:

It is not for me to give you instructions, Assistant Minister.

Assistant Minister for Health and Social Services (1):

Everybody else does.

The Deputy of St. John:

Can you give us a timeline in relation to when the Talking Therapies unit gets back up and running?

Assistant Minister for Health and Social Services (1):

I think it might be better if Rob Sainsbury does that. I know he has been working closely with Dr. Garcia in regard to reintroducing that service, so maybe I can hand over to Rob for that.

Group Managing Director, Health and Community Services:

We started receiving new referrals again for J.T.T. (Jersey Talking Therapies) from 22nd June. Our plans to open the services back up for physical appointments, so they can see people face to face physically, will be by the end of July, so between 20th July to the end of July. Some of them might start as early as 20th July, but by the end of July we will have all of the previous arrangements back in place. I want to pick up on the points on the Listening Lounge, because we are completely aware of the increased activity that is going through the Listening Lounge. It has almost doubled in June and some of it is increasing in complexity, but there is a very clear referral process between the Listening Lounge and J.T.T. and broader mental health services. Tomorrow we have further time with the Listening Lounge and J.T.T. and our mental health team, because we are going to go through that case load, because it is increasing and we are seeing increased activity within the mental health remit. We expected to. That is what all of the preparation that we have been working with the Assistant Minister and our mental health team has been about, because we probably need to divert some capacity between the J.T.T., the Listening Lounge, Jersey Recovery College have a

role to play, Mind have a role to play and our Adult Mental Health Service as well. We are still working with all of that activity. It is a daily ongoing thing for us.

The Deputy of St. John:
It is interesting that you are aware of an increase in referrals. Is this increase in referrals entirely to do with the COVID-19 period of isolation?

Group Managing Director, Health and Community Services:
There are links. We are seeing an increasing pattern because obviously we are seeing people who have been impacted on the psychological effect of what has happened with COVID, whether that is financial, employment related or other circumstances. We are definitely going to see thematic cases coming through. That is consistent with all other jurisdictions. We also need to be mindful that in some circumstances for psychological support, because we have been offering virtual support and the Listening Lounge had turned into a listening line, at times those mechanisms are not always the best mechanism for people. They need to see people, they need to be in proximity to people, so naturally as the services now start to open more normally, as they were prior to COVID, you are going to see those people who want to come in and see their counsellor, have a conversation with somebody face to face. I think it is a combination of both. It is a bit too early to draw conclusions on all of the activity, because we are only just starting to get back to a level of previous B.A.U. (business as usual) but we are seeing themes and a lot of that does relate to COVID. We expected it to.

Assistant Minister for Health and Social Services (1):
To add to that, and I think Rob has touched on it, there are a lot of issues and we are aware of issues, we all are, more social issues rather than pure mental health issues, issues that are causing anxiety within people. I think it is really important, and I know it has been happening, that the Listening Lounge are referring those to other agencies where people can get help and assistance, while also providing them with the support to get them through that particular period of anxiety. Rob is absolutely right; it is a mixture of support. Some of it is within Adult Mental Health Services, others are within other agencies within Government and even other private sector agencies as well, or charitable sector agencies.

The Deputy of St. John:
Thank you for that. I will ask in more specific terms about the response in a self-harming way and the number of suicides that you have had over this period of time, and what your impression is of the state of our population in that sense.

Assistant Minister for Health and Social Services (1):

If Rob can start on that maybe, and I will comment at the end. Rob, you are probably in the best position to comment on that to start with.

Group Managing Director, Health and Community Services:
I think that is quite difficult for us and the reason is because when there is an event such as suicide the review of the events that led to the suicide take a long time to pull together. There is a very detailed review that needs to happen. There is a multi-agency approach we need to explore. To review that for the period of COVID I do not think we are in a position where we can say to you today we have had X number of cases and this is the output of them. That is detail that will emerge, but we are always in a position with our suicide reviews where they are retrospective. We monitor them in a very process-driven way. We draw on the Safeguarding Partnership Board if we need to. We can get that information to you, but it is something that is an ongoing picture that we are reviewing. I believe at the moment our initial impression is we are not seeing levels that are outlying to previous years but it is a bit premature to conclude that right now. We need further work.

The Deputy of St. John:
Thank you for that. You have had a number of prevention initiatives running. Are those continuing to be extended to the community? The Mental Health Care Group, for example, is involved heavily in that, I believe. Have you got some feel for how successful that prevention programme is?

Group Managing Director, Health and Community Services:
Probably one of the most successful prevention initiatives that we are having at the moment, and this is a COVID-related initiative, is in relation to our vulnerable persons. These are persons who also are at risk of harm as in self-harm, or potential suicide. It would probably be helpful if I call in our Chief Social Worker, Isabel Watson, who sits on that cell as she was part of that safeguarding process. Isabel, I think it would be really helpful for Scrutiny if they could understand what we are doing to ensure that we try to protect what we believe are vulnerable Islanders who could have escalated mental health concerns.

Head of Adult Social Care, Health and Community Services:
Thank you for that. Hello, Trevor; hello, Minister. On a positive note, we have introduced a safeguarding cell 3 days a week. This is in partnership with the Safeguarding Partnership Board. This is to identify vulnerable adults. This also links into a lot of the work that we have been doing in day care, the police. We have 13 different multi-agencies. We have been working closely with all the other agencies on the Island. I would say the COVID-19 process of the safeguarding cell has been a great success. We intend to continue that going forward, not just through COVID-19 but as good practice bringing it into the future. I would say the safeguarding cell has strengthened our working relationship with adult social care, the police, altogether in identifying early prevention. We

have started to take data on how this is working and people are saying how well we are working together. We have looked at identifying needs. We now have a presence of mental health attending the police 5 days a week. We go to that daily meeting and we feed back any adult protection notifications, and I would say we are being more proactive than we have ever been. When I started in January the plan for the Jersey Care Model was to bring cells like this together. I am really focused on joined-up working and sharing information because I feel that is where we can get it right for vulnerable adults on the back of COVID-19 bringing this cell together. We are maintaining that. We are not going to stand that down. I want to continue that because I think it is good practice for the Island and it is good to have the connection with the private sector. It strengthens our relationship with mental health and we have been trying to pick up the pieces with increased demand for mental health by our adult social care social workers carrying a lot of the cases that are required. I hope I am giving assurance there. I think it is about regular contact. We also have a good working relationship with Children's Services. We are looking at reconfiguring front door services and how we respond to people in a timely way. I hope that helps.

The Deputy of St. John:
Yes, it does. Thank you very much for that. I am conscious that we are almost an hour into this meeting and we still have quite a long way to go. I will hand you over to Deputy Geoff Southern at this stage.

Deputy G.P. Southern:
I am on to a different case, the Jersey Care Model, and the question is where are we with the timescale seeing the final version, the strategic outline case, and the Government Plan, some sort of business case, for where we are going? Minister?

The Minister for Health and Social Services:
Thank you, Deputy. I will ask Jo Poynter to explain the detail of the timetable.

Associate Managing Director, Modernisation, Health and Community Services:
While it has continued in this period when things have been difficult, I am going to work backwards. We are still hoping to go to the States Assembly on 20th October, which means that we need to have lodged the Jersey Care Model proposition by 7th September. We intend to have our business cases ready to be lodged with the Government Plan so the strategic outline case is proposed to go to C.O.M. (Council of Ministers) on 2nd September, lodging on 7th September, all the financials, the business case, in the Government Plan and to the Assembly on 20th October.

Deputy G.P. Southern:

That is the business plan so we will be able to see what the costings are of delivering the community care model?

[11:00]

Associate Managing Director, Modernisation, Health and Community Services:
The business case will be part of the financials within the Government Plan this year, yes.

Deputy G.P. Southern:
It will not be extra to the Government Plan?

Associate Managing Director, Modernisation, Health and Community Services:
The plan is that the Jersey Care Model business case will form our submission for the Government Plan, not in addition.

Deputy G.P. Southern:
Okay, and what has been the impact of coronavirus on progress? What have we seen since we last met in February? Can we talk about that at all?

Associate Managing Director, Modernisation, Health and Community Services:
The impact has slowed us down. We would have liked to have had this lodged a lot sooner. We would have liked to have had everything out in public now. We have not, so that is why our timescales are very tight. Work has continued in the background, but we are not ready yet to have a public document with a business case. We are still working on that.

Deputy G.P. Southern:
To the Minister, could you explain what has happened in response to COVID-19 that has diverted us and how you have coped in the last 5 or 6 months?

The Minister for Health and Social Services:
It is around the availability of personnel to work on developing the plan.

Deputy G.P. Southern:
Specifically, how have we done with the G.P.s (general practitioners) as part of the response to COVID and separate from the ...

The Minister for Health and Social Services:
Sorry, how did what with the G.P.s?

Deputy G.P. Southern:

How have you managed working with the G.P.s under this special arrangement?

The Minister for Health and Social Services:

It has worked well. We have been able to deliver the Urgent Treatment Centre and G.P.s have worked with the ambulance service and in care homes. What I am being told by both H.C.S. and G.P.s is that they have each had valuable experience and gained an understanding of each other's work and it was the right move to make as a response to COVID. We were better prepared as a result of entering into that contract with the G.P.s.

Deputy G.P. Southern:

Okay, but we were told recently that this contract with the G.P.s will not be renewed on 6th August, when it finishes. How do you feel about a return following that to £45 to see your G.P.? Is that not surely a step backwards?

The Minister for Health and Social Services:

That was a decision of the G.P.s, not to renew that sort of contract, which was negotiated in haste and was specifically designed to respond to a COVID emergency. We are now in a position where we can talk with the G.P.s about wider issues, about the better delivery and more co-ordinated delivery of primary care in the Island, and that is what is happening. While they will go back to their surgeries, we are still talking very productively with them about how to transform care in the Island.

Deputy G.P. Southern:

You say it is very productive. Are you not disappointed that you have had to return to £45 to see your G.P. and that a replacement, a renewed contract, was not able to be negotiated?

The Minister for Health and Social Services:

Deputy, I am not in a position to control what the G.P.s charge to their clients. We can control the rebate that is offered, through the Social Security process and the Health Insurance Fund, but the question of what they charge is for them as private practitioners.

Deputy G.P. Southern:

But you successfully negotiated a 4-month contract following the outbreak of COVID. Are you not disappointed - and I repeat the question - to have to return to a £45 consultation fee and have been unable to negotiate once more around a sustainable service and not this unaffordable service for some?

The Minister for Health and Social Services:

It is not simply a question of cost. The contract took G.P.s into public employment for a limited period so, being employees, they were no longer running businesses and needing to charge fees; therefore, we have the ability to set charges. When they are no longer Government employees, we are not in a position to direct how they should charge.

Deputy G.P. Southern:

Are you saying, then, that you are unable to assure us that the £45 fee will not be there permanently? You say you are still talking to the G.P.s and you are saying that that is productive. When do you expect to see a new case to deliver a sustainable service of primary care?

The Minister for Health and Social Services:

Deputy, my wish is to improve access to primary care for all, not just vulnerable groups, and to remove barriers to access. There are ways of doing that and one way, in extremis, would be to take them all back and make them compulsory employees of Government, but that is not what we want and that is not what they want. So, I think that is very unlikely to happen. But they are methods which we can use to deliver services in an accessible way and we are exploring that and we are making progress with them.

Deputy G.P. Southern:

You are requested by P.125/2019 to identify and prioritise groups of vulnerable people who are either financially, socially or clinically vulnerable. How is progress ... could you tell us about what you see about those 3 vulnerable groups?

The Minister for Health and Social Services:

Yes, and we are working on that and we were pleased to give you a short briefing on that yesterday, Deputy. So, we are looking at those different groups, obviously those on low income, children, but specific long-term conditions such as diabetes. Well, the diabetes care has been transformed this year in that there is a significant amount of funding that has gone into making diabetes care more accessible, but there are other vulnerable groups like that that may not be financially vulnerable but they are vulnerable because they need an enhanced degree of care. As your proposition requested and as the Government Plan undertook in advance of that, all those vulnerable groups are being looked at with a view to coming back to the States and having a new system in place improving accessibility from next year.

Deputy G.P. Southern:

How confident are you that you can bring a scheme to encompass those basically 3 groups in order to be in place by January next year?

The Minister for Health and Social Services:
Well, yes, I am confident because we are conscious of the timetable. I would very much want to keep to that timetable. There is no opposition to this, Deputy, in that we all know what we want to achieve and we must work out the system arrangements behind it and secure the funding.

Deputy G.P. Southern:
So, when will we see who those groups are and what the arrangement is? Do you know?

The Minister for Health and Social Services:
So, the plan is to bring a proposition to the States. I think it is in quarter 3, is it? Yes. That is what it says in the proposition, so we are keeping to that timetable, and the plan will be fully developed by then.

Deputy G.P. Southern:
We will see that in the business case in the Government Plan?

The Minister for Health and Social Services:
Yes, that will need to be included.

Deputy G.P. Southern:
On 2nd September or thereabouts, 7th maybe? Early on in that quarter?

The Minister for Health and Social Services:
Yes, obviously expenditure next year and onwards needs to be included in this Government Plan coming forward.

Deputy G.P. Southern:
Okay. I think that covers what I wanted to ask about in some depth. Okay, can I pass on to Carina?

Deputy K.G. Pamplin:
Just before that, Deputy Southern, and before Deputy Alves, just to push you further, Minister, could you just confirm that the business case for the Jersey Care Model, you are saying it is going to be part of the Government Plan which is not due to be lodged until 12th October, so if that is the case, going by a quick, rough calculation, there will only be 2 weeks for us to scrutinise it before the Jersey Care Model debate on 20th October. Have I got that right?

The Minister for Health and Social Services:

We would wish to give you as much time to scrutinise as is possible, Deputy, and, of course, in all that timetabling we would want to liaise with the panel because I am conscious you would want to prepare a report probably, or at least comments, and ask questions and possibly hearings and the like.

Associate Managing Director, Modernisation, Health and Community Services:
Minister, we plan to lodge on 7th September, so there will be more time for scrutiny prior to debate on 20th October.

The Minister for Health and Social Services:
That is the Jersey Care Model?

Associate Managing Director, Modernisation, Health and Community Services:
Jersey Care Model, right.

The Minister for Health and Social Services:
I do not know if you heard that. We plan to lodge on 7th September.

Deputy K.G. Pamplin:
So, Minister, all I am saying, I guess, is if you are planning to lodge on 7th September and you know we have been reviewing the Jersey Care Model, I cannot stress it enough how early we must see things if that is the case during the summer recess when we are still going through the pandemic, and all I can stress and urge is that we see things as soon as possible. But the point I am saying is that the Jersey Care Model is going to be part of the Government Plan with your department in there. Why is it not being separated? Because it is on record, as you have said many times, this is something that is going to take years to sort out, so why is it not being done separately, again if you can clear that up?

The Minister for Health and Social Services:
So, my understanding is that the Jersey Care Model will be looking far ahead and consider funding longer into the future. The Government Plan will concentrate on the immediate funding needed to put into the first phases of implementing the Jersey Care Model. But we would very happily try and work through this detail with yourselves as a panel and your panel officers and whatever improvements we can make to the timetable we would try and work with you.

Deputy K.G. Pamplin:
Okay, that is something I am sure we will come back to, but I am aware Deputy Alves has been waiting very patiently, so I will hand over to Deputy Alves for her line of questioning.

Deputy G.P. Southern:

Can I just come back for a point of fact? Is it the case that the 4-month trial or the 4-month agreement with the G.P.s that has recently ceased ... how much did that cost? Was that £5.3 million?

Director General, Health and Community Services:

Lauren, could you just confirm that? I thought it was 4 point something, 4.7?

Head of Finance Business Partnering, Health and Community Services:

Yes, of course. It is Lauren Jones, Head of Finance Business Partnering. Yes, it was 4.3 because the cost was offset by the patient income.

Deputy G.P. Southern:

Okay, thanks.

Deputy C.S. Alves:

Thank you. So, I am going to be asking some questions about running business as usual at the hospital at the moment. We note the news that visitors can now return to the hospitals. How has this been allowed and how will this work while the Island still has active asymptomatic cases on the Island?

The Minister for Health and Social Services:

Deputy, I have discussed this with officers. The fact that visitors were not permitted was a source of concern to many who wished to see their loved ones in hospital. Equally, it is a source of concern; we did not want to create undue risk around COVID. So, it was a difficult area to manage, but in my discussions with officers I was satisfied that what has been set out now as the procedure is appropriate and safe. I would like to ask Dr. Muscat perhaps if he would address the detailed reasons as to why that is, let us say, safe in COVID terms.

[11:15]

Deputy Medical Officer of Health:

This move was basically in keeping with the generic move towards softening mitigation and returning to something closer to normality, but while still taking appropriate precautions. So, the number of visitors that we are allowing per patient is, I think, something like 2 in total and those visitors need to be consistent; it is not different people on different days. Visiting hours are controlled and this is also in keeping, of course, with visitors to residents in care homes, who have essentially been shielded very thoroughly over a 3-month period but as a result of which have not seen many of their

relatives. In terms of the overall protection of the hospital, all admissions, whether they are emergency or elective, are screened for COVID as well as using tests. They are also screened symptomatically, of course, and staff are part of the proactive surveillance system that has now been up and running for a number of weeks. Front-line staff are tested every 4 weeks. Staff that are not quite in the front line are screened every 8 weeks, and care home staff fall somewhere in the middle and they are screened every 6 weeks. So, those are the protective layers we have established to try to protect patients and staff while permitting some closer working to normality.

Deputy C.S. Alves:
Okay, thank you. My next question is: what services within the hospital are back up and running and where are there issues? For instance, can you confirm what the situation is with the Samares ward and/or the physio services?

The Minister for Health and Social Services:
Yes, Deputy. Last month we began day surgery work and that has proceeded well, I understand, with more day surgery being carried out than possibly pre-COVID and a greater number of procedures because practitioners have learnt that they can do that. Then we are now opening up for elective longer stay surgery. I recognise there has been discussion around Samares ward, which was closed as a result as a COVID measure, but we are still looking after those necessary patients that need rehabilitation. As to the detail, I would like to ask Mr. Sainsbury to address that, please.

Group Managing Director, Health and Community Services:
Thank you, Minister. We are also starting to do some of our more major elective surgery now at the hospital as well. So we have started our theatre schedule getting back up to normal. We are also starting to introduce some of our outpatient appointments across different specialties, but you specifically asked as well in relation to what is happening with Samares ward. So, at the moment Samares remains temporarily closed. We closed the unit prior to COVID and there were 17 patients on the unit. We have now tracked the detail for those patients and I have agreed I will share that with Scrutiny. We will send that to you today. The alternative in providing rehabilitation support from an inpatient perspective is now provided at the general hospital. So we have opened a dedicated area within the existing ward capacity at the hospital. We started with 6 beds and we had low occupancy for those beds in the first few weeks. This week we have had a slightly higher level of occupancy. We will probably increase those beds but we are still not at a position at the moment where our bed capacity and our emergency activity means that we need additional beds. So we would not have the volume at this moment to reopen Samares ward. We are still managing to complete inpatient rehabilitation within the one site in the general hospital. That is going quite well. We are seeing good outcomes for those patients, similar to what we would have had in Samares. Again, I would agree that we will share that detail with the Scrutiny Panel so you can see where the

destination for those patients on discharge is, whether it is home, whether it is into long-term care, or whether it is on to a different care facility. So, we will provide that detail for you. That does appear to be working quite well for us at the moment, working with our community colleagues. I think it is fair to say the hospital is seeing some increasing activity. Our occupancy is a bit higher than it has been previously, but it is still not at the level we were pre-COVID and that is consistent with the U.K. and other jurisdictions. We are not seeing the same number of emergency admissions and the same volume of activity coming through our front door.

Deputy C.S. Alves:
Thank you for that. So, following on from that, my next question is about waiting lists. What impact has the pandemic had on waiting lists and how long do you think it will take to address the waiting lists that have increased as a result of closure of particular services? We have recently heard from somebody, from a member of the public, who states that there is a 6 to 8-month waiting list for a colonoscopy, which is obviously causing some anxiety if there is a suspected tumour or cancer growing. So, how is that being dealt with?

Group Managing Director, Health and Community Services:
We have continued to provide urgent appointments and intervention for patients throughout the COVID period. If people have needed to be referred for urgent cancer pathways, for urgent treatment, if they needed urgent surgery or urgent biopsies or urgent action, we have continued to provide those services. I am not aware of that incident. I can look into that. I am aware there has been some social media reference to it today, so I am going to look into that query, of course. But we know that COVID has had an impact on our elective activity. We have not been able to continue with the same level of routine work and the less higher acute work throughout the period because we have had our hospital being disrupted by this period. We are confident, though, that with our new schedule going forward, our recovery plan, we can get back on top of our waiting lists. We are making some good progress in some of our specialties to manage that. That means we need to work differently. We need more day surgery activity. We need to make sure our theatres are scheduling in as much volume as they can. We have separated our public and our private work very clearly so that we can really drive our public waiting times and start to reduce them across specialties. We are going to be more transparent about that detail and that data, but we are now starting to get back on top of that waiting list position.

Deputy C.S. Alves:
Thank you. My next question is: how much longer will the U.T.C. (Urgent Treatment Centre) remain at the hospital? How will this be staffed and how much is it costing to run or how much has it cost as is spent to date?

Group Managing Director, Health and Community Services:
I can answer that. I cannot answer the cost detail for that at the moment because it is a combined absorbed cost. So, part of the function of the U.T.C. will be from the G.P. input that we have, but there are a lot of redeployed staff within the unit as well. We have a mixture of staff from across the hospital and different settings working within this, so the cost will be difficult to separate out. We will get to that but I do not have that to hand at the moment. In terms of the facility, we are looking - and we are doing this piece of work this week - at how we can start to get back to normal. We are looking at how we can start to have our flow of activity back through our Emergency Department in a safe way. We are working with the E.D. (Emergency Department) and the U.T.C. this week to look at how we can start to change those pathways back to the previous pathway. We are going to review where we have got to with that today so that we can start to make those finalised plans around that. It has always been our intention that we start to have our activity coming back into the Emergency Department, but we need to do it in a safe way and a socially distanced way for patients who are waiting. We are just finalising some of our plans with that at the moment. I think it is fair to say that as our activity in the hospital is starting to become a little bit busier, we need to be conscious that the G.P. activity is also getting busier. G.P.s are saying to us that their practices are now starting to get a bit busier and they need to focus their time on that. In responding to that, we have had to make sure that we balance our G.P.s between the U.T.C. and those practices going forward.

Deputy C.S. Alves:
Okay, thank you. I am mindful of time so I am just going to jump into ... hold on, I think Deputy Southern would like to ask a question so I will let him interject.

Deputy G.P. Southern:
Just briefly because of my own ignorance, what is the difference between the U.T.C. and using Accident and Emergency? I thought one of the problems was too many people were going to A. and E. (Accident and Emergency), so what is the difference in treatment?

Group Managing Director, Health and Community Services:
No, our response in establishing the U.T.C. was because of the potential impact of COVID. We had to make sure that the E.D. had sufficient ability to manage what we would call hot and cold patients coming through the department. At that time, that volume of activity could have put pressure on that department, so we created the U.T.C. to be able to manage the lower levels of acuity. So the patients who previously would have gone to the E.D., who might have a minor injury or a minor illness, they can come to a different side of the hospital. We have tried to bring that under the remit of a U.T.C. We brought G.P.s and clinicians together to manage that. As we now get to a position where we have much less COVID activity within the Island, we are able to go back to a position where that activity can start to be managed through one emergency door and so that we can start

to resume back to normal in terms of how that Emergency Department previously would have functioned.

Deputy G.P. Southern:
Okay, thank you for that. It is absolutely clear.

Deputy C.S. Alves:
I just wanted to ask some questions about the Nightingale wing. So, what has been the real impact of the flooding of the Nightingale hospital caused by the recent heavy wind and rain?

Director General, Health and Community Services:
We are using the Nightingale as a clinical education and as an education centre at the moment, which has been really useful. The flooding, while it was an issue, has been dealt with and is causing us no further issues. The roof has been fixed, so we are optimistic that going forward that fix will hold and that we will have no further issues.

Deputy C.S. Alves:
Okay, thank you. Also, when will the fire certificate finally be in place and can you respond as to why the Fire Service experts seem to have not been included or brought in at the start of the project?

Director General, Health and Community Services:
My understanding is that the Fire Service was involved right from the start of the project because the project was co-ordinated by the D.G. (Director General) for Justice and Home Affairs. So, fire was an integral part of it is my understanding, but I will need to clarify that with Rose.

The Minister for Health and Social Services:
No, it is the case.

Director General, Health and Community Services:
Because Rose has been our executive lead on the Nightingale. My understanding is that the certificate has been issued.

The Minister for Health and Social Services:
Yes, I have been advised of that.

Director General, Health and Community Services:
So I think that is now resolved.

Deputy C.S. Alves:

That was a fairly recent thing, though, was it not?

Director General, Health and Community Services:

The fire certificate I think I recollect is within the last couple of weeks, yes, but I will have to come back to you on that.

Deputy C.S. Alves:

Okay, thank you. What is the latest on the use of the Nightingale? Are there plans now in place to have it until a fixed date to support the Island through the winter months and, if so, what is that date?

The Minister for Health and Social Services:

Yes, I know that negotiations are going on to secure the Nightingale over the winter months, and it is felt that we will be able to do so. Those negotiations are being headed by G.H.E. (Growth, Housing and Environment). The plan is to have it over the winter months. As to what is going on there now, the Director General told you that our education centre was taking place there because COVID has meant that its premises here in Peter Crill House were utilised as a control centre for the COVID emergency. So, as a temporary arrangement, the educational services are being held there just to ensure that they continue as before.

Director General, Health and Community Services:

We have a clear escalation plan for how we would use the Nightingale if we were compromised by the volume of presentations of COVID. I think we have planned for the worst, we hope for the best, but it is a great contingency for us to have around our preparedness.

[11:30]

Deputy C.S. Alves:

Thank you. I am mindful of time so I am just going to hand over back to the Chair.

Deputy M.R. Le Hegarat:

Thank you, Carina. I just wanted to double check. The list of questions is still endless so what I am minded to do now, if this is okay with the Health team, is I know that Deputy Pamplin had one other question that he wished to ask and then maybe just ask if there was anything further that the other 3 panel members wanted to ask as final questions, if that was okay with you, Minister, and the team.

The Minister for Health and Social Services:

Yes, that is okay, Chair.

Deputy M.R. Le Hegarat:

Okay. I will then ask Deputy Pamplin for his question and then if anybody else wants a question, if they just want to indicate in the chat that will be good.

Deputy K.G. Pamplin:

Great, thank you, Chair. Minister, I do not know if Dr. Muscat is still with you, but I want to return back to the question of the threshold for periods of isolation, which has obviously featured heavily in the debate we had last week and could quite possibly return to the Assembly next week. So, based on the updated medical advice and the new data that is coming through to you, Minister, from S.T.A.C. (Scientific and Technical Advisory Committee) and Dr. Muscat, the Medical Officer of Health, will the threshold for periods of isolation pending the test result change given the early asymptomatic cases or if more positive cases are discovered as passengers go up? As Dr. Muscat mentioned, if those asymptomatic become symptomatic - so they become pre-symptomatic cases - what will be the threshold for reviewing that so medically the advice will change that it is advised that people do isolate while they are waiting for those test results?

The Minister for Health and Social Services:

Deputy, that is a very specific question around what advice might be given, so if I might pass over to Dr. Muscat and ask him to address that.

Deputy Medical Officer of Health:

The current advice is based on the current prevalence of COVID in the U.K., which is estimated to be a positive prevalence of about 1 in 1,100 individuals, of whom about half would be asymptomatic. The estimated risk from not quarantining for the 24 to 48 hours after having a P.C.R. pending results is of ... the risk of onward transmission from those individuals is very low indeed, so we felt it was safe to continue with a P.C.R. without quarantining for this period. What will happen, though, as we go forward and improve our on-Island capability to test at scale is that that period between taking the swab and getting the result will get shorter and shorter and will at some point be of the order of 12 hours or less, we hope. Those are our calculations anyway. So, the risk from the non-quarantine period of onward transmission would be even less. As you are probably aware, although it is ideal it is difficult to get a significant number of passengers having a P.C.R. before travel. That requires a set-up in different jurisdictions over which we have little control. That relates to the U.K. We have, as you know, stratified countries by, if you like, their prevalence. So those countries which on balance have a risk of COVID approaching that of the U.K. and so not particularly requiring any additional steps in going into the U.K. are being asked to have a P.C.R. plus no quarantine coming into Jersey, which is, of course, more than what is happening to entrants from those green countries, if you like, to the U.K. and, indeed, across Europe. If the prevalence of the country of origin of a

traveller is higher than the first tranche of countries which are in our green stratum, if that is higher they are in our amber strata, and then we are asking individuals to have a P.C.R. on day zero, self-isolate for 5 days, have a P.C.R. on day 5 and then wait for a negative result before venturing forth. If, in fact, the risk is even higher than that and they fall into our red stratum, then they have to have a P.C.R. on arrival and self-isolate for 14 days. That sort of approach will be applied to people, for example, coming from the United States. The reason we do a P.C.R. at day zero for those individuals is that if they are positive, then we would want to contact trace their fellow passengers.

Deputy K.G. Pamplin:

Excellent, Ivan, again thank you for that, as ever reassuring. I am going to throw now to Deputy Alves who has some final questions.

Deputy C.S. Alves:

My final questions are around the expenditure. Last year the States Assembly approved a total of just over £211 million for heads of expenditure for H.C.S. for 2020. Can you tell us how much you have spent to date and can you tell us how much of that has been spent on COVID-19 related matters, please?

The Minister for Health and Social Services:

Could I ask Lauren to come in and give us those figures?

Head of Finance Business Partnering, Health and Community Services:

Certainly you can. I am just pulling up my file as to where we are. To date, we have spent around £13 million on COVID-related activity. We are still obviously reviewing all of our business as usual accounts just to make sure that we have captured everything, and we will then be submitting a final business case to ensure that those costs are submitted to Treasury. I am sorry, I am just having a little I.T. issue here. My camera is not working.

Deputy C.S. Alves:

Are you able to tell us how much has been spent in total then? So, £13 million is at the moment on COVID related, but how much ...

Head of Finance Business Partnering, Health and Community Services:

Yes, I am just pulling up my report for you. Okay, so our year to date budget is £116 million and we have spent £126 million. But as I say, there is year to date ... that includes £5.7 million of COVID-related activity.

Deputy C.S. Alves:

Okay, thank you. So, according to the efficiency plan, H.C.S. was due to make £9 million worth of efficiencies in 2020. How many of these efficiencies have you achieved to date and are you aware of any efficiencies you will be asked to make next year?

Head of Finance Business Partnering, Health and Community Services:
So year to date we have delivered ... sorry, I am just getting the numbers up, different files. We have delivered £2.6 million of efficiencies against a year to date target of £4.5 million. COVID clearly disrupted a lot of our schemes here where there were certain efficiencies that we were unable to deliver because of capacity reductions, et cetera, particularly around the income generation scheme, so private patients, et cetera. Our annual target is £9 million. We are currently forecasting to deliver £7.3 million of that this year and our efficiency target for 2021 is £5 million.

Deputy C.S. Alves:
Okay, thank you. My final question on this section is in the previous Government Plan you requested a further £4.8 million for 2021 on top of the £3.2 million requested for 2020. Do you still intend to request those funds in this year's Government Plan recovery plan?

Head of Finance Business Partnering, Health and Community Services:
Yes, we do and that is to enable us to fund some growth across H.C.S. going forward, both for this year and next.

Deputy C.S. Alves:
Okay. How will that impact on the efficiencies because obviously you are under your target? Will that offset them?

Head of Finance Business Partnering, Health and Community Services:
Some of it will, yes, it will. What we will be doing is having a look at the efficiencies going forward and seeing what growth we will have to use to substitute for those efficiencies.

Deputy C.S. Alves:
Okay, thank you. I am not sure if there is any other member that would like to ask any other question.

Deputy G.P. Southern:
Just briefly, if I may. We have a chart here of expenditure from 2019 through to 2020, but there are some big amounts on there. There is £20 million-plus in several places. I wonder if it is possible, without going into micro managing, to have a breakdown of those lump sums so it is easier to identify what gets spent where on what. Is there a finer breakdown?

Director General, Health and Community Services:

Yes, we are happy to do that. Some of it is because of our ... and Lauren will expand more, our financial information and how we present that but, Lauren, I am sure that we can pull something together, yes?

Head of Finance Business Partnering, Health and Community Services:

Absolutely, yes. If you can provide me with some detail of how you would like that broken down, I can happily pull that together for you.

Deputy G.P. Southern:

Thank you.

Deputy M.R. Le Hegarat:

Okay, that is lovely. It is now edging towards quarter to 12, so thank you very much to those that have provided us answers and their presence this morning. Hopefully, we will have another public hearing in the very near future. We did not manage to get through all of our questions and our question areas, but I think that is the time that we are currently in. There is so much to ask and there is so much information that we want to get across. So, thank you very much to all those staff and to the Minister and Assistant Ministers from Health, and thank you to the Scrutiny Panel. We will speak again soon. Thank you very much.

[11:43]