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Health and Social Security Scrutiny Panel

Quarterly Public Hearing

Witness: The Minister for Health and Social Services

Wednesday, 6th April 2022

Panel:

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

Deputy K.G. Pamplin of St. Saviour

Deputy C.S. Alves of St. Helier

Senator S.Y. Mézec

Witnesses:

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

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

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

Ms. R. Naylor, Chief Nurse

Ms. C. Thompson, Interim Director, Clinical Services

Ms. A. Muller, Director for Improvement and Innovation

Mr. P. Bradley, Director of Public Health

Mr. I. Muscat, Deputy Medical Officer of Health

Ms. D. Scott, Interim Head, Midwifery and Associate Chief Nurse

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

Ms. S. Evans, Acting General Manager, Primary and Preventative Care

[10:39]

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

Good morning, all. Welcome to the Health and Social Security Scrutiny Panel public hearing with the Minister for Health and Social Services. This will be our final public hearing prior to the upcoming elections. Apologies for the slight delay but we both in the Le Capelain room in the States building but also on Teams as well, we have quite a lot of remote people. That is why were fractionally late because it always takes a little bit more time to set everything up. All of the normal rules apply in relation to this public hearing as they would if we were sat in the States Assembly. I am going to ask people to introduce themselves. I am aware there is quite a number of people online, but I was not going to ask those people to identify themselves at this stage because I believe that the main contributors are sat in the room. If there is somebody that will need to speak or answer a question once we move forward, then I would ask them just to introduce themselves before they make that contribution. It is just to save time because we always very rushed for these hearings. I will introduce myself first. I am Deputy Mary Le Hegarat, District 3 and 4 of St. Helier and I am the Chair of the panel.

Deputy K.G. Pamplin of St. Saviour:
Good morning, everybody, Deputy Kevin Pamplin of St. Saviour, and I am the Vice-Chair of the panel.

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

Senator S.Y. Mézec:
Senator Sam Mézec, member of the panel.

The Minister for Health and Social Services:
Good morning, I am Deputy Richard Renouf, the Minister for Health and Social Services. I will ask my Assistant Minister to introduce himself.

The Assistant Minister for Health and Social Services:
Deputy Trevor Pointon, I am the Deputy of St. John and that is me.

Director General, Health and Community Services :
Caroline Langdon, I am the Director General for Health and Community Services.

Chief Nurse:
I am Rose Naylor, Chief Nurse, Health and Community Services.

Interim Director, Clinical Services:

Good morning, I am Claire Thompson, and I am the Interim Director of Clinical services.

Director, Improvement and Innovation:

Good morning, I am Anuschka Muller, Director of Improvement and Innovation

Deputy M.R. Le Hegarat:

Thank you, I think that is us. What I will do … I think people will anyways, if somebody is speaking, asking questions or if somebody is answering a question, I would be grateful if people try and remember to put on their camera in order that the public can actually see those individuals. I am going to start off this morning with the questions in relation to COVID-19. The panel understands that the requirement for mandatory isolation of COVID-19 positive Islanders was recently extended until the end of April 2022 to allow our spring booster component of the vaccination programme to make significant inroads towards completion of vaccinating of those who are most at risk of being very unwell with COVID. Is the vaccination programme the primary driver behind the decision to extend the mandatory isolation requirements for COVID-19 positive Islanders?

The Minister for Health and Social Services:

It was a significant driver, but we also saw a high incidence of cases in the Island at the time we made that decision. Higher than the U.K. (United Kingdom) in terms of its 14-day case rate. We saw the difficulties that the U.K. and Guernsey were getting, having removed that isolation requirement. All of that combined persuaded us that it was appropriate to extend isolation for a further month.

Deputy M.R. Le Hegarat:

Thank you. Do you expect the mandatory isolation requirement to be extended further into 2022, beyond April, to coincide with any further COVID-19 booster vaccinations that may be recommended by the J.C.V.I. (Joint Committee on Vaccination and Immunisation)?

The Minister for Health and Social Services:

We have not discussed that as yet so there is no proposal on the table. We will look at the incidents of COVID in the community when we meet later this month. We do want to reach a stage where we are treating COVID as something that the community needs to live with, but we just have to manage its effects and it is primarily now its effects on workforce and ensuring that the Island keeps running rather than health issues or hospital numbers.

Deputy M.R. Le Hegarat:

How long do you anticipate that the lateral flow tests will be continuing to be provided free of charge?

The Minister for Health and Social Services:
Until the end of June is the commitment we have made at least. We have sufficient provision to go beyond the end of June if necessary, but we will judge that nearer the time, I think.

[10:45]

Deputy M.R. Le Hegarat:
Will that be based on the number of continuing effects that it has within the workplace?

The Minister for Health and Social Services:
Yes, I think we would need, for example, to look at schools. They benefit from the free tests at the moment. If schools are still having difficulties in terms of staff and pupils absent then that may be a reason to extend for the remainder of the school term, for example. We will look at these at a later time.

Deputy M.R. Le Hegarat:
Is there any link to the provision of free L.F.T.s (lateral flow tests) in relation to the decision that extended the mandatory isolation requirement?

The Minister for Health and Social Services:
No, no, there is not a link.

Deputy M.R. Le Hegarat:
What is the current volume of P.C.R. (polymerase chain reaction) tests undertaken, and can you confirm whether this is undertaken in house or outsourced?

The Minister for Health and Social Services:
It is in house but the volume … would it be Peter or Ivan who can help there?

Director of Public Health:
I understand the number of P.C.R. tests is in the range of hundreds per day. I think possibly Dr. Muscat would be able to give the figure.

Deputy Medical Officer of Health:
Thank you, Peter and Richard. Yes, currently we are running at just under 500 a day but we have the wherewithal to do more than that.

Deputy M.R. Le Hegarat:

That is in house, confirmed, yes?

Deputy Medical Officer of Health:

Yes, yes.

Deputy M.R. Le Hegarat:

Perfect, thank you. Are you able to provide any update about the plans for the future of P.C.R. testing locally?

The Minister for Health and Social Services:

Again, could I ask Ivan or Peter?

Deputy Medical Officer of Health:

If it is okay with Peter. So the plan is to continue to be able to support in-house P.C.R. at the scale we are currently undertaking with the proviso that we can actually undertake more tests if needed on a daily basis, certainly until the end of this year and going into next year, and possibly longer than that. So we do not know how long we need to test to scale to manage COVID. We are not going to withdraw our ability to test to scale until we know for certain that it is a safe to do so.

Deputy M.R. Le Hegarat:

Have we ever got to the maximum of our capabilities being able to test on Island?

Deputy Medical Officer of Health:

There have been occasions when we have approached somewhere between 1,000 and 2,000 a day when travel P.C.R. testing … inbound travel P.C.R. testing was a requirement, of course.

Deputy M.R. Le Hegarat:

Thank you. Before I hand over to Deputy Alves, I believe Deputy Pamplin might have some further questions in relation to COVID-19.

Deputy K.G. Pamplin:

As always. Just very quickly, this is a good place to get some facts out. There is a lot being said at the moment. There is always such media rife, there is an election looming, so if it is possible to get some facts on record, where are you currently with the impact of staff with COVID-19? Could you allude to staffing levels or how many people are … what is the snapshot of reality that COVID is having in terms of nursing staff across the whole of H.C.S. (Health and Community Services)?

Interim Director, Clinical Services:
As of last week, we were down to 20 and it has …

Deputy K.G. Pamplin:
Twenty people off?

Interim Director, Clinical Services:
Twenty people off with COVID. We have a daily report, I haven not looked at it today, but we could get you that information. Obviously, the components of different staff groups are altered but that is remarkably improved since probably 4 or 5 weeks ago.

Deputy K.G. Pamplin:
What is the average days that people are off? That is based obviously on the isolation period. What is the impact that has been having? If you can give us snapshot of reality on the teams at the hospital over the 6 months or so. Again, these things are being said but you are the people who know so if you could give us a …

Interim Director, Clinical Services:
As COVID has impacted us all individually, the same can be said of our staff. Obviously, we have staff that are tripled vaccinated and have been asymptomatic, obviously they have been to return to work. Obviously, those who are symptomatic and positive then obviously they will be off for 5 to 14 days, it varied. Obviously, the amount altered between different staff groups. We had that breakdown so we could monitor to that and mitigate accordingly. In terms of nursing and other frontline staff, we monitored that and ensured that we had enough temporary staff to cover those areas. That was broadly met by bank and agency staff. We had already planned for additional activity, winter pressures, et cetera, so we had already engaged services of temporary and agency staff to help mitigate what we knew was coming. So there has been some impact in reprioritisation of services, which any business or any service has to do on any day and obviously that has always been done in consultation with our clinicians, ensuring that we are maintaining the services that we need to for emergency services and then working down the prioritisation list.

Deputy K.G. Pamplin:
Of course, and the headlines are always grabbed when you have to delay selected surgeries and that sort of thing, they will always get the headlines but the truth behind it all is we are in a better place now but it is still a reality that it … is it fair to say it is stretched at times when that impact happens and obviously recently where you have had to make a decision to stop visiting, I think the line was people were coming in and not taking the precautions that we hoped people would do or wear marks. Again, what has been the reality of that situation?

Interim Director, Clinical Services:

If I take the first bit of your question in terms of being stretched. Obviously if we do not have the staffing capacity that we describe we need to run a service, that automatically leads us to reprioritise what we need to do on a daily basis and we have done that with obviously ensuring what we need to maintain emergency services. For example, your question around elective, that we are prioritising care and treatment for those pathways that would ultimately have more impact on an individual's clinical outcome. So, for example, cancer. So, we have maintained activity in those areas where other areas, for example, more minor surgery, those would be the ones that would be rescheduled. When patients have been contacted to have their treatment/surgery cancelled and although it is obviously really disappointing, and we know that individuals have to make significant plans, but they have always been given a new date: "Unfortunately we cannot do your surgery today but here is another date." So, we are trying to ensure that we are supporting patients as much as possible. I hope that answers the first bit. Then …

Deputy K.G. Pamplin:

Yes, so the line that came out recently of members of the public causing some unfortunate situations by not following the guidance, not wearing masks, what has been the numbers of that? Is it one or 2, is it isolated, is it recurring? This is very important because people are jumping around saying things and I think you guys could give - if that is okay - the reality of what that situation is and has it improved.

Interim Director, Clinical Services:

Yes, I think if there were members of our portering and security teams on here they would be saying that it was a fairly regular event, unfortunately. Obviously, there are some significant outliers in that, members of the public that had obviously perhaps behaved less appropriately than we would have hoped in terms of respecting our staff, who were ultimately asking them to comply with very reasonable public health measures and measures that we were wanting to take within the organisation to maintain safety around out most vulnerable patients who we have a duty of care to. However, I would say the majority of visitors understand why we are asking … members of the public going to restaurants or other areas, travel, were being asked to do the same in the main, the same measure as we are in the hospital where we have vulnerable sick people. So, I think most people understood that message. We have had additional staff on our entrances, to the egress points of the hospital. Obviously, there were a range of additional measures around asking our patients also to wear masks, which has been standard procedure in many hospitals around the world and obviously P.P.E. (personal protective equipment), handwashing …

Deputy K.G. Pamplin:

Sure, but is it better now or as of today are these problems still occurring unfortunately?

Interim Director, Clinical Services:
I would say that they are problems that we are still facing because there are those individuals in the public that do not necessarily want to have to curtail their behaviour.

The Minister for Health and Social Services:
I have the figure for today's absences, that is 23, 15 are nurses. That compares with the 66 who were off at the beginning of March. So, the figures have come down.

Deputy M.R. Le Hegarat:
Just out of interest - and you may not have this today, but it might be beneficial - what would be normal at this time of year? We are very focused on COVID-19 but, of course, through the winter there would have always been winter flu, which everybody knows has not been around because nobody has been out mixing to the same levels. At some stage, obviously not today, I would be grateful if we could just have that kind of data so that we could look at a snapshot, and I am fully aware that it will obviously need to go back to probably 2019, but it would be quite interesting to have that information of what a normal winter would look like in the health service and people being off during the months when people are getting colds, people are getting flu, et cetera, et cetera. So, it would be quite interesting just to see the differences, a snapshot, because I think it might be beneficial. People think your resources are low but how much different are they to what was normal previously?

The Minister for Health and Social Services:
We can do that, yes.

Deputy K.G. Pamplin:
My final question on this. It is no surprise it is to Ivan. Ivan, a lot of things have been said, and I know of your brilliant sit-down interviews on Radio Jersey you have done recently, it is great that your reassurance is still there for people. But for the final question on this, it does seem like in most areas in the United Kingdom rates of increase of admissions is slowing and reversing into decline, we are in a good place here in Jersey, so what is your assessment of where we are as an Island, where COVID is and going forward what is your message?

Deputy Medical Officer of Health:
The current situation is looking promising in that the numbers are declining within the confines of our mitigation, vaccine rate, past natural infection rates and so forth. Of course, as we go into summer there will be more time spent outside, more ventilation indoors, more ultraviolet light and

that too will play into our improving situation. This month will also provide, if you like, a controlled rate of infection in our population rather than the spike seen in the U.K., in Guernsey and in other jurisdictions. We hope that as a result of this trickling through and the accumulation of natural immunity together with the further roll out of the spring booster … my understanding is that something like 43 per cent or thereabouts of people over the age of 75 have now had their spring booster and an increasing number in the other groups are being vaccinated. That too will protect the vulnerable people before the possible lifting of isolation if you are P.C.R. positive at the end of the month. We are walking … if you look at all the various facets, we are walking gently but surely towards normality and the idea is to continue on that journey without any surprises, without any upset as a result of sudden changes in activity. Obviously, we do not know what variants will emerge in the future and what cross-protection there is from the current set of vaccines against future variants, but people are keeping a close eye on that and people are continually updating their responsivity in terms of rapid vaccine production should they need to produce different COVID vaccines. The thinking currently is focused on what sort of autumn booster we will require, what age groups and what at risk groups do we need to cover to better ensure safety over the usual respiratory winter season.

Deputy K.G. Pamplin:
Ivan, you will be pleased to hear that is probably the final question you will get from me on COVID-19. Thank you. Peter, very quickly to you. Is S.T.A.C. (Scientific and Technical Advisory Cell) still meeting and when do you envisage S.T.A.C. to be stood down?

[11:00]

Director of Public Health:
So S.T.A.C. will have one final meeting in this round and then we will have the C.A.M. (Competent Authority Ministers) meeting following that. Our plan is not to stop S.T.A.C., however. We are simply putting it on hold for the reasons that Ivan has just explained, we do not know what is around the corner. We do have S.T.A.C. there ready and waiting. Obviously during this period, we are going to keep a very watchful eye on our infection rates. A lot of the work is still going on in the background and we have other groups so we can manage risk to the system. Some of the issues you have raised today, things like staff absences. We will be looking at that and trying to work with the emergency planning arrangements in the Government to ensure that we take timely action.

Deputy K.G. Pamplin:
Very quickly, when do you envision to stop reporting numbers of testing and that? I know we are winding that down, but do you think that will subside during this next strange election period? How do you see that playing out?

Director of Public Health:

We do not have plans to stop reporting at the moment. We think that they are just at a point of usefulness where we might need to consider reducing the frequency of reporting. I suppose our message at the moment is that the pandemic is clearly … the picture is improving, we are seeing decreasing rates in all age groups, but the pandemic is still here. I think that while we consider we have a pandemic there will be some form of reporting so that people on the Island can make informed decisions about what they want to do and particularly where they want to protect more vulnerable relatives or friends.

Deputy K.G. Pamplin:

Thank you, Peter. I look forward to the final S.T.A.C. minutes when they come through. Thank you for all your work and the team's work. I think we would all agree that everybody behind the scenes guiding us through the pandemic have gone above and beyond for Islanders, so thank you. That is it from me.

Deputy C.S. Alves:

I am going to ask some questions around the rehabilitation unit. Is the work to move the rehabilitation unit from Plémont Ward in the General Hospital to Samarès Ward at Overdale on track to happen in July?

The Minister for Health and Social Services:

Yes, it is.

Deputy C.S. Alves:

What feedback have you received from patients, staff and other affected services about the plans for the short-term move of the rehabilitation ward back to Samarès and the intended changes to Plémont Ward since the decision was made or was announced in early March?

The Minister for Health and Social Services:

I think there has been an understanding of what we are trying to do and particularly our wish to enhance Plémont Ward and services both there and in the community. I will hand over to Anuschka or Claire for more of the detail on that.

Interim Director, Clinical Services:

In terms of the move, I can obviously absolutely reiterate the Minister's point about it is on plan. We have set up a number of project meetings to obviously monitor that. It is quite a complex operation, not only in terms of developing or re-establishing staffing models but obviously procurement and

estate activity and then also the complex process of moving patients from one building to another. There are bi-weekly project meetings that I chair and obviously we go into the detail on the different workstreams of that and that is alongside quite a significant business case process and ensuring that we have assurance in terms of monies available from Treasury to allow all of that to proceed. In terms of staff feedback, that has been varied. There are staff who enjoy working within one building and then the staff that are, I suppose, comfortable with the move. Obviously, we are working as officers to support them and engage them with all different planning. I think in terms of patient feedback obviously we are probably all aware of some of the experiences that have been described by our patients in terms of wanting to return to having care in another area alongside … obviously we do have feedback from patients on Plémont currently where they are very comfortable and very happy with the care they are receiving. We are taking a variety of data and information to hand to ensure that we are planning the move well and that takes into account all of the information that you would expect us to in terms of patient feedback, patient complaints and general safety information that we have around the quality of care that we provide.

Deputy C.S. Alves:

How are you collecting this feedback from staff and patients, other than obviously the normal feedback channels that are available to patients? How else is people's feedback being collected on this?

Director for Improvement and Innovation:

I will just jump in here. We have started collecting staff feedback already as part of the … when the decision was lodged and ongoing. There were 2 ways of making feedback, one was in a survey, so staff just feedback anything of value anonymously. In addition to that, like a box on the wall was put out and you can put in just a paper note with any feedback and, in addition to that, we have set up another thing that is ongoing, regular meetings, face to face with staff to just allay any concerns, any issues. There have been specific things around feeding into the design. So, Jon Carter is now liaising directly with staff and patients on what does the design look like for the General Hospital.

Deputy C.S. Alves:

Thank you. I am going to move on to the hospital and I know it has been touched on already by Deputy Pamplin. At the last quarterly hearing on 4th February in relation to the General Hospital COVID-19 visiting policy we heard that it was not practical for L.F.T.s to be used for all the visitors. We were advised that we just could not see a way that was practical and also enhanced the safety, but it is something that we will keep under review. Please can you advise how often the COVID-19 visiting policy at the General Hospital is reviewed?

Chief Nurse:

I will take that one, if that is okay. At the moment we review visiting on a weekly basis and take everything into account, including COVID activity in the community. That is our benchmark for prevalence that we may see within the hospital. When we review our visiting arrangements, we look at all aspects, as I said, COVID in the community but also across the services that we provide. The position that we are in at the moment is that we have some restrictions still in place which basically means there is no visiting to the wards where we have any heart patients, unless there are exceptional circumstances. In all other areas across all our hospital sites it is 2 named visitors with only one visitor visiting at any one time. The specific reason for that is to do with the reducing the footfall through the General Hospital site in particular where it is well documented and well known that we have very cramped, overcrowded bays and not a lot of space in those areas. Children can visit with one adult, one child, one adult, and, as I say, we are due to review again at the end of this week. So, we do keep it under regular review and Dr. Muscat is involved in that review.

Deputy C.S. Alves:
You mentioned obviously about COVID in the community has quite a bit impact on the visiting policy, are there any other factors that would need to change in order for you to adjust the current visiting policy?

Chief Nurse:
A new hospital would help. I will get that one in.

Deputy C.S. Alves:
With the staffing numbers is that something that comes into play?

Chief Nurse:
Staffing numbers generally do not come into our current visiting policy that we have, although we absolutely recognise the role that visitors play in people's recovery, and we are doing everything that we can to ensure that we do not have to restrict visitors in the way that we have previously done in the past. Anything that we can do to manage that the better. Visitors still have to wear P.P.E. when they come into the hospital. We do encourage people to take a L.F.T. before they come in as well. We do ask people to be respectful to our staff and we do regularly audit staff in relation to P.P.E. as well. We have a range of mechanisms in place. Since we have put the named visitor restrictions in with 2 visitors, we have seen a significant reduction in any sort of outbreaks within the hospital so it has had a very positive impact.

Deputy C.S. Alves:
That is great, thank you very much. Moving on to maternity services, the panel notes that the refurbishment of maternity services is split into 11 phases and that the first phase of refurbishment

was due to complete on 21st February 2022. Can you please advise whether the first phase of works have been completed on schedule in February 2022?

The Minister for Health and Social Services:

Yes, Deputy, I am pleased to say that the first phase has been completed. I think that consisted of a family room and offices for staff and it gave a sense, I am told, of what a modern maternity service in a new hospital might look like. This is just an extra facility which is so sorely needed. If I could pass over to Dana. Can you help us, Dana, with more detail on how the refurbishment is going?

Interim Head, Midwifery and Associate Chief Nurse:

Yes, certainly. I am Dana Scott; I am the Interim Head of Midwifery and Associate Chief Nurse for the women's and children's division. Yes, you are absolutely correct. Phase 1 was completed so we have seen the handover of a new ensuite family room, a new high dependency unit area with donning and doffing, which is a new addition to our facility, which is obviously much needed during these times but also needed for H.D.U. (high dependency unit) support moving forward. Also, staff offices, we have doubled the footprint of staff offices. We have seen the input of … all our gases are scavenged in where they were not before, we relied heavily on cylinders. We have air control; we have climate control within those rooms. They are light and bright. It has given families and staff a sense of: "Yes, this is what we are going to have moving forward" and it is very high spec, it looks lovely, but it is restricted again to the footprint that it is in. We have handed over … we combined section 2 and 6 together because the footprint for section 2 is a development … we had special care baby area 1 and 2, so the number 2 areas were used either as an overflow or if we have COVID babies, that is now doubling its footprint and will become S.C.B.U. (Special Care Baby Unit). So S.C.B.U. will move from its original place into the new build. Part of that will go across the courtyard and at the back of S.C.B.U. we currently have managerial offices. We thought it would be best to try to do 2 and 6 together to minimise noise and disruption of impact around the neo-natal unit, so do all that work together. That has brought us some time which is good. Then we will look to do phases 3 and 4 together to buy some time as well. That will be the refurbishment of the existing S.C.B.U. which will be turned into a midwife-led care birthing unit with 2 rooms. One with a pool ensuite. Both ensuite but one with a nice birthing pool and one a home from home. That will further extend our choices for women in their choice of place of birth. It is moving forward, we have not had … as you will see from the report, we have not had … we have had 2 pieces of feedback, both of which we have acted on. I would like to take this opportunity to commend the staff and women. It is not easy delivering a service in these conditions, but we are delivering a full service.

Deputy C.S. Alves:

Thank you. Just to quote something that was said in the last quarterly hearing, it was said that: "We are going to release the new bereavement suite, the new high dependency unit with ensuites" which

you have mentioned “with ante lobbies, to support any future COVID or infection as well as clean utilities.” You mentioned the high dependency unit, you did not mention the bereavement suite.

Interim Head, Midwifery and Associate Chief Nurse:
We call that the family room. So, the family room does not have … it is not set up in the same way, it is a much lower risk area for families to be after a bereavement or if families have been readmitted and we need to keep families together. Again, that has increased the size of its footprint. Much nicer environment.

Deputy C.S. Alves:
Has this first phase of refurbishment of the maternity services been subject to any delays or any issues?

Interim Head, Midwifery and Associate Chief Nurse:
No.

Deputy C.S. Alves:
Has the refurbishment stayed within budget so far?

Interim Head, Midwifery and Associate Chief Nurse:
Yes.

Deputy C.S. Alves:
Great. Has the second phase of the refurbishment commenced and when is it due to complete?

Interim Head, Midwifery and Associate Chief Nurse:
I think we are due to take handover mid-June. Mid-June to the end of June and it commenced literally when we were handed back mid-February from the other unit. We have had no delays in stop starting.

[11:15]

Deputy C.S. Alves:
That is great, thank you very much. That is everything from me, so I am going to hand over to Deputy Pamplin.

Deputy K.G. Pamplin:

Just a quick question. This is a sobering one. I think we have all seen the news recently about this review that is taking place in Shrewsbury and the shocking findings that they made, and we obviously now know there is a criminal investigation going on. It was sobering reading. I have a couple of questions, if I may. How have staff in the maternity unit in Jersey been responding and how are they being supported? I would imagine if that had been my industry and I read a report it would have hit home considering that our maternity unit recently … there was a lot of attention on it. That is my first question, if you can answer that, how have staff responded and how has that report and the high-level profile of maternity care across the United Kingdom been absorbed by staff? How have they been supported?

Interim Head, Midwifery and Associate Chief Nurse:

We meet with the staff quite regularly. We are due to meet with them again and we have distributed the findings of the report. We have shared that with everybody. We are due to meet as a management team later this week and part of next week to go through all the findings from the Ockenden report. When the first report was released in 2020, we did an engagement strategy with staff, we knew the bigger report was coming. We pretty much knew what was coming. I think maternity services everywhere have felt the impact of that. That was the fifth national inquiry across the U.K. into maternity services. I think the climate generally within maternity … we know there is a national shortage of midwives, to train midwives. Some of the findings from the report were not … you know, to try and stop the continuity of care process because it is hindering care and it is not equitable at the moment with the staffing. That is global, we are all fishing in the same pond for staff. I think midwives generally feel we come to work, we try to do a great job with great integrity, highly professional and it is never good to hear that about any case in any service that has been failing to that degree. We have had some feedback from the public about that. We are meeting as a team to benchmark ourselves, again as we did in 2020, where we are against the current recommendations from Ockenden. We will do that as an M.D.T. (multidisciplinary team) and all our staff will be involved in that. But we have been on a journey in our maternity services, looking at morale, how we can improve the culture. I think improving the environment will help improve the culture. We have streamlined lots of services. The consultant clinics are all streamlined so the processes are coming on board. We are looking at patient safety, we are looking at how we can make it better for women and we are working very well with the Maternity Voices Partnership, they attend a lot of our meetings and clinical governance meetings and provide us with real time valuable feedback from service users. We are in the process of co-designing some of our services with the M.V.P. (Maternity Voices Partnership) and service users because we are committed to getting this right for the women and families of Jersey.

Deputy K.G. Pamplin:

Two quick questions. You are quite right; the latest Care Quality Commission figures show 41 per cent of maternity units need to improve their safety and just 1 per cent were rated outstanding. They are saying the rate of improvement is not good enough. Minister, politically how can you ensure that this does not slip, as you hand over, however that process works, again considering this high-profile report? Secondly, the big jump out of this report I read was this culture of blame and the culture of staff who were not empowered to speak up openly. How can you ensure that that will be tackled locally, as we discovered in our review?

The Minister for Health and Social Services:

We will ensure that is the case. As Dana, our Chief Midwife, has said, there will be multidisciplinary teams looking at the recommendations, assessing what more we need to do here in Jersey. This will be fed upwards and looked at at executive level, and together with all the initiatives going on around well-being and encouraging staff to speak out where they feel that is important - and it is important. It is important to maintain standards, we are driving up standards and staff are responding well to that but where they see something they are concerned about we are encouraging them, without blame or fault, to find ways - and there are different ways - of escalating that.

Deputy K.G. Pamplin:

How do you hand that over to the next team? Will you be writing a letter to say: "This is important. Look at what is happening in the United Kingdom." It is shocking that we have even had certain areas of our maternity unit not good practice in Jersey in 2022. How can you as Minister ensure that it is just not dropped?

The Minister for Health and Social Services:

There is no formal hand over process. There is no procedure that a Minister is required to follow but I will do my best to ensure things are not dropped, but I will not have a formal part to play. If any new Minister wishes to discuss with me or wishes to have that sort of letter, I would be happy to. I do not want to present a new Minister with my thoughts and ideas, I do not think any new Minister would necessarily be appreciative of that. The invitation has to come from that new Minister.

Senator S.Y. Mézec:

Moving on to the report that came out recently on breastfeeding. Can I just start by asking for your initial takeaways from that report?

The Minister for Health and Social Services:

My initial takeaway, as you say, is that once again we see a rather low birth rate in Jersey. It is true it is higher than 2019 and 2020 but lower than all the other years since 2000. I think in the longer term that has implications for the Island. A low birth rate means we are not replacing our population

sufficiently, which creates a dependency on people migrating to the Island often. Issues for education too and future care of our elderly. That is a longer-term concern, and it is not only Jersey, I think it is a problem that is seen in many parts of Western Europe.

Senator S.Y. Mézec:

How do you think the whole government is taking on board statistics like that? You mentioned a dependency ratio and that is something that might want to be thought about in the context of the population policy when that comes up. How are we going staff some of our public services, what number of school places we will need, how many schools may need to be extended and that sort of thing. When you were given this report how has it been fed into other government departments?

The Minister for Health and Social Services:

We have an excellent public health team, which has grown over the last year, 18 months. We have really established public health as a consideration across all aspects of policy. So rather than a silo working public health, it has been put into housing need and education need and future health care. This report will be taken forward by public health and if I could ask Peter perhaps to explain how these figures impact and how they will be used by other parts of government.

Director of Public Health:

Thank you. This is a part of a series of publications which will be brought forward throughout the year according to our publication schedule. We use them in conversations with other departments to discuss various aspects of policy. At the moment we are also engaging widely across government but also with other agencies on the Island to develop some priorities for public health so they are also brought to bear in the development of what will become the public health strategy. Also working with Dr. Muller and others we are supporting the development of the Jersey Care Model. Statistics like this a very useful for the Jersey Care Model in relation to thinking about future health service needs. We use them in a number of ways, and we will continue to produce statistics like this throughout the year.

Senator S.Y. Mézec:

Before I joined this Scrutiny Panel, they did a report on maternity services and they found that there was inconsistent support available to women in relation to breastfeeding. What analysis have you taken from this report on breastfeeding patterns and how is that being fed into wider policy?

Interim Head, Midwifery and Associate Chief Nurse:

We took on board what the feedback was from scrutiny about what the service users had said about breastfeeding support and inconsistent advice. We managed to get an infant feeding midwife specialist who has been on a secondment post with us and continues on that post, who is leading

on the B.F.I. (Baby Friendly Initiative). We set out in 2020 to achieve B.F.I. which we did by the January 2021. We are on track now to achieve level 2 of that accreditation. The midwives are … with our specialist midwife in post we have got referral processes and pathways in place, the policy has been updated, it has been relaunched, staff are undergoing training. The midwife is available to help women. She is currently undertaking an audit, so we are getting feedback again. We are getting feedback already. The Maternity Voices Partnership are running a constant feedback mechanism and they report back to us. Early indications of staff members just being in post since October is actually our trajectory is looking good, things are improving. Where we are getting women who have complicated issues with breastfeeding, we have pathways and processes in place for that. I am feeling confident that we are on the right track now for the women of the Island to continue with the breastfeeding. But I think we need to not lose sight of the whole picture with infant feeding. It is about maternal choice of how they want to feed their baby and make sure that women have all the support they need, whether they are bottle feeding their baby or breastfeeding their baby. That is what our midwife specialist is doing.

Deputy M.R. Le Hegarat:
Thanks, Dana. Just a follow up from me in relation to that specialist. You said that they were on secondment. Will you be looking to roll that out, so it is a permanent role?

Interim Head, Midwifery and Associate Chief Nurse:
Yes, absolutely. Definitely, that will be subject to funding but it is absolutely an essential crucial role infant feeding midwife so I will be doing everything I can, knocking on every door, to make sure that continues.

Deputy M.R. Le Hegarat:
Thank you. Back to you, Sam.

Senator S.Y. Mézec:
Thank you. Sorry if you mentioned it and I missed it, how long has that person been in that role?

Interim Head, Midwifery and Associate Chief Nurse:
Since October.

Senator S.Y. Mézec:
Since October, okay, thank you. Just to ask about the data collected for this report, are you confident that you have all the data that you need, or do you think that there needs to be a look at where there might be gaps and how you might retain that data for future reports on this?

The Minister for Health and Social Services:

I have not been able myself to identify any gaps. I think that would be something that the professionals could look at and if they need more it is important that they should ask for the data they need.

Senator S.Y. Mézec:

Okay. Moving on to the Public Health Law consultation, could you just provide us with an update on the status of that consultation which started last year?

The Minister for Health and Social Services:

Yes, so the consultation is taking place in 2 phases. The first was a high-level overview of the policy issues and was concerned with the overall scope of the new law rather than particular parts of it. So that has happened. The second stage of consultation will take place later this year and that will set out the detailed proposals of the new law, including public health measures for managing communicable and non-communicable disease risks. That is the plan at the moment, and we are very happy with the public engagement that has taken place thus far.

[11:30]

Senator S.Y. Mézec:

You mentioned later this year so when abouts later?

The Minister for Health and Social Services:

Could I refer to Professor Bradley because it would be after the elections and summer holidays I believe?

Deputy M.R. Le Hegarat:

Can I just make … sorry for the interruption, I gather we have a technical issue and so therefore one of the scrutiny officers is trying to sort it out. We are not being heard live. We have the cameras, et cetera, but what we will be doing is we will continue with them trying to fix it, if it does not get fixed then what we are going to do anyway is publish the recording that is done by Teams, just so everybody is aware. If you would like to carry on.

The Minister for Health and Social Services:

So, to Professor Bradley, do we have a date for the second stage consultation?

Director of Public Health:

Unfortunately, we do not have a date at the moment. There is a commitment that this will be undertaken during this year, definitely after the election as you said, Minister. We are just trying to finalise the dates. There was a lot of pressing legislation in the S.P.P.P. (Strategic Policy, Planning and Performance) Department and that has been dealt with first. That is the principal reason for the delay. We will be able to give you a date, hopefully, in the near future.

Senator S.Y. Mézec:

Minister, you mentioned public engagement on this. States Members had quite a bit of correspondence on this, and I hope I am not out of line in saying that some of the correspondence I received over time I thought people had misunderstood what was in that consultation and what its aims were. Have you had a bit of a think about that and how that might be addressed or how it might be framed in the second phase of the consultation so that we get the best engagement we possibly can, so people understand the issues that are being sought to be dealt with in the law and it can be as constructive as possible? Not unnecessarily alarm people with things that are not contained in it.

The Minister for Health and Social Services:

Yes, we have had a rethink because there was a misunderstanding, and our consultation document should have clearer. We were not talking about giving overbearing powers to march into premises and drag people away. In fact, our new law is going to have huge safeguards written into it far more than the current provision has. I can understand people's anxieties to the pandemic. That was certainly not the intention to suggest such a thing might happen, but there has to be that sort of emergency provision if public health of the Island needs to be protected. It will be hedged around with the best safeguards that we draw upon from experience and looking at legislation all around the world.

Senator S.Y. Mézec:

There is a suggestion about setting up a public health directorate. What role would you envisage that would have in potential future scenarios where they need to be turned to?

The Minister for Health and Social Services:

I think a public health directorate would be very wide-ranging, not cover the pandemic or epidemic situations. The role of public health must be recognised in government and in our community as something that contributes to good housing standards, good educational standards, that we bring forward the evidence that constructors of homes can look at, it is about leisure activities around people's homes and in their free time. We have had a discussion in the States around green areas and park areas, which are so important for public health. Within government I suspect a public

health directorate would be addressing all those issues and feeding them into policy decisions across the board. Professor Bradley is the professional on this so can he add to that, please?

Director of Public Health:

Yes, I think that is a very good summary, Minister. We are here to improve people's health by a number of means. One of the ways we can do that is by supporting development of governmental policy, but we can also work with other agencies and Islanders. The other major role we will have is in protecting health. Obviously the pandemic has been one example of that but there are many potential threats to health, whether it comes from things like fires or floods or infectious disease and we will be able to contribute to that. One of our principle actions there would be looking at the long-term consequences of any environmental risk to health. Together with the support that we hope to give to our colleagues in the hospital, in H.C.S., that would cover a lot of the work that is done by the public health directorate.

Senator S.Y. Mézec:

What kind of people would be part of this public health directorate? What I mean by that question is would they be people who would be full time dedicated to that role or would they be people who would maintain some sort of involvement in a health practice in the front line as part of what they do?

Director of Public Health:

The people in the public health directorate are generally people who are dedicated to public health activity. We do also have input from people who have a background in healthcare but I suppose one thing to emphasise in the role of public health is not only about health and care provision it is very much about working across the board, about any factor that may influence health. It seems appropriate to involve a range of people with different skills, some people are experts in policy development, some people who have a knowledge of the health and care services and some people who bring other skills. We would have a dedicated team for that.

Deputy K.G. Pamplin:

Just an update for everybody with the link. If you click the link on social media for our hearing that takes you to the Teams version of the hearing, the link on the States Assembly website is the one that is not working. It has a wonderful picture of what life might be like as pigeon on the Royal Court above our heads. So that just clears that up. Very quickly, again, as we come out of the pandemic there have been many things that people have taken away from this and one being the actual role of Medical Officer of Health, something that probably a lot of people have not been so aware of, apart from campaigns to quit smoking and how we could improve our lives. Certainly names like Chris Whitty and Ivan Muscat have become synonymous with the pandemic with their temperament

and their handling of the situation, guiding as any physician and doctor can do, calmly providing information to the public and ministerial teams as well valuably. That role is synonymous with a lot of people, how can you retain that? Also, the uniqueness that, for example, Chris Whitty has a unique civil servant to advise the Prime Minister, whether we should have somebody who can have that authority, that independence to advise the Minister for Health and Social Services, the Chief Minister, without influence, without a team of people, without going to another team of people before giving that advice. Peter, I hope that makes sense, I am sure you understand where I am coming from.

Director of Public Health:

I do and I have been reassured by Ministers that I am here to give independent advice on health and I have a particular role in advising the public on issues related to health. I see no reason for that tradition, which has been established in Jersey for a considerable amount of time, to change. The forthcoming legislation should make that clearer. I do remember in the first round of the consultation around the legislation that point was very clearly made and with ministerial approval we expect that tradition to continue.

Deputy K.G. Pamplin:

Thank you. So the last ones from me, refer back to something that was mentioned at the last quarterly hearing about some mini-campaigns you were going to run. Two in particular were H.P.V. (Human papillomavirus) Awareness Day and Cervical Screening Awareness Week, which comes up in June. Can I start just by asking what happened with H.P.V. Awareness Day?

The Minister for Health and Social Services:

Sarah, could you help us with that?

Acting General Manager, Primary and Preventative Care:

Yes, sure. Hello, Deputy Mézec. Could you repeat that question, because I had quite a lot of feedback? I heard you say something about H.P.V. Awareness Day and then the bit before that cut out, apologies.

Senator S.Y. Mézec:

The question is just what happened, what mini-campaign did you run for this? The follow-up question to that would be, what was the success and what did you gain from it?

Acting General Manager, Primary and Preventative Care:

The main cervical screening campaign, as you know, was run in January. We have had some uptake in our numbers, they have increased slightly over the first quarter, which is great. We are

expecting to see those carry on as the year goes on, as the message goes out, as you mentioned, through these mini-campaigns. I am not entirely sure, unfortunately, but I can find the information for you, what went out on H.P.V. Awareness Day. It was planned to be a re-run of some of the literature that we had produced for the cervical screening campaign.

Senator S.Y. Mézec:

For Cervical Screening Awareness Week, which is due to take place in June, what thinking has gone ahead for what might be done for that?

Acting General Manager, Primary and Preventative Care:

Again, we will be using a lot of the literature and the videos that we produced for the main campaign that we did in January. We will be looking back through the statistics that we gather over the next couple of months to see whether there are any areas that we really need to target, and whether when we are looking back through the samples that we have received, whether there are any health inequalities there, whether there is any age differences, to maybe target those areas a little bit more.

Senator S.Y. Mézec:

Thank you.

Deputy K.G. Pamplin:

Thank you, Senator. We will pick up the review of the Jersey Care Model, another big part of our work for the last few years. Some quick-fire questions, if I may. First of all, the panel understands the first meeting of the Independent Oversight Board took place on 18th March. We are due to have our first meeting with them, which will be our last before we are put out to pasture. Could you just give us, in the public forum, a brief update on how that went?

Director for Improvement and Innovation:

Thank you, Minister. I cannot give an update on the actual meeting, because it is a private meeting and I am not part of that meeting. I do, however, link back regularly with the Chair to get their feedback. They have undertaken the review of 2021 as their first action. As an outcome of that they have submitted a report, which I understand has been submitted to the panel as well.

Deputy K.G. Pamplin:

It has. I guess we cannot really talk too much about it, but are you satisfied and happy with the process so far? Is there anything that you have seen straightaway that you think we could tweak and change? Or is it still early days?

Director for Improvement and Innovation:

Two things. One is the I.O.B. (Independent Oversight Board) was a brilliant idea. It is about having this additional input, independent thoughts, having a constructive challenge back on where we are, particularly on governance, the programme management and how we can provide for the delivery, it has been really fruitful and the outcomes so far we are very much highlighting a number of very positive areas, so highlighted that. We were requested by scrutiny to bring forward intermediate care services, for example. That has been done and we have delivered against that. In a number of other areas as well, commissioning strategy, the partnership working have gone really well. What they have pointed out and that has been really helpful going forward, we do have a programme of work. We have set up a programme and project governance, which has been driven by what the central government templates and processes were and it has made it probably a bit too complicated. Recommendations are to review that. We have sessions with the I.O.B. to help us understand how they would like to see the programme governance going forward. So we know communication is an area which we started relatively late, this is of the recruitment of communications officers. That has been picked up. There were no surprises in there from the review and from the initial recommendations. It is the opposite. It has strength and it has been useful to take this forward.

[11:45]

Deputy K.G. Pamplin:

A big overhang from this last year was the transfer from the H.I.F (Health Insurance Fund) by the Minister for Social Security. We are aware that that process is now underway. It is not ideal though, is it, really, when you think that this work has been going on and there has been such a delay in transferring the funds? How will we improve that process, so the money is coming forward a lot sooner and brings assurity that the money is being spent as it should be, but it has taken such a long time for that first tranche of payment to come across.

Director for Improvement and Innovation:

There was a lot of learning. It was a very new process, H.I.F. money in a different department , assurance was needed. What does that assurance look like? So we worked a lot with the Minister for Social Security and her team and also the finance teams as well. As part of that, what we have established for this year is a very strong governance on a quarterly basis providing quarterly updates and approvals of what has been spent, what has been delivered against the plan and getting from the current Minister for Social Security a statement whether she is happy with the current status. We will continue with these quarterly meetings, between the 2 departments, particularly between the financial officers, to provide that additional assurance, so there is not a delay with that. We discussed whether quarterly funds first or half-yearly transfers would be appropriate, however from an operational perspective that would cause quite a lot of …

Deputy K.G. Pamplin:

Reading the report and, again, not giving too much away, but it does seem like if they are not a piece of work that the reporting is in real time, so that the process that has gone on here can be happening at the same time, so you arrive at the point sooner to say we are able to sign this off quick. Surely that would be a better process really, because you do not want to cause anxiety and delay on what is the fundamental redesign on the future of Jersey Care. How can it not be done in real time? Say: "Right, we have done this bit." Hand it over: "Right, that has been reviewed." So the process of payment can be ready instead of this seemingly long journey.

Director for Improvement and Innovation:

That is what is happening now, that quarterly definite review and sign off.

The Minister for Health and Social Services:

Yes, I do not think there has been any delay in what we want to do in the care model. This is a new procedure and the Minister for Social Security has been very thorough, as she should be. It is another element of oversight, which is always good.

Deputy K.G. Pamplin:

Good scrutiny as well. Sorry, to butt in but you are right. As we found in the debate in the Assembly, we had to, once again, deal with misinformation being put around because this process had gone on for so long. I think we are on the same page.

The Minister for Health and Social Services:

Yes, we are getting into a mode of working, which is going to mean it will be more streamlined.

Deputy K.G. Pamplin:

Good. Finally, there are some roadshows going on across the Island. There were some way back at the beginning of the process. How will they differ to the first time round and when are they taking place?

Director for Improvement and Innovation:

We are putting on Parish events. I did not want to call them roadshows. They are happening on 26th April, 30th April and 3rd May. These will be at St. Helier, St. Martin, and St. Brelade Parish Halls. On 5th May there will be a virtual event, as there have been before. These events will be more around a question and answer rolling format, where people submit their questions on social media. The in-person events are very much around the demand for providing an update on what has been delivered so far on the Jersey Care Model. That includes partners who want to present back what they are delivering and where they are with some of the services. There will be some

updates and presentations and there will be time for questions. It is called a “drop-in session”, because you do not have to register. You can just come along. There will be no necessity to register, so people can just come along.

Deputy K.G. Pamplin:

The first question is: the first time round, there were 13 events, one in every Parish Hall, but not this time round, why is that?

The Deputy of St. Ouen:

We will be open to any future engagement but we are running up against an election period, that is one issue. We can fill those Parish Halls and have good meetings.

Deputy K.G. Pamplin:

Do you not think, though, equally before going to election, and one of the Parishes is your own that is not receiving a briefing, that certain parishioners who go to the voting poles may think: “I would love to go to town, but I do not like going into town.” Do you not think this is a shame that certain people who may want to access … I know it can be online but not everybody is online? Do you know see that is a bit of a missed opportunity and a bit of a shame?

The Minister for Health and Social Services:

St. Ouen people are well-used to going to St. Brelade.

Deputy K.G. Pamplin:

The point I am making is I believe that - I was there - they were well attended across the Island so it seems a shame you do not have the time to do it again. Maybe one for the new Minister.

The Minister for Health and Social Services:

Maybe, but we are giving an opportunity. We are reporting back. We are inviting people to come and learn about it and ask us questions.

Deputy K.G. Pamplin:

Is that also because there is, at the moment, a planning inquiry for the new hospital and we know that that is, as we talked about many times, a tension there?

The Minister for Health and Social Services:

I do not see it as related …

Deputy K.G. Pamplin:

I see Rose nodding her head in the corner there. Cannot miss that. You are not going to get away with that. It is a point, is it not? There is a decision, which we will find out eventually, but those things are going in tandem.

Director for Improvement and Innovation:
Just to add to that, it was an operational issue as well. We have a certain amount of officers who need to go to the planning inquiries and, of course, at the same time cannot attend the Parish Hall meetings. At the same time, we wanted to run them and we wanted to schedule more into May. However, with the election coming, it was advised it was something we should be doing. We are looking at bringing as much as possible now before the election to enable that. It is an on-going process.

Deputy K.G. Pamplin:
I do not want to give away too much to the report. We will hop on to talk about governance. We noted that over 60 representatives from a range of health and social care providers met on 17th March in the first Island-wide H.C.P.G. (Health and Care Partnership Group) meeting. Could somebody give us an overview of the topics discussed, briefly, and what were the key outcomes of that?

Director for Improvement and Innovation:
I will start and then probably hand over to Jo Poynter, who is online. The Health and Care Partnership Group, is an Island-wide group for health and care organisations, providers, and charities across the charitable sector. It is chaired by James Le Feuvre. James was appointed for that and our team is supported [audio cuts out]. I will hand over to Jo to provide a bit more detail on the topics that were covered and the next steps and outcomes of that meeting.

Associate Director for Improvement and Innovation:
Thank you, Jo Poytner, Associate Director for Improvement and Innovation. We covered 4 topics on the event. The first one being what we learned about partnership during COVID and how we can encourage more of that and how we and partners extend self-care within the community. The second topic was best opportunities for working together in the next 12 to 24 months. The third topic was: what would be the most important pathway? Another piece of work that we are doing within the Jersey Care Model is care pathways. We were seeking advice from all those different partners around what those pathways could be/should be and looked at how we might prioritise those. The fourth topic that we looked at on this occasion was: how do we involve Islanders' experience in designing and improving services in Jersey? That has all been collated. One of the really exciting things is we now have a website for the Health and Care Partnership Group. That information is up there and all the comments that were gathered are there on the website. That has now gone live.

It is a really good opportunity for the partners to come together. This one, we did that and presented the care model. Going forward, we have asked the partners to come together to share how they work in partnership and where there is good practice, so that we can learn from that. It has been very successful. As I say, we have over 60 different providers there.

Deputy K.G. Pamplin:

What has the feedback been since that may be proved at the next meeting, which I believe is on 14th July?

Associate Director for Improvement and Innovation:

Feedback has been positive. People are keen to know how they can get involved. We had some flip charts at the back so people could say what they wanted to be involved in and how they could get involved. We are working with different people that have volunteered to be part of that. The feedback has been really positive. Some questions, people learned new things there and wondered why they had learned it there when maybe could have learned it somewhere else, but as it is our way of sharing information we would expect people to learn what is going on across a sector there. It has been very positive feedback to date.

Deputy K.G. Pamplin:

That is reassuring. Final question on this, Minister, again, time to put some facts on the record with the care model. Will the name of the Jersey Care Model evolve or change? It is something we have talked about before, the communication? Secondly, there is an election. I saw another thing that has been shared around that the Jersey Care Model should be scrapped, it is of no benefit, everybody is going to be paying more for their health care. Again, this is a final opportunity for you to say where we are, why this care model is important for the future of the health delivery to this Island?

The Minister for Health and Social Services:

The care model is important to sustain a good health care in the Island. We can no longer use the previous model, which was much more about treating disease and bringing people into a central point, to hospital, in order to address their health care needs. People are living longer with longer-term conditions and it is those needs we need to address and they can best be addressed where people are, rather than bringing them in to a central place once every 6 months or so for an appointment. That is why care in the community is so important in addressing those needs, so that people can live with the various conditions that come with ageing and live well and healthily. That is the emphasis, not just in Jersey but in every Western economy. There is no reversing this direction of travel. You can call the model whatever people like but it has to go that way, otherwise we have an unsustainable, expensive health services, which is not meeting people's needs. All clinicians

share that direction of travel and want it to develop, because they see that it is the way forward and it is what society needs. At the same time, we will maintain the services that need to be in the hospital, that need to be delivered there. It is a case of collaborative working. Our charitable sector and commercial operators as well have a huge part to play, as well as primary care health, G.P.s (general practitioners), chemists. The whole sector needs to work together. It is really only the care model that can provide the framework for this. It would be quite wrong for the Minister for Health and Social Services or the Director General to issue diktats from on high to all these various participants in the sector. It is not possible. Together we have to bring forward this new model.

Deputy K.G. Pamplin:

It is about the journey, is it not, not the destination? Quick couple of questions from me on the Help2Quit Service, we noted the 9th March was the designated No Smoking Day again. We understood that the Help2Quit Service is obviously delivered on behalf of the Government's Health and Community Services. Whatever information here is helpful, but we will be brief, could you provide an overview of key metrics relating to the Help2Quit Service in terms of resource? Is it one of the outcomes? Does it need more resource? Is it successful?

The Minister for Health and Social Services:

Over to Sarah Evans for that detail, if I may.

Acting General Manager, Primary and Preventative Care:

Hi, good morning, Deputy Pamplin. The Help2Quit Service is run through a pharmacy service and a specialist service. The pharmacist service is being delivered in the pharmacies. That has a successful quit rate of 47 per cent. The specialist service, which is delivered from H.C.S. more deals with our entrenched smokers, our hard to reach populations and things like that.

[12:00]

That has an excellent quit rate of 51 per cent, which is really good, considering they are the people that the pharmacy and other services have not managed to get to stop smoking through other interventions. Our key performance indicators, the quit rate set by the U.K. is 30 per cent. We outperform those in both the pharmacy service and the specialist service as well. Through the Reducing Preventable Diseases Fund, Government Plan money, we were able to employ 2 more nurses on a 2-year contract. That has meant that we can, within the specialist service, offer many more appointments. In the first quarter of this year, we have seen a 375 per cent increase in the people engaging with the specialist service, down to the increased staffing levels that we have been able to provide. Because of those increased staffing levels, we are also looking at expanding our services, so that we can offer later appointments and Saturday services as well.

Deputy K.G. Pamplin:

Great, it is all very successful. Could we have more of that across the board? Whatever you are doing, let have more of it, it sounds good. One big issue we want to raise, this was brought by my own daughter, that a lot of her peer group/age group are getting easy access to vaping. It is becoming very similar to the era of alcopops when, quite rightly, people were upset that bottles of alcohol were looking like bottles of soft drinks. There is now a growing issue where it seems that vaping is becoming a trend for young people where they are collecting all the various colours of the rainbow. Do you think that is something that this area could work more heavily with, with Public Health, with P.P.C. (Primary and Preventative Care) so we could tackle this growing issue that young people are getting their hands on these things, which could lead to smoking or probably not best for their health?

Acting General Manager, Primary and Preventative Care:

The evidence about e-cigarettes or vaping is that it does not necessarily lead to smoking. The services in the U.K. provide started kits of e-cigarettes to wean people off smoking. We do not do that in Jersey, although we will help support people who are vaping as an attempt to quit smoking. We will help support those as they carry on through their journey to quit their smoking. The data from last year is that the service had 27 clients who did use an e-cigarette and 13 of them then went on to successfully quit smoking. That is a 48 per cent quit rate there. At the moment there are no plans to introduce a specialist service for that, but that is definitely something we can look at in the future. We can look at the evidence-base around that. At the moment it is more that they are used to help people quit smoking, as opposed to a route to people starting smoking.

Deputy K.G. Pamplin:

Yes, I totally agree, but, again, a 13 year-old probably is not quitting 20 a day at that age. That is the concern. It is maybe more of a public health question, because it is becoming more accessible, it is seemingly a lot cheaper. It could have the other affect that young people will then lead on to smoking as a habit. I raise that if it was on anybody's radar. Okey dokey, that is it from me for now. I have a couple at the end, as always but, thank you, Chair.

Deputy M.R. Le Hegarat:

Final section of the questions, Health and Community Services 2018-2022. Minister, the Civil Service has undergone significant reform since 2018, with many changes introduced across government departments through the new OneGov structure and the establishment of the Government Plan, the Common Strategic Policy and the Target Operating Model. Please could you provide an overview of the changes that have taken place within H.C.S. as part of these reforms?

The Minister for Health and Social Services:

As part of these reforms, Deputy, H.C.S. has always remained a department with a single Minister. The executive team has grown in accordance with the need and I am pleased, we need good resource to lead the organisation. If I could pass over to Caroline for her views on the changes made by the T.O.M. (Target Operating Model) and elsewhere?

Director General, Health and Community Services:

The T.O.M. helped us to move towards being a clinically-led organisation. It allowed us to restructure into really clearly defined care groups. It has been an iterative process for us, because it was a significant change for H.C.S. We have had to be quite agile around how we structure our care groups in order to ensure that we are delivering safe, quantitative care. We managed to create what I believe to be a very functional executive team, which was not in place before. We have divested power from sitting solely within the Chair or the Director General and we have devolved decision-making within the organisation. The day-to-day business as usual is delivered by the Chief Nurse, the Medical Director and the Director of Clinical Services, as is appropriate, because we are clinically led. We still have a lot of work to do around our lower tiers. We have been quite successful at tier 2 and tier 3, beneath that we have a lot of work to do to ensure that those levels feel empowered and able to make decisions and safe in that decision-making. That is the work that we are trying to achieve now through our chiefs of service functionality, whereby we have defined clinical leaders with a clinically led structure underneath them, that will then work with the tiers within their care groups in order to be able to do decision-making from the ground up. However, it is still a new process for us and we still have a long way to go.

Deputy M.R. Le Hegarat:

There was always the thinking when this process started that it was introduced to basically reduce the number of high level officers and maybe have more lower down. Has that worked? Do we have less people at the top than we had previously?

Director General, Health and Community Services:

We only have one new executive director post within H.C.S. and that is Andy behind us, who is on secondment for a year as the Director of Mental Health and Social Care. Every other post that we have in place was in existence previously.

Deputy M.R. Le Hegarat:

Have we saved any money?

Director General, Health and Community Services:

We saved £20 million in H.C.S. over the past 3 years. We have delivered C.I.P. (Cost Improvement Programme) every single year. We are challenged this year and the Minister has been very clear around his direction around the delivery of cost improvement this year, because we are a health economy coming out of a pandemic. It is very challenging for us this year to be able to deliver any kind of …

Deputy M.R. Le Hegarat:
Do you think the reforms have presented any additional challenges or unforeseen consequences?

Director General, Health and Community Services:
We are a very different service. We are a public-facing service, delivering care. Some of the changes perhaps have not been as tailored as to what we would need in delivering services or perhaps other services. The team might be able to elaborate on that. I am not sure a one size does fit all. It definitely does not within health.

Deputy M.R. Le Hegarat:
Overall, what benefit do you think the reforms have brought to the health service users since their introduction in 2018?

Director General, Health and Community Services:
It has enabled us to be able to determine how our own internal structure can deliver care. The biggest benefit is that we have moved to a clinically led organisation. Again, we are only 3, 4 years into that, but one of the most beneficial outcomes that we can have for the Jersey health economy is that it is clinicians who are directing the delivery of health care.

Deputy M.R. Le Hegarat:
When would you anticipate the lower levels are all in place and we are not in the interim … we seem to have a lot of interim people in posts. When do we think that will change; do we know?

Director General, Health and Community Services:
There are always going to be challenges for every health economy to be substantively staffed. We are no different to anywhere else in the world around our substantive posts. Our T.O.M. is completed, but I cannot ever see a point where we do not have interim staff. Despite our best efforts to grow our own, to bring education on Island, to try and attract people from different sectors to come into health care, there is always going to be a need for us to have temporary staff.

Chief Nurse:

Can I just add to that? The pandemic has meant that we have had to supply staff to support the Island with vaccination and testing. If one person moves out, that creates an act up position or an interim position for someone else to cover that post while they are supporting other parts of the Island.

Deputy M.R. Le Hegarat:
How have the reforms changed working relationships between H.C.S. and other government departments, do you think, since 2018?

Director General, Health and Community Services:
I only came in 2019.

Deputy M.R. Le Hegarat:
Rose might have more of an idea.

Chief Nurse:
Overall the relationships have definitely improved. That said, before the T.O.M. we did work together as well. It is not that we have never worked together before. As the Director General stated, some of the centralisation of some core functions that we need to support delivery of health care does not entirely work for us in the way that perhaps it was intended.

Deputy M.R. Le Hegarat:
You probably agree with me, Rose, that in actual fact quite often people have come in and said: "We are going to do this so that we all work closer together." I would say Jersey as a whole works very well anyway among the departments, certainly from my experience over the years. I would say sometimes there is a misconception that they do not. People may say we will get people working together … but I think you are right, people do work well together. Sometimes that is not something that people get credited for. The fact is people link and work closely together when people are known better to each other.

Chief Nurse:
I agree.

Director General, Health and Community Services:
It is a massive benefit of Jersey. That has absolutely been reflected in how governments work together around the pandemic, particularly from a health function. I have worked in many health economies and the intimacy of connection that you can have, not just within government but with other providers across the Island, is incredibly beneficial.

Deputy M.R. Le Hegarat:

One of the final parts of this was I was going to ask how H.C.S. working relationships with the third and voluntary sectors were. Have the reforms improved those, do you think, or impacted on it?

Director General, Health and Community Services:

We continue to work closely with partners across the Island. I hope that partners and the public see that the care model is about not centralising care in the hands of secondary care and H.C.S. The Minister for Health and Social Services remit is so wide. He is responsible for the delivery of care across the whole Island. We are just one of many providers. The care model is really starting to demonstrate to our partners that we are putting our money where our mouth is. We are starting to move decision-making outside the doors of Peter Crill and moving it out into the community. The Minister says it regularly: the vast majority of care is not delivered within H.C.S. and thus we should not be the only decision-makers. The care model is absolutely starting to improve upon what are already good relationships with that sector. I do not know if colleagues or, Anuschka, you wanted to add anything.

Director for Improvement and Innovation:

In terms of partnerships we have [audio cut out] very important. In addition to that, with the care model what we have seen is that the partnership group, and we talked about that before … what is important is it not a them and us. It is we are working together as one. We are learning from each other. I really like it at the meeting where actually it combines some different organisations. We do not really know in detail what we are all providing, so we need to learn from each other. We need to be transparent around what is it we are providing, how we can help each other and what other services we are offering.

[12:15]

Overall, that is what we are hearing from patients, it is that smoother journey through the system, which we all need to work towards. Everyone is doing their job really well but it is how do we enable that working closer together and enable that smoother journey through different providers. That is a good starting point. It is not something that can be fixed in a month or in a week. It takes time to build up those relationships among different providers but also between government services.

Director General, Health and Community Services:

The money is the one thing you say. The way that we have been set up as a health economy was so focused upon different providers coming to H.C.S., cap in hand for core funding, basic funding. However, the care model will start to demonstrate that we are a secondary social care provider of

services. Are we the people who should be determining how health budgets are spent Island-wide? Are we? I am not so sure about that, because provision is so vast and needs to be driven from a viewpoint that sits outside of all provision care. That is what we will move towards. Our relationships continue to improve, but we improve much more as we start to have decision-making around funding, not sitting just solely within the walls of government.

Deputy M.R. Le Hegarat:

The biggest concern that the public have had with the Jersey Care Model, without a doubt, is the fact that, whether it is right or wrong, there is a perception that their care will cost more. That is the driver of most people being unhappy with it, because they perceive, rightly or wrongly, that as the care model progresses they will pay more. That is critical to however this care model pans out. That is maybe where things could have been done differently. You have to get buy-in with people. Everybody, from all those Parish Hall presentations, events - I nearly said inquiries then, that is from the past - need to be reassured. From the perspective of you, as the Minister, following the elections in 2022, how are the continuity of H.C.S. services going to be maintained by the next Minister for Health and Social Services over the next 4-year term, to reassure Islanders that services will not cost more money?

The Minister for Health and Social Services:

We have always said, even if the message has not got through that what is presently delivered as a free service at the point of service will not change. That will remain free. Obviously there is a cost to all health care. I do get people who write to me who think that all care should be free. That is not the model we have adopted in Jersey prior to the Jersey Care Model. We know that we established the Long-term Care Scheme, for example, acknowledging that people who could afford to do so would need to pay a proportion of their costs at the beginning, before becoming eligible under that. They are challenges for the future as to how we provide health care and the new things we want to do. Yes, it would be possible for taxation to pay for new services or enhanced services. That will be a decision for a future Assembly. That work is being researched and all the various strands and possibilities brought together in a sustainable funding review to present to the next Council of Ministers. We know in Jersey, as with the rest of the world, the costs of delivering health care are going to climb excessively. The Jersey Care Model can mitigate those costs. It will keep the costs below the maximum that they might be without the Jersey Care Model, but they will still increase on an Island-wide basis. How the Island pays for that is going to be a big issue. That will be for the next Assembly to decide.

Deputy K.G. Pamplin:

We have not touched on an area that we have done over the last 4 years - and some people have watched all the quarterly hearings and think this was a change - that is, of course, about mental

health services, but we are about to release our follow-up review and we have already had a hearing and much correspondence. I did want to pick up, as we have the opportunity to do so, Minister, your written response to us … and it was about the amendment we brought to the Government Plan, that was the £500,000 we brought forward, which was accepted, and the role of that money taken from the COVID-19 Reserve Fund for the intention to address the identified backlogs and waiting lists for patients, target the particular areas of need for service users and specifically for COVID related pressures and service recovery. We are appreciative that a large amount is doing that. In the previous hearing we heard from the Deputy of St. John about money going towards auditing services. We hope that is the case. You have alluded to the role of the Director of Mental Health and Social Care will also be funded from this growth money. My question is: why has that happened? Obviously the role was being sourced last year before we even brought the amendment. If we had not brought the amendment, how would the role … I know it is terribly awkward because the individual is sat behind us, but I think it is an important question to ask.

The Minister for Health and Social Services:

At the present time the Director is serving as an interim role, not as a permanent position. The intention would be to make that a permanent position and for that expense to be part of the Government Plan on a rolling basis. Just at the moment, while an interim appointment, provision needs to be made. You will know, Deputy, that last year we had that report into mental health services, which very clearly said that we needed to improve leadership in mental health services. We could not really ask our services to continue with the same structures as before without that crucial leadership being in place. We needed to put that in place outside of Government Plan monies. That is something that is so valuable because the individual has brought that sense of leadership and direction and is working well with our teams to improve our services. I am satisfied that it is a proper expenditure.

Deputy K.G. Pamplin:

I certainly agree with everything you have said. The problem is you have just said you knew that was an issue, you went out and found that issue, but it is seemingly before the Government Plan came along, not the funding to match that. Luckily we came along with the additional funding from the COVID-19 Fund for mental health services. Was there a problem with money? Was it a lack of resource? I know you are saying going forward … and we obviously want that to be the case as well in the next Government Plan. Was it just a problem with getting the funds available? The same commitment you just said was not … you did not turn around to the people with the money purse: "I want that money for this role" for the same reason you have just given?

The Minister for Health and Social Services:

No, we did not. They would have pointed us to the £500,000 that your amendment has secured. I was not party to those negotiations. I do not know if the Director General can add anything.

Director General, Health and Community Services:
The money was an opportunity for us to improve mental health services and having the provision of a dedicated Director for Mental Health and Social Care is probably one of the biggest steps we have taken towards doing that. The money provided a solution in order for us to do that, but we are absolutely looking to formalise that role in the Government Plan for next year; if we intend to continue with that role. Of course, we do need to see the outcomes of that post. The post-holder has very clear outcomes of what they need to deliver, so we can take that into the next government and be able to demonstrate the worth and the value.

Deputy K.G. Pamplin:
Again, going back to that review, the importance and the decision made is clearly a fundamental need going forward. I guess you will be doing everything you can, based on the outcomes and the work, that it will be in the next Government Plan, because with the rolling services in the mental health in the previous couple of years with the vacancy, this is a pivotal role. I imagine you want that money more secured next year.

Director General, Health and Community Services:
Very much welcome being able to continue that post.

Deputy M.R. Le Hegarat:
Thank you all very much for attending today. As this is our final hearing with the health team, I would like to say on behalf of all of the panel thank you very much for your contribution over this 4-year period. It has been challenging for all of us at times but I have to say that certainly from our perspective - and I think the team would say the same - it has been a positive correspondence between us all. I would like to thank the Minister, the Assistant Ministers and all of the staff that are here to day and all of those who have contributed for us in the past. We have done a number of reviews and we have always found that we have been assisted whenever we have asked for that assistance. For that and for your contributions, I would like to thank you all very much. That is us. Thank you.

The Minister for Health and Social Services:
Thank you. Can I just say, Chair, that we want to thank you for being an excellent Scrutiny Panel. You have been challenging in the right areas but you have also been supportive of the wider remit of health, the need to get this right and understanding of the difficulties we have sometimes faced

and the challenges around. You have encouraged us on our way but put in the challenge where appropriate. I thank you for that.

Deputy K.G. Pamplin:

The final thing to say is to pay tribute to the staff. The people we all want to help improve, we all need. We would all agree that they have been through hell and back. I do not know if that is parliamentary and got me in trouble, but they have the last 4 years and we all as a panel just want to pay tribute to everybody who delivers the care and services right through. Thank you.

Deputy M.R. Le Hegarat:

Thank you all very much indeed.

[12:27]