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Health and Social Security Scrutiny Panel

Jersey Care Model

Witness: Mr. J. Hopley

Monday, 10th February 2020

Panel:

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

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

Deputy G.P. Southern of St. Helier

Deputy T. Pointon of St. John

Witnesses:

Mr. J. Hopley, Vice Chair and Treasurer, Shopmobility

[10:00]

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

Good morning, everybody. Thank you to our individual who is joining us today as part of the Health and Social Security's review of the Jersey Care Model. I will get you to introduce yourself first and just to remind you, of course, of the Scrutiny procedures, which I know you are fully aware of.

Vice Chair and Treasurer, Shopmobility:

Jim Hopley, various capacities. I am the Honorary Chair, everything I do is voluntary, of the Jersey Disability Partnership, Cheshire Home and I suppose in this context I am the Vice Chair and Treasurer of Shopmobility.

Deputy K.G. Pamplin:

Good. We will just reintroduce ourselves. I am Deputy Kevin Pamplin, Vice Chair of the panel.

Deputy G.P. Southern:

Deputy Geoff Southern, member of the panel.

Deputy T. Pointon of St. John:

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

Deputy K.G. Pamplin:

Okay, Jim, a nice meaty kick off this morning, just can you tell us what involvement have you had with the Jersey Care Model to date and how have you been consulted?

Vice Chair and Treasurer, Shopmobility:

I suppose the background is for many years I have held a variety of committee board representations, the voluntary sector, of course, health and community services and going back to the steering group behind the philosophy of P.82, I also sat on the hospital board, primary care board, the whole variety of other functions. I was there predominantly as the voice, I suppose, of the voluntary sector and of the patient, as far as that is possible, although as an individual I could not claim to have delivered that role completely, but that is what I have tried to do. So I operated as a filter between what Government were up to, what specific largely commissioned services felt with what was going on, trying to represent the broader voluntary sector and certainly, where I could, trying to express opinions relative to the situation. As such, relatively early on I was consulted by a variety of health and community service officers on the direction of travel on what was proposed. I was a bit frustrated with the process because if you were one of the larger charities providing commissioned services to health, perhaps the hospice, perhaps family nursing, you were in the loop but the vast majority of smaller charities, and certainly to a degree, as far as I am concerned at least, the patient, it was not perhaps as proactive a part of the consultation as it could be.

Deputy K.G. Pamplin:

I think we will dig into that quite a lot because the voluntary sector is such an integral part of the proposed future care model and all of our insight into it. But just going back to the consultation process, was that with briefings, with departments, what early stages did you see?

Vice Chair and Treasurer, Shopmobility:

There was some discussion. Obviously the philosophy behind the new model has evolved from history. Obviously when Care for Each Other or Care Together or whatever it was was launched back in the early part of the previous decade, I cannot recall it now, I was there for all the discussions about what might evolve with the new healthcare model, with much more of a sense that governance should sit behind that. That all disappeared probably around about July 2018 when there was a significant change in the management of health and community services. Obviously with a new political regime moving in there was a need to re-examine what was being proposed and what had

been afforded in the spring of 2018 and for something else to evolve. What surprised me was, I feel, the level of comprehensive engagement was not as substantial as it might have been, allowing for the history of the previous engagement that had gone on in each step of the previous incarnations of the policy.

Deputy G.P. Southern:

You talk about new blood and new direction in 2018, but we have been waiting since P.82 in 2012, was it not?

Vice Chair and Treasurer, Shopmobility:

Yes, I have been there all the way through. I know well how long it has taken and whatever. We seemed to be reaching, in the autumn of 2017, something definitive but obviously, as I said, with the changing regime, both politically and in terms of officers in the department, everything went up in the air, everything stopped dead probably in July 2018.

Deputy G.P. Southern:

Everything stopped. That is the impression?

Vice Chair and Treasurer, Shopmobility:

That is certainly what occurred. At this point making comments to various officers and politicians on the basis of what is going on, it was not really until probably the late summer, early autumn of last year, 2019, that things started to become a little bit clearer. I never met, for instance, Mac McKeever. I did meet some of his officers, I had conversations with those officers, I did make the comment: "What has happened to all the time and effort that had been … and the expense, that had been put into the previous thoughts about this?" It was quite a longer commitment on the part of a lot of people, primary care were there, the voluntary sector were there, they was an effort to finish it, largely through Malcolm Ferey from Citizens Advice for instance. But all that work just stopped. There was no real further discussion until the boons of the new care model started to evolve towards the back end of last year.

Deputy K.G. Pamplin:

So you had no direct meeting with the Interim Director for Health and Social Services?

Vice Chair and Treasurer, Shopmobility:

No, did not meet Mac McKeever, I met John Howard who was his director of change and certainly lots of about the change and we had the occasional conversations but nothing particular formal, apart from making the point: "What is going on, guys. Why has everything stopped? What is the next phase?" I did meet the new director Caroline Landon soon after her arrival and we had a very

mature discussion where I gave her an opinion of some of the problems that she bought into. But, to be fair to the lady, she came in, to a degree, to a firestorm in terms of all the elements of change and the need for policy direction that the department was going through.

The Deputy of St. John:

Jim, could I take you back quite a long way, to 2011, I have got this report here from a consultancy called KPMG? Okay, KPMG seemingly formed the basis for P.82, and they said in their executive summary, first line: "Health and social care services in Jersey are at a crossroads. Existing capacity is due to be exceeded in some services as early as December 2011." That was followed by P.82 which was a proposition to revamp the social care, community care to create a new hospital and so on. That was presented to the States and accepted as a proposition in October 2012. Okay, what happened …

Vice Chair and Treasurer, Shopmobility:

Seriously, there was a vast number of discussions concerning what the best method of dealing with the coming firestorm might be. Everybody accepted it was an ageing population, the demographic was changing, people were living longer, co-morbidities and all the rest of it. The information buried in P.82 and KPMG's work was reasonably sound but obviously what it could not do is totally forecast the future. There would modifications in medical science which might ease the burden. I do not think they had a full grasp … like nobody had a full grasp of what was happening to the population so there were a number of dynamics in place and what occurred were various workstreams were set up to examine a whole range of issues, not only within the hospital, as I said there was a primary care review board which took cognisance of the work that the Consumer Council did on the problems of people accessing doctors, affording to pay the bills - what is new in the world? There was another workstream set up which was called Out of Hospital and that was predominantly to look at what mechanisms might be employed to get people either in and out of hospital that much quicker and get cared for in the community or prevent them going in in the first place. There were other workstreams about community equipment and a whole variety of other things, and all this work went on in the background, an interminable number of meetings, a lot of consultancy time put into various aspects to it, and what was evolving was a plan - as I said that would have been brought forward in the late part of 2017 after about £250,000 plus spent on further consultancy - on what should be done about the broad health economy and the health and care situation. That sort of stopped just prior to the election in 2018.

The Deputy of St. John:

When everything went into purdah?

Vice Chair and Treasurer, Shopmobility:

When everything went into purdah. You know, basically there were issues about that. I appeared in front of a similar panel to this and the discussion was: "Do you agree with the direction of travel?" and basically the answer was yes but there were serious issues, particularly around the governance of what was proposed. We did not get to the situation where that was thrashed out because, as you say, everything was aborted and went into purdah.

Deputy G.P. Southern:

Do you want to move on to where we are now? What is your sense now? We have this model, it is has taken a long time to arrive but now we are supposed to be in it.

Vice Chair and Treasurer, Shopmobility:

Well, as I said, the consultation could have been a bit better. My view on the model is certainly clear, I have expressed this to officers, including Caroline Landon and her senior colleagues, really in my opinion - and it is only an opinion I am not an expert, I am a volunteer as I say - it is essentially an operating model, it is not an holistic model that will deal with the whole of the health and community services regime and the whole of the health economy. So there is a degree of, as I say, clinical bias in it because was put together by operators from within the department, professionals - and they should have a say in it of course - but the only real participation from the broader voluntary sector was the key commissioned services, perhaps Mind on the mental health side, Family Nursing, the hospice who are providing significant services to the state. There seemed to be a lack of consultation of the general public in what was being proposed to a degree. Certainly from talking to people who are more directly linked to that part of the regime … obviously I have got lots of contacts there but I would not claim to be totally represented, even in the voice of the patient. There seemed to be very little input and comment taken from that type of estate. I have read some of the submissions you have had, the likes of S.M.E. (small and medium-sized enterprise) saying we support the general direction of travel but we do not feel that the whole area … that there is any difficulties with us being as involved in the process as it might have been. Essentially, I think the bottom line at the moment … and again, as I said, I have read most of the submission you already have, and I would concur with what most of them are saying, the direction of travel seems to make sense but it is only part of the solution, it is not the full monty as one may have discovered. There is an awful lot of extra policy that needs to be developed on the back of it and there is still work.

The Deputy of St. John:

Do you get the impression that this current proposal is almost a mirror of the previous proposals?

Vice Chair and Treasurer, Shopmobility:

It has got similarities. It has obviously been adjusted to take more account of what is known about 2020 as opposed to what was being forecast in 2011. From a perspective of a clinical model to now,

it does make sense. As I said, I would concur with lots of people's opinion, the general direction of travel is fine but how does it relate to what is happening in my area with the disability strategy, where is the care strategy with the proper support areas needed in the equation. How does it really fit into whatever we are going to end up with for the new hospital? When and what size, et cetera? So, as I said, you know, I would give it 6 out of 10, it is a good start in some ways as long as taking it forward is modified so there is proper governance and proper input from estates outside of the direct commissioned services and the health environment itself.

[10:15]

The Deputy of St. John:

Do you think that the … because the model is going to rely heavily upon social care in the community and a lot of that social care might well be the call to the voluntary sector and the charitable sector, the third sector as a whole. Do you think that sector is robust enough to fulfil the wish list, if you like?

Vice Chair and Treasurer, Shopmobility:

That is the million dollar question. Certainly so much is dependent on exactly what is meant by backing services into the community. It all depends on the resources that will be put behind that and that is resources not only in terms of pure cash but in terms of infrastructure. Everybody knows the I.T. (information technology) systems are shot to pieces and unless there is a robust I.T. proposition backing it up there will be problems. But the elephant in the room, without any doubt at all, and I have been criticised for saying it but I will go on saying it, is that there really is a major problem out there with staffing resources, both within the department and without. Without I mean both in the private sector and certainly in the voluntary sector.

The Deputy of St. John:

Could you be just a little more specific about what you mean in relation to staffing resources?

Vice Chair and Treasurer, Shopmobility:

Okay, to give you an example, the department is struggling in effect. At one stage it was operating on 35 social workers, we were living on interims brought in and temporary contract people from the U.K. (United Kingdom) which is not good for the system because people come, they go.

Deputy G.P. Southern:

It is not good the patients.

Vice Chair and Treasurer, Shopmobility:

There is no continuity. People do not know who really was representing them from that perspective. So you had that problem. There is a huge shortage of good quality nursing and healthcare assistants right across the Island and I know things have been done, I know that we have new training modules at Highlands for both nurses and care assistants. It takes a long time to fill the pipeline and it also takes time to fill the pipeline with quality experienced staff.

The Deputy of St. John:

Given our society, do you think we will be able to fill that pipeline?

Vice Chair and Treasurer, Shopmobility:

Well, it is a Western European problem at the moment, is it not? The health service was running at 40,000 nurses short in October or something I read somewhere. I think that was a quote from Caroline Landon, to be honest. You know, it is an endemic problem right across Western European health services. There is a real staff shortage. There is a staff shortage of quality staff. The difficulty is if you find people, you recruit them, you bring them in and quite often they cannot to stay so you are in a dilemma where the total package that is required for people to settle and stay here, not allowing for the migration policy, is a real issue. Certainly you have a pecking order, health and community services are at the top of that, so a pecking order in terms of the terms and conditions they can offer, in terms of the support they can give to attract people in. They have accommodation and they can do various things that the private sector and voluntary organisations find difficult to do. Family nursing tries to ape that because their terms are linked fairly closely to the healthcare situation, hospice are hospice and are well funded and they can make their own way. But even in those areas there are problems at the moment. I will give you an example, the Cheshire Home, Christmas very nearly … I will not say we had to shut down but we were very, very close to breaking regulation because we did not have enough state registered nurses. To be fair, the Health Department, and it was the Health Department, assisted us to find 3 Zimbabwean contract nurses to bring in on a temporary contract from the U.K. They are still with us but that is costing us an awful lot of money. Trying to recruit state registered nurses in the Island at the moment in time is not easy. There is a bit of a seller's market at the moment in time, people move around because they are enticed to join other organisations. Cheshire Home, our head of care, been with us 18 years, I think, retired in the late autumn, we went out to advertise the position, the first time we had 2 or 3 applicants, none of them were suitable, we persisted, we found one or 2 possibilities, one of them we would have taken with open arms but she was brought back by the Health Department, and the last time we advertised we got no responses whatsoever. That was for a senior position with a reasonable salary with good terms and conditions. So anybody who tells me there is not a problem out there have got their head in the sand, I am afraid. That cascades down to quality care assistants and so forth. There is people who come to the Island, it takes them 2 and 3 years to get any experience when they become reasonably capable so there are issues.

The Deputy of St. John:

There is, if you like, care assistant sector, that will … the job of looking after or caring for people in their own home, are their general employment terms and conditions attractive enough to bring people into the care sector to provide that service that is going to be required?

Vice Chair and Treasurer, Shopmobility:

For a lot of people it is a vocation, so they do it because they want to do that sort of work rather than anything else. But there is certainly, at the moment in time, a whole raft of problems. I think the biggest problem we have is we have not taken a holistic approach to it. It has all be done on a sartorial basis. The Health Department, and rightly so they are front engine of this in some way, have taken action to try to solve their own problems. They have offered some training and they have offered assistance but the whole proposition is predicated on a lot more services being backed into not only the community but into the private sector as well. To achieve that they have to have the people resources. I can sit here and pontificate about how many doctors are going to retire in the next 10 years. I believe there are problems recruiting pharmacists and bringing them into the Island at the moment in time. All of these things are there as real issues currently and if the workload goes off because services are not being backed there is a sort of philosophy: "Well we will need less people in the health service working in the hospital, et cetera and so will transfer into other areas." It might happen. Obviously that would predicate the change in dynamic in terms of terms and conditions quite often and people have got alternatives. How many nurses are working in the finance industry at the moment?

The Deputy of St. John:

Do you see that as a fairly serious issue?

Vice Chair and Treasurer, Shopmobility:

Yes. I see it as part of this bigger picture, the need for an holistic approach to this beyond the care model. The care model is a start and as I said fundamentally the direction of travel makes sense but if you are going to drive this through in the context of what we do with the new hospital - we still do not know where we are going to put it - whatever size it will be and whatever services it will eventually handle, that has to be looked at in the round. What are we going to do about the strategies that are very slow coming forward. The disability strategy has been in place for 18 months but we have not seen an awful lot of progress. We were awaiting the Government Plan to get some money but I have not yet seen any appointments to drive that forward. The carers strategy sat there for 2 or 3 years vegetating and nobody has made any efforts from a political perspective at the moment to bring what is really needed, a carers law which gives carers their rights as they would have in the U.K. which they lack here.

Deputy G.P. Southern:

What sort of rights are you talking about there?

Vice Chair and Treasurer, Shopmobility:

The rights of carers, what they can expect from the States in the way of support. There is no law that backs that up at the moment. There is a strategy that has been evolved, again, over many, many years. That was driven by the likes of Mind and Jersey Employment Trust and so forth, in conjunction with politicians, but there is no real evidence of it being driven forward at the moment.

Deputy K.G. Pamplin:

You are right. I asked the Minister for Health for an update on this in question time last year and it was a shift responsibility came out of the remit of Health and Social Services who said that was the outside sector. But you are involved with that and I spoke to Margaret …

Vice Chair and Treasurer, Shopmobility:

Yes, Margaret Byers is a nice lady and perhaps she will not shout as much as I do. But basically, as you say, it is still as far as I can see … I mean, I will lay the blame back on Government if you wish me to because what we are lacking at the moment is Judy Martin saw that it was not very well handled by the communication people and eventually was given overall responsibility for disability strategy. I am not criticising Judy in any sense of the word, she had her hands full already, she had lost her Assistant Minister and there were other things going on, and …

Deputy K.G. Pamplin:

Who was that?

Deputy G.P. Southern:

No idea.

Vice Chair and Treasurer, Shopmobility:

Within the context of that she was given the task of just driving the disability strategy forward. I sat down and had a coffee with her and a chat and said: “Well, what about the rest of it?” because if you look at the previous Government it was not perfect by any means but at least there was some attempt to get … to pull the social policy in its broadest sense together. You had Paul Routier, Senator Paul Routier as an Assistant Minister with sort of overall responsibility for social policy. Now, he did not try to deal with everything, what he did was act as a filter between individuals, organisations with any sort of issue, Paul was the go-to person and then Paul attempted to lay that off to the respective department, to the respective officers to deal with. One man could not do that,

he was not resourced with the staff to do it but at least it was an effort. All of that has gone because at the moment I am not sure who you go to for the real breadth of social policy. Some of it sits with the Minister for Health, some of sits with Social Security, some of it sits with Housing or whatever it might be. But there is no central focus to pull that together. We had a little working group called the Service User Forum, a very diverse mixture of people, it gave a very diverse group of people an opportunity to come together with Senator Routier to air concerns and problems. He could filter out trends and issues and lay them off. That again disappeared with the change of regime in the spring of 2018. So the communication has been difficult and if you overlay that with the situation of so many interims coming into health, so many temporary changes or whatever … I met Caroline Landon probably about 2 weeks ago, very good meeting again, quite positive. The first question was, this is the chart that I possess of who is where, most of these people have gone, can you give me a list of who is doing what?

Deputy G.P. Southern:
Who is on the end of the phone?

Vice Chair and Treasurer, Shopmobility:
In some ways I regretted it because when I got the chart it was this big and, you know, I needed to get a magnifying glass out to read. When I went through the names there were a lot of people who I had some experience and contact with but there were an awful lot of people on that list who I have not got a clue who they are or where they come from and until they got that job what they were doing.

Deputy G.P. Southern:
So you are talking about severe skills crisis, personnel crisis, recruitment crisis in your sector?

Vice Chair and Treasurer, Shopmobility:
Yes. I have called it a crisis, the Minister for Health criticised me publicly for doing it but that is my honest opinion. Yes, there is a crisis.

Deputy G.P. Southern:
If you then take a look at the document where it starts talking about - page 86 or thereabouts - partnerships with the voluntary sector, they talk about moving care out of institutions and into the home. So if, on top of that skills shortage, you look at the initiative to move things into the home, any service in the home, how do you see that working?

Vice Chair and Treasurer, Shopmobility:

Let us be fair, there are some initiatives that have evolved out of this which are already existing, the classic is Closer to Home, which was a cracking initiative that evolved between the voluntary sector with officers of Health to move services into locations in the community which made it easier for people to access, perhaps a bit more comfortable than going to the hospital and so forth. Now, you can achieve a certain amount with the existing resources if you structure them right, place them in the right thing, put a little bit of resource into supporting the movement. But we are talking about quantum change here, a much bigger change than that. As I said, if you do not have the carers side organised, if we do not have the right resources right across the health economy, in the right place, in the right quantities then you are going to struggle to get the desired effect. I do not think we have any choice. We do not want to build a hospital with 400 beds and whatever and pull everything into there, the most unsafe place in the world if you are ill is probably the hospital. It would be much better if you could be cared for in the community and so on and so forth. But if they are going to do it, it has to be structured and resourced properly. It also has to be controlled by a governance situation which measures the output, which does check that what you are attempting to do is working and you need the checks but you need them to have an overarching structure that pulls it all together. I think that is what is lacking in the philosophy at the moment.

The Deputy of St. John:

Jim, you have just mentioned the Closer to Home project. I know you do not represent Health but it would be useful for people listening to this to know what that means, what Closer to Home is?

[10:30]

Vice Chair and Treasurer, Shopmobility:

Okay, well it was a pilot that was pulled together with some Health Department involvement but also a number of voluntary organisations. They picked a test location Communicare at St. Brelade and the idea was that people could visit Communicare at a prescribed time and date, not by appointment but they were told that service would be available for discussion on that afternoon at Communicare, et cetera. There was a significant input from a number of the statutory services, from the Health Department but also on the part of a whole range of charities. It has been highly successful in terms of the number of people utilising it, to the extent that I think there is an ambition now to move it out east to the Les Squez Communicare … to Good Companions Club or wherever it might end up and then possibly other settlements across the north of the Island. It is a test, it is a trial of what might be achieved in some ways by the philosophy behind the new care model.

The Deputy of St. John:

So there are some healthcare professionals involved in that Communicare programme. What sort of provision will they be?

Vice Chair and Treasurer, Shopmobility:

It was led, as far as I am aware, and I am open to correction, by 2 government officials in the main, one was Sean McGonigle, who was the Director of Local Services, do not confuse that with Social Security. Sean was brought into the Island to try to build a new relationship between the voluntary sector and government. The main driver within the Health Department was Paul McGinnity, who I think is the main commissioner, if you like …

The Deputy of St. John:

Okay, so these are high level people?

Vice Chair and Treasurer, Shopmobility:

Oh yes.

The Deputy of St. John:

What about those that are providing services?

Vice Chair and Treasurer, Shopmobility:

Yes, as far as I know, I am not an expert on exactly what is happening. But as far as I know all the key departments were asked to put in provision for people to turn up and that has certainly happened. Something that could be built on over a few years. It is early days, it was a trial. We had other trials going on in 2017 and 2018, diabetes treatment, we had work going on with what we could do, et cetera, et cetera. Some of those have disappeared in the gloom and I do not know what the outcome of them has been. There were 3 trial projects running in July 2018 or whatever and seemed to have just stopped. So there are some positives there, the post office scheme of Calling Jack is a community based operation which has legs and belatedly, I think, Government have put some investment into that which will help vulnerable people quite significantly if they will take the trouble to register and have a point of contact if they have issues.

The Deputy of St. John:

They have moved doctors into Communicare? Consultants?

Vice Chair and Treasurer, Shopmobility:

I am not aware of that.

Deputy K.G. Pamplin:

No, it is still the concept from Jersey that the … I want to pick up on the point you have been making a few times about the continuity of the people that you have had relationships with over the years. There have been a number interims that you have mentioned, we also had a lot of people come and go as you alluded to, the last person you just mentioned there, the Director of Local Services, is leaving his role. He has only been permanently in place since December 2018, he was an interim before then, so effectively he has done a year. Before that there was Derek Law, of course, who had a similar sort of role, he was to go out to all the parishes and talk about the community. I just want your thoughts on this because there seems to be a big turnover of some of the … for me, the key component for somebody like his role, Director of Local Service, a big key part of this is this continuing reconnect of the voluntary sector. How do you see it when we see another person after a year in the role is stepping away?

Vice Chair and Treasurer, Shopmobility:

Okay, well I did not know that Derek Law really participated in that, I do not think I ever met Derek Law either but that is by the way. Certainly … and I am not here blow my own ego or whatever, whatever, soon after Charlie Parker's arrival I was offered an opportunity … in fact he called me and said: "Would you be kind enough to come. I am told that you call the shots of this thing or that you have broad experience across the voluntary sector. I want to know what the situation is." We had a closed room discussion probably lasting about an hour and a half and neither of us pulled punches. You have an issue because basically the relationship at that stage - and that would have been May 2018 I suppose - was lost. There was a lot of frustration out of there, there was a lot of anger out there, there was a lot of concerns out there.

Deputy G.P. Southern:

Among the voluntary sector?

Vice Chair and Treasurer, Shopmobility:

Across the voluntary sector. The outcome of that, probably March 2019, he asked for a meeting to be organised in the town hall, where we pulled together probably about 40 major voluntary organisations, not only charities. We had the service clubs there, Rotary, the Lions Club, we had support services like the Consumer Council and whatever. We had a fairly frank discussion: "What are your issues, boys? What concerns have you got at the moment?" and coming out of that, Charlie Parker decided to bring in a specialist to try to rebuild the relationship. It was unfortunate the lady selected to start the process took ill, very seriously ill, within weeks of arrival, so there was a need to reappoint, and then Sean McGonigle, as you rightly said, appeared on the scene. Sean McGonigle engaged quite vociferously again with the sector. There was a working party set up to decide on a philosophy of how things could be improved. That has led to something called clusters, so we have created a variety of government and voluntary sector clusters across the Island, starting

off with children, for obvious reasons. They have moved into cancer, they have moved into learning difficulties, they moved into homelessness, and the idea behind that is to pull together a selection of voluntary sector organisations working in particular areas with the relevant government departments to jointly move things forward. That is part of the philosophy behind the new care model. It all makes sense, okay, but of course obviously the big issue then is are the resources available to move those initiatives forward? Sean McGonigle - and I do know Sean and I do have an occasional discussion with him - he has got frustrated, I think, with the pace of change and I do not think he was over-happy what happened with the lottery funding, so before he totally burns his bridges in the Island he has decided to move on, which is quite disappointing in some ways, because there was some traction there. But we are, as you rightly say, then back into a vacuum. I think an advert has been put out with a local connotation, perhaps might have its benefits, to resurrect their own. The difficulty inherent though in all of this is I have criticised Government for not having an overarching policy. I will criticise myself and the voluntary sector as well, because we are not as well organised as we could be. We do not co-operate as much as we could do and things could be a lot more substantive if we did get together and function a little bit more closer. I mean, everybody is very precious of their own ground, they are also precious of their own resources and so on, so there is a reluctance at times for organisations to engage. It is breaking down and breaking down slowly. I chaired something called the Voluntary and Community Sector Partnership for a while, which was much broader than health. It was designed to operate across the whole of the voluntary sector and the major objective in part was to get charities to co-operate in working together well. It also had the role of being a critical friend of Government and perhaps highlighting policy issues. When we got a little bit too critical, they pulled the money and the organisation folded, which was a bit unfortunate because there is a vacuum still. The Community Partnership tried to do things about that; the A.J.C. (Association of Jersey Charities) tried to do things about it; Sean McGonigle was trying to do things about it. Progress was being made, but it was relatively slow, and totally important to the new care model is that co-operation, not only between the voluntary sector but between the voluntary sector and primary care and the other professionals and the States departments. It is a totally integral part of what has got to be achieved if this is going to work.

The Deputy of St. John:

You must have given this some thought, because the whole business of … and we are probably off-subject here, because we do not consider the hospital as such, but the whole background to the proposal to develop an acute hospital of 200 beds, with additional resources on the same campus, is based upon this huge workload moving out of the building and into the community. Do you think that is going to be possible?

Vice Chair and Treasurer, Shopmobility:

Again, as I said, I have read all the submissions that you have got, including the primary care submission and the opinions from colleagues in the voluntary sector who are perhaps further engaged with Government. I think all of them generally can see the logic behind it, but all of which come back to the same raft of issues. Where is the support going to come in terms of the necessary infrastructure? If you are going to have a hospital, you are going to need to collocate probably mental health facilities in the right way. It needs to be sensitively done, because there is a stigma problem if you get it wrong. What other services, are you going to collocate close to the hospital? If you are going to do the whole range of activities in the community, where exactly are you going to deliver that? Are you going to do it in parish halls? Not an ideal location, quite often. Are you going to do it in doctors' surgeries? They have not probably, as businesses, been constructed to do the full thing. Pharmacies obviously have got a big role in it, but the private sector have got big issues because obviously they are running businesses in which they have got fairly significant latent investments and, you know, I know there is a big discussion about what happens with primary care: do you pay; do you not pay; are there perverse incentives and all the rest of it? As I said, one of the frustrations I have got is all these were workstreams are going on up until the middle of 2018, trying to pull these diverse elements together and pull strategies out that fitted these elements. As I said, a lot of it is frozen. I do not know how it is going to be dealt with. You just cannot bring forward a care model unless all the other building blocks hang on the back of it, and then the size of the hospital and what services it provides is an integral part of that equation.

The Deputy of St. John:

I am getting the impression you are not very confident that it will be there to do what it is meant to do.

Vice Chair and Treasurer, Shopmobility:

As I said, I think the bottom line is that the direction of travel chosen makes sense, okay? We do not have much currently, if we are brutally honest about it. We do not really want a 400-bed hospital with the core staff that would be involved in that and the fact that it would concentrate all activity in the one location, which has got all sorts of accessibility issues and so forth and so forth. So the philosophy behind this is sound, particularly if you can capitalise on all the resources that are available to the health economy. But to do that, you need an overarching strategy and my frustration is it is part of the jigsaw puzzle, but it is far from the complete thing. What is lacking at the moment in time, from my perspective, is that overarching strategy and what sort of governance will sit behind that and how will we move things in the direction that we are predicating.

The Deputy of St. John:

For overarching strategy, would you call that the business plan?

Vice Chair and Treasurer, Shopmobility:

Yes. It needs completing, you know, the health economy plan, and there are elements of it and some of it has been invested in quite significantly. I mean, I listened to propositions about what was happening in Alaska, what was happening in Israel, what was happening in Norway. We tried to pick the best bits from a whole variety of sources, but it is not one size fits all in this, of course. It is not a perfect solution and I think the care model cannot be a perfect solution and it is a reasonable direction of travel, but it is so dependent on the rest of the building blocks being created and put in place.

Deputy K.G. Pamplin:

You talked about a holistic approach earlier. I am going to put some holistical questions here. Do you sense because there is a frustration of how long this whole process has been going in terms of looking at the healthcare of this Island going right back to 2008, P.82, plus then the additional frustration of the hospital project and where we are heading in society with the lack of an immigration policy and all the other issues that are bubbling away, do you see … we are seeing and hearing the sense of urgency, but the picture you are painting is a slightly muddied water one, so as an holistic approach, do you see a sense of urgency where there is a rush? I just want your thought on that.

Vice Chair and Treasurer, Shopmobility:

Yes. I mean, I nearly lost the will to live in the period 2012 to 2018 at the pace of what was being considered and discussed. It took 5 years to start evolving the strategy and then of course develop Articles of the changes we have alluded to.

[10:45]

Obviously now I think there is a creeping realisation that something has got to be done and done quickly. We compare with that and can you lay it out against the current political regime with the current officers? Probably not, because they were not here or at least they were not in control, so they have inherited a situation of where we are. I think perhaps what was perceived was - and I would not necessarily have disagreed with that - that in 2018, the middle of 2018, there needed to be a dramatic shakeup in terms of the whole health and what was the social services regime at that point in time, because it was not being well led, it was quite disjointed. There was too much management and not enough functionality in the situation. So you had to go through a change management regime. Whether the people that were brought in as interims to deal with that did a good job or a bad job, it is difficult for me to judge because they never talked to me. I am not saying I would have had all the answers, but they did not talk to an awful lot of people out there and I think at the moment obviously the new regime seems to be trying to get a grip of it, but they are coming from a situation where perhaps 18 months has been lost in some ways.

Deputy K.G. Pamplin:

So if you were given the keys to the car of this thing, what would be the first things that you would do tomorrow if you walked in and you were responsible for this?

Vice Chair and Treasurer, Shopmobility:

I would immediately consider a much more robust … I mean, I keep coming back to governance. There has been a board set up that appears in public, but it is strictly … because all it really is is a bunch of clinicians talking in very, very technical terms with public viewing, very much like we would do in a Scrutiny hearing. So yes, there is no real overarching governance, and as I keep saying, you need a strong voice of the other professionals in the sector and that includes G.P.s (general practitioners) and pharmacists and other … dentists, opticians and so forth. You need certainly a strong voice of the patient. Where is that in all of this? Because I do not see any real involvement in all these discussions by people who are representing the public. I cannot be. I am conflicted in some ways. Certainly there has been voluntary sector involvement, but the voluntary sector involvement has been largely restricted - not totally, but largely restricted - to the main commissioned providers of services rather than the broad sector that you are going to rely on to deliver the breadth and depth of this model.

Deputy K.G. Pamplin:

To context that, there has been a lot of change in the voluntary sector with the Care Commission regulations, the introduction of the Charities Law, the Charities Commissioner as well.

Vice Chair and Treasurer, Shopmobility:

Yes.

Deputy K.G. Pamplin:

So to put that into context with your involvement, the involvement of … what the voluntary sector has been put under in the last year and the impact that has seen, the likes of the Jersey Alzheimer's Association and those levels, as you say, the non-major service level, we …

Vice Chair and Treasurer, Shopmobility:

Yes. Things got really, really ropy in terms of what was going on with the Care Commission. I will come back to the Charities Commission in time, but the Care Commission broke in its new regulations just 12 months ago in quite a heavy-handed way. There was extensive consultation which went on for years again in advance of it, but the demands immediately put on not only the voluntary sector but the private sector at the point in time that the regulations were introduced was quite significant. I had organisations stopping me in the street saying: "Jim, we are losing trustees

because they will not go through the process. We cannot do what the Commission are instructing us to do. We are just not resourced to do it. We will have to shut down." You know that, our organisations were making announcements, shutting services, stopping doing things and so on. I mean, it was not my place to do it, but somebody had to. I had gone over to the head commissioner in Northern Ireland and I had a lengthy conversation with him, and to be fair, he listened and the reaction was: "I have got a new chief inspector starting. The day she arrives, I want you to sit down with her and I know she will want you to meet the total Commission" because they have to realise that what they were asking was undeliverable. The climate has changed, the regime is such now where you can consult and get guidance and advice. They have backed off to a degree on the severity of the requirements that trustees and so on were being asked to go through and things have stabilised. I think Trevor listened to the lady making a presentation to the Disability Partnership and there has been positive feedback since. But that was a symptom of part of the dilemma going on at the same time. We are all still … I mean, there are 250 organisations still waiting to know if they have been registered as charities or not and that is creating its own intrinsic difficulties at the moment.

Deputy G.P. Southern:
So there is an ongoing issue with governance; is that what you are saying?

Vice Chair and Treasurer, Shopmobility:
Yes, yes. I mean, there is a large number of organisations still waiting to find out whether the new Charities Commissioner will pass them as charities or not. I put 3 applications in in October of 2018 and one of them has surfaced, but I do not know what the story is with the other 2, although I am told it is getting to the top of the pile. One of those happens to be the Disability Partnership, the other one is the national board, and if they are not charities, I do not know what is.

Deputy K.G. Pamplin:
This is interesting, is it not, because again the critical component of the care model is to have a good, well-regulated commissioned charitable sector, but if there are still problems in train in the earlier development …

Vice Chair and Treasurer, Shopmobility:
Well, people … any right-thinking person was supportive of charities regulation. They all appreciated that there needed to be more robust care regulations, particularly in domiciliary care, which was quite vulnerable, a lot of vulnerable people and whatever. So the fact that the legislation was being brought in was totally supported. It was the way it was done and the reluctance to be reasonable about it. As I say, if somebody says to me: "Every one of your nurses, care assistants and whatever has got to be at a certain quality of professional qualification instantly at the Cheshire Home" they

would just as well shut us down tomorrow and chuck our 28 residents and the many hundred other people we support out in the streets because we could not fulfil the requirement. We had invested significant sums of money over time training and preparing people and whatever, whatever. I think we did a deal with Family Nursing last year. It cost us £40,000 to upskill some of our workforce and we were in a position perhaps to do that, but there are lots of other organisations that were struggling to find the wherewithal to do it.

The Deputy of St. John:

Do you think increasing regulation is going to put some charities out of business?

Vice Chair and Treasurer, Shopmobility:

I think we have gone through the worst part of that now. There were a number of organisations who seriously sort of … and they were reasonably high profile, significant organisations, not only operating in the area of physical problems, but also in mental health problems, who were saying: "If we have got to go through all this regime and so on, we are either going to have cut services or we are going to have to go completely." Fortunately - fortunately - I do not think we have lost any significant organisation there because things were modified to an extent, but they teeter on the brink. It is not an easy world out there at this moment in time, raising the wherewithal to keep functioning and to provide the services you are currently providing, let alone trying to take on a significant slug of additional service, unless you are being supported and resourced appropriately to do it.

Deputy G.P. Southern:

Can I pin you down on that? Take the Cheshire Home services. It is doing a job. Imagine, if you could, that the emphasis becomes not in the institution, but in outreach, in people's homes. How would that change and what you need to do in order to accommodate that? Could you accommodate that sort of thing?

Vice Chair and Treasurer, Shopmobility:

Well, yes. We had a strategic meeting a fortnight ago and basically the reality on the ground at the moment in time is that we operate a significant deficit, okay, because we are providing inputs way beyond the Long-Term Care Fund in terms of our permanent residents. That is our choice and we could give them the minimum level of care, but in our case people stay with us for many, many years, they are not there for a few weeks, as they are in other organisations, so it is their home and we are determined to give them as best quality of life as we possibly can. So we have got to cover all the deficit and I will tell you the figures; there is no secret. Last year it would have been close to £400,000. We have taken action to reduce that, but we are probably looking at a structural deficit of £250,000 a year at the moment. To fund that we have got to fundraise, we have got to do all sorts of things. I have checked a few times with many other people who have raised money. We

have either got to fundraise or we have got to use our resources, maybe some investment income, but we are not being funded to do the job we are doing, so what do we do? We look at the new care model, which as you say is predicating a lot more care in the community. Do we go and set up a whole raft of outreach work and so on? It is not what we are good at. We are structured at the moment to look after the pinnacle of physical disability in the Island for our residents. We have got a hydrotherapy pool, which probably is costing us half our deficit, which is supporting something like 300 to 400 individuals at no cost to Government to provide them with physical therapy and hydrotherapy which is keeping them out of hospital, which is containing their deterioration, which in some instances is offering remedial treatment and improvement. We do social things down there, there is kids' swimming clubs and so forth using the facility in the quiet out of hours' time. But we are doing all sorts of things at the moment in time and if we went into a new sector, what we do is multiply our costs and our problems. We are not fitted up to do it. Where would we find the staff? It is a nightmare finding the staff to keep the main facility going, let alone anything else.

Deputy G.P. Southern:

You have got a facility there, it is in the community if you happen to be in the east of the Island. It is not in the community for the west of the Island and you are talking about bringing people … that is servicing 300 people in that facility. Does that not bring into question the whole in the home philosophy?

Vice Chair and Treasurer, Shopmobility:

Well, no. We could certainly - which we do already - provide a higher degree of day care for the right sort of client. I mean, we have also got to take on board it is 28 people's home, so bringing in many, many people to do other things for them would not be appropriate. It would totally distort the whole atmosphere and the whole concept there. We do have 4 or 5 people who come in regularly for day care. Quite often they are potential residents in the long term, they are in that transition, they need that little bit of extra support. We could boot that up quite significantly. I am not saying we would take in 300 people a week, but we could take in 20, 30 on a regular basis across a week. We could do a much more structured set of support in our hydrotherapy centre. I do not know if you have ever visited it. We have got the best hydro pool in the Island. We have got a good range of physios down there, a lead physio and physio assistants. We have got a gym which we have managed to equip, beg, steal and borrow all sorts of equipment. There is all sorts of work we are doing and could do down there at the moment, but again, nobody has come and sat down. I have just sent them some emails saying: "If you do not get down here soon, there is going to be heck to pay." But basically nobody has come and sat down and said: "What are you doing? What could you do?" and so on. Now, we do not want to lose our independence, but there is scope there for negotiation.

Deputy G.P. Southern:

I was just about to go there, I think. So in terms of your funding, what part does the States carry at the moment and how much are you … what proportion is that?

Vice Chair and Treasurer, Shopmobility:

Okay. Well, basically twice nothing. Basically our funding from Government is there, but it is the people's entitlement under Long-Term Care. So the only money we get from Government at the moment in time is people's Long-Term Care allowance and they choose to spend that with us rather than with somebody else. So we get no direct funding whatsoever.

Deputy G.P. Southern:

Would you look favourably on looking at some form of funding to deliver some sort of … what is called a partnership of purpose, an end result where that is …

Vice Chair and Treasurer, Shopmobility:

Yes. Well, my general manager and I would possibly disagree with that, in that you obviously would … you are taking a clean shilling and that is why I am a volunteer rather than paid by any organisation at the moment in time. So you do compromise the minute you do take money, but it depends how that is structured. If it is predicated on providing the right service that you are capable of providing and doing it in a sensible manner, I have got no issue with that. Under the previous commissioning regimes, which have been proved under Paul McGinnity, there was a tendency for it to be incredibly one-sided: "We will give you that, but in return for it we need this" and my first discussion with Charlie Parker was about the agreements that hung the Island Commission at that stage and I said: "When you are faced with an agreement which is 2 telephone books stuck on top of each other, it is a real problem for a limited amount of money, which is not your core activity. You are being told: 'You will do this, you will do that, you will report this, you will do this, that and the other.'" He said to me - and I will always remember it - "The only use for that sort of agreement is to use it to prop doors open." He said: "They have got to be mutually acceptable, they have got to be balanced, they have got to be proportionate to what is being asked" and there has been a move in that direction. So part of the philosophy between the new model is to build on that changing criteria.

[11:00]

So there would be an opportunity for sensible negotiation, providing it is proportionate and reasonable.

Deputy K.G. Pamplin:

It is ironic, is it not, because a lot of this care in the community, community care, is going on because we have experience here working at Headway, a lot of Headway patients connected with Cheshire Home, so we would bring patients to Cheshire Home and vice versa. The Cheshire Home patients would come to Headway, so there has been nucleus working within the charities sector which has been going on already, so I do not want to point out the obvious here, but a lot of the work that has already been asked is going on, so would you say that with the next Director of Services that it just needs to look at what is already happening?

Vice Chair and Treasurer, Shopmobility:

Yes, you need to build on the good, do you not, and accentuate the positives? Particularly Closer to Home is an example of doing that, because when John Pinel, Suzie's husband, and I created the Voluntary Community Sector, the first thing we did was call meetings in the town hall, not to get the public in, but to get organisations in there, statutory services, some government departments, lots of voluntary organisations to start talking to each other on the basis: "Well, we do that and you do that. If we did this and you did that, we could do it jointly. It would save us money and benefit you" so it was beginning to happen. It has carried on in Sean McGonigle's clusters, in the work Paul McGinnity has done at St. Brelade. It is all part of this, but we are at the very early stage of a process and if we are going to develop this care model, that is going to have to be stepped up rapidly and taken forward. I mean, the G.P.s will tell you instantly: "If we are going to do all this extra, we have got to be resourced to do it." Half the doctors in the Island retire in the next 10 years or whatever it happens to be. We need strategies which deal with the realities on the ground that are medium term in chasing after the long-term objective. Certainly the new hospital is part of that picture.

Deputy K.G. Pamplin:

The holistic approach to the future of the charitable sector in Jersey, would you say there is a risk to that because everyday folk, Islanders, donate their money to a charity and they see them as an independent charity, where their money gets donated to go and do some good, but when the lines start getting blurred … where charities suddenly are all being supported and commissioned by Government, the lines start getting blurred. What is a charity that is wholly supported by the goodwill and the fundraising of people as opposed to charities which are also propped up by taxpayers' money?

Vice Chair and Treasurer, Shopmobility:

I suppose the classic in that area is the hospice, who have made a virtue out of: "We are totally independent of Government" and whatever. Now, they are commissioned now to provide additional services, but it was structured in such a way that it was sensible and balanced. I do not think Government, by any means, cover the total cost of the additional provision of services that the hospice took on. But they were in a very, very privileged situation in the sense they are incredibly

well publicly supported. There is awful lot of other charities out there that would struggle to go down that route. As I said, there is a natural tendency to say: "Well, we are prepared to do so much and go so far, but do not totally compromise our independence and so forth and our major charitable purpose because we will soon lose public support and what you are asking us to do will collapse because we do not have that support in the future."

The Deputy of St. John:

So how many charities are there out there, Jim, that they are quite substantial, providing similar levels of intervention to you, Family Nursing Services, the hospice …

Vice Chair and Treasurer, Shopmobility:

Well, Family Nursing is obviously the single charity in the sense of its size and the level of Government support it gets, £6 million or £7 million a year or whatever it might happen to be, to provide very extensive services in the community for the Health Department. Really it is a surrogate arm of the Health Department than it is with a charity …

The Deputy of St. John:

I think we are happy to see them that way …

Vice Chair and Treasurer, Shopmobility:

Yes, yes.

The Deputy of St. John:

… but are there other organisations that are providing sort of …

Vice Chair and Treasurer, Shopmobility:

As I said, the hospice took a very narrow range of additional services beyond … I think they were handling just cancer and moved to neuro and they do do other end of life provision now, both within their facility and also out in the community. I mean, Mind in particular obviously were handling mental health things, but I do not think they were being totally commissioned to provide services or being supported in a very big way. What you have got apart from that is little pockets where there is some Government support being put into specific things in specific areas, but that is fairly limited at the moment in time. Well, you are going to need a quantum change in that if you are going to provide this breadth and depth of services in the community, not only support for the charities, but also the commercial organisations you might be asking to provide this sort of thing. Do we really need Virgin Health or something like that in the Island or do we deal with the provision of these services in an in-Island joint comprehensive manner?

Deputy K.G. Pamplin:

The health economy, it goes back to this, because the funding of all of this is so essential, because how can it work without it, really, and that is what you say in your submission as well, it is the economy of all of this. How does it stack up?

Vice Chair and Treasurer, Shopmobility:

Yes, and as I said, that is the dialogue. We have not talked yet. Now, I have been invited this week to 2 things there is… I believe PwC are investigating and looking at this model at the moment in time. I think in the last fortnight they have called a working group of fairly narrow participation with some representation from the voluntary sector to examine what PwC are doing over a 6-week window, up to the end of March, and they have input into that, so that is going on. I have also been invited to a presentation on an intermediate care model, whatever that is. I do know until I go to the presentation. Now, I am quite heavily involved in intermediate care with the Cheshire Home, the Disability Partnership. Even Shopmobility provides care in the community. We provide electric scooters and so on for the people who do not qualify for a state-provided facility at a nominal cost to the charity. So at the moment in time there is a communication and the information flow dilemma. I talked to Caroline Landon about it and she has obviously not necessarily reacted to what I said, but she did indicate to us activity being taken to fill in some of the gaps, but exactly what that is going to mean at the moment in time I cannot tell you, because I have not been to the meetings.

Deputy G.P. Southern:

Intermediate care is a multidisciplinary service that helps people to be as independent as possible, to provide support and rehabilitation to people at risk of hospital admissions, so it is keeping people … it is part of the primary care, next door to the primary care, to give them other options.

Vice Chair and Treasurer, Shopmobility:

Yes, I know what intermediate care is, Deputy, but as I said, I do not know what is going to be presented …

Deputy G.P. Southern:

What is going to be presented, yes.

Vice Chair and Treasurer, Shopmobility:

… in their … I think it is Wednesday evening or some time in terms of whatever plan they have got for intermediate care, because if you look at the care model, it is quite limited in terms of exactly what care in the community is going to mean, so really you have got to start fleshing out some of these things.

Deputy G.P. Southern:

A fundamental question: can care in the community be delivered at less cost? The argument seems to me, as I am reading through the documents, is that there is a better way, but it is also a cheaper way; we can save money on this.

Vice Chair and Treasurer, Shopmobility:

Yes, I mean, if you utilise the total resources available to the health economy in the Island in a better way in the long term, you can probably save costs. You also will get hopefully earlier interventions, you also will go back to the original philosophy of caring for yourself and caring for each other. You can engender a new philosophy on the part of patients and so on. There is a penalty, because in the short immediate term as this is being set up, bedded in and settling down, you are probably going to have to put more money into it rather than less.

The Deputy of St. John:

Yes, that has been declared.

Vice Chair and Treasurer, Shopmobility:

I have read that. I have read that in submissions and I would totally agree with that. There is going to be set-up costs and it is going to be early days additional cost, because you are duplicating until things are established and settled down. In the long run you can do 2 things, hopefully. You can deliver care perhaps somewhat cheaper, but you can definitely deliver it more effectively, more comprehensively and you can start engendering what you need to see in the Island, which is a cultural change in terms of health and people look after themselves and how they use the system.

The Deputy of St. John:

Taking us back to P.82 in 2012, all of these comprehensive community support mechanisms were part of that plan, part of that proposition.

Vice Chair and Treasurer, Shopmobility:

Yes.

The Deputy of St. John:

Yet at that time, with all that in place, they thought 300 beds would be the optimum level because of the pressures on an Island community, the ageing demographic, the whole spectrum of things, our isolation and so on. What is your opinion about that sudden change?

Vice Chair and Treasurer, Shopmobility:

Again, that is turkeys and Christmas, is it not? If you are a clinician and you are involved in running a hospital and so on or you are a consultant with a very significant private practice - I will call the shots as they are - then you had a vested interest in making the hospital as big and as comprehensive as it could possibly be because that protected your own personal involvement, financially as well as anything else. I think obviously there has been a realisation that it was not the best way of setting it up and doing it, so I am not saying that all the delay and all the prevarication has been bad, because this has perhaps allowed a rethink. It maybe was being promulgated. Now, in the longer term, it will make more sense for the Island and Islanders in terms of the services that are given. Obviously there are all sorts of problems, you have got to sort out the cost, you have got to sort of what happens with primary care and so forth. I mean, I know there are elements of that beginning to come into place. But again, I come back to what I said, there were boards to set up to look into all these aspects: how does primary care interface with this; how do hospitals interface with it? You know, an immense amount of time and effort input from a whole raft of people, both within the department and without it, and certainly an awful lot of money to consultants - where have I heard that before - was put out to get a way forward analysis.

Deputy G.P. Southern:

You were hinting before about the bank of expertise that we have on the Island or among the charitable sector and utilising that to the maximum. So do we want to be inviting U.K. companies to deliver services when we could do that perhaps better ourselves? Is part of the problem not that we are already are? If you look at home care, we have already got … we are having to go to U.K. companies to import that particular aspect of care. Given that what is happening here is happening in the U.K. as well and the bidding arrangements about who is getting that work, do we want to invite Virgin into the Island to deliver our services is the question. Can you just …

Vice Chair and Treasurer, Shopmobility:

I suppose the bottom line on that is if the system here is creaking - I will not say it is bust here - I would not want us to be in the position the health services are in in the U.K. I certainly would not want us to be in the situation that the care industry and the providers of care are in in the U.K. I have got colleagues in Cheshire U.K. who tell me stories - we are independent of Cheshire U.K., but we have associations with them - about: “We are restricted to these 15-minute visits” and God knows what else. We do not want to go down that route, do we, and so on? So within the context of this, whatever provision of services we are going to want to supply need to be adequately resourced and they need to be appropriate because if we go down that route, we are going to really be in trouble. The health service in the U.K. is shot for the whole thing, I can tell you that, and certainly the provision of domiciliary care in the U.K. is far, far from good. The residential and nursing home sector is creaking at its hinges, you know, you have got companies going bust and all sorts of things. I am not saying we are anywhere near in that situation at the moment, but if the main driver

in this is to save cost and do it on a shoestring then the situation in the Island will rapidly start deteriorating. That is not what the proposition is, I do not think.

Deputy M.R. Le Hegarat:

I am minded of time. Is there anything further?

Vice Chair and Treasurer, Shopmobility:

Yes, sorry.

Deputy M.R. Le Hegarat:

No, no, that is fine.

Vice Chair and Treasurer, Shopmobility:

I am yours as long as you want me, but I realise you guys have got commitments.

Deputy K.G. Pamplin:

I think just the final question is we are coming to the halfway stage of this political cycle and you have painted many pictures about time delays and changes and stuff. What would your message be? Because with or without, we are going to be debating this proposition. We are, as we are told, going to be debating another site selected for the hospital all before the next general election, so with those coming down the line pressures, what would be your message here?

Vice Chair and Treasurer, Shopmobility:

The bottom line I suppose at the moment in time, it is not the perfect situation, but what do we do, throw everything out and start again? If we do that I think it would be a disaster, so my advice - if that is what you are asking and it would only be an opinion, obviously - is that there is enough in this to support it, but I think at the end of the day the support needs to be qualified and there does need to be requests for other actions to be taken simultaneously. That certainly includes decisions on the new hospital so that there is a degree of certainly, but there also needs to be a philosophy of what other things should we be doing as quickly as possible so you get this more holistic approach to the whole issue rather than piecemeal standalone propositions, which either are black and white, at the end of the day. So my view would be push it through, but push it through with qualifications.

Deputy M.R. Le Hegarat:

Okay. Thank you very much, Jim, for coming this morning. It has been very helpful and enlightening, I think both to us and obviously to the public listening.

Vice Chair and Treasurer, Shopmobility:

Okay. I am more than happy to get called back if you want me back and I have not said anything today that I have not said previously.

[11:15]