

**WRITTEN QUESTION TO THE PRESIDENT OF THE HEALTH AND SOCIAL SERVICES COMMITTEE BY DEPUTY G.P. SOUTHERN OF ST. HELIER**

**ANSWER TO BE TABLED ON TUESDAY 29th NOVEMBER 2005**

**Question**

Would the President inform members what changes, if any, have been proposed to the Exercise Referral Programme and other aspects of the work of the Health Promotion Unit and, whether any such changes, if applicable, are being undertaken to better target delivery of such programmes or whether they represent reductions in service in response to budget cuts?

**Answer**

The over arching aim of the Health Promotion Department is to maximise peoples ability to achieve their health potential, thus enabling them to lead socially productive and satisfying lives.

In keeping with the Health and Social Services Committee's efficiency savings the Department has, like all others, experienced a small overall reduction in budget. However, this aside, the Department's budget has remained stable over recent years.

Deputy Southern asks about changes within the Health Promotion Department. This small department, which is part of Public Health Services, is constantly reviewing the way that it approaches its task of improving health in Jersey, as a matter of course.

The following areas have undergone notable changes and planned development during the last three months and merit the following comments: school based programmes, physical activity, research and mental health.

***School Based Programmes***

Healthy Schools Standard – This is a national standard which primary and secondary schools work toward. Four local schools have recently sent teachers on the relevant training courses in preparation for portfolio development and validation next year. This jointly funded initiative between the Health and Social Services and Education, Sport and Culture Committees is led by the Health Promotion Department.

Personal Social and Health Education (PSHE) Certificate – This is a nationally recognised qualification aimed at improving the standard of PSHE in schools. Recently, six local PSHE coordinators have submitted their portfolio's of work for national interim validation. The work is led by the Health Promotion Department and joint funded by the Building a Safer Society Strategy.

Grab Five Programme – This is a programme which addresses food and nutrition in school through whole school approaches. Over the last three months four additional primary schools have joined the scheme. Recent uptake of the programme has meant that the programmes implementation is increasingly reliant on the support of allied staff within schools that have health promotion remits such as school nurses and nursery nurses.

***Physical activity***

Exercise Referral - The tutors responsible for this programme, which is jointly funded between the Health and Social Services and Education, Sport and Culture Committees, have recently completed specialist nationally recognised qualifications. Establishment for these posts is currently being perused as part of the manpower reconciliation process within the Health and Social Services Department.

Dao Yin - These classes are partly self-funding and partly funded by the Health Promotion Department. They are led by tutors who are currently on a contract for service. Recently, Dao-Yin tutors were advised of proposed

changes in arrangements regarding how they were to be supported in the long term to continue to deliver Dao Yin classes. The changes in arrangements were prompted by the new Employment Law and improvements in the administration of the classes.

Gentle Activity - These classes (which provide low level physical activity for frail elderly people) are currently delivered by sessional tutors on contract for service basis, who are partly funded by the Health Promotion Department. As of January 2006 gentle activity will be delivered by staff directly employed within day centres, residential and nursing homes following specific training provided by the health promotion department. The changes in arrangements were prompted by the new Employment Law and as a means of maximising available resources.

Falls Follow on - These classes are targeted at those people who are recovering from a recent fall which resulted in a hospital admission. Previously, throughput and onward rehabilitation proved difficult. Consequently, a graduated programme of activity following outpatient physiotherapy is planned to begin early next year. Establishment for this post is currently being perused as part of the manpower reconciliation process within the Health and Social Services Department.

### ***Research***

Wessex Trust Research Project (Obesity in Children) – This three year research study was being led by the Health Promotion Department. However, with the resignation of a Health Promotion Officer who was leading the research, it was agreed by those involved, that funding from the study be diverted to the Dietetic Department to complete the remainder of the study. Changes in funding arrangements were agreed by the funding body.

Health Related Behaviour Questionnaire - This survey represents the only local source of health related behaviour information of its kind. The study is carried out every four years. A repeat of the study is planned for February next year. Changes to the survey include the addition of year 13 students to the usual year groups of year 6,8,10 which will give the study an enhanced understanding of young people's health.

### ***Mental Health Promotion***

Suicide Prevention Strategy – A recent review of the strategy using new analysis of historical data by those involved in its implementation has resulted in a number of new areas of work relating to preventive interventions in this area. The strategy is jointly led by Public Health and the Mental Health Directorate with a range of agencies from across States departments and voluntary agencies. There is no additional resource attributed to the suicide prevention strategy.

Deputy Southern asks whether changes are being undertaken to better target delivery of such programmes or whether they represent reductions in service in response to budget cuts.

Changes have been made for a number of reasons, including, as the Deputy suggests, to better target the delivery of programmes. Other reasons include -

- Responding to local data and evidence based practice
- More effective use of resources
- Staff changes
- Introduction of Employment Law
- Opportunities to make a relevant public health contribution
- Dynamic responses to local strategies and initiatives.

The Health and Social Services Committee and Department is always searching for ways in which to maximise efficiency. However, budget constraints may mean that some services will come under greater pressure.