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Assemblée des États

Common Strategic Policy Review Panel

Common Strategic Policy Review Hearing

Witness: The Minister for Health and Social Services

Monday, 27th October 2025

Panel:

Deputy I. Gardiner of St. Helier North (Chair)

Deputy H.M. Miles of St. Brelade (Vice-Chair)

Deputy L.M.C. Doublet of St. Saviour

Deputy C.D. Curtis of St. Helier Central

Deputy M. Tadier of St. Brelade

Deputy A.F. Curtis of St. Clement

Witnesses:

Deputy T. Binet of St. Saviour - The Minister for Health and Social Services

Mr. T. Walker - Chief Officer for Health and Care Jersey

Ms. R. Johnson - Director of Health Policy

Mr. M. Carpenter - Director of Digital Health and Informatics

Ms. J. Hardwick - Programme Director

[10:00]

Deputy I. Gardiner of St. Helier North: (Chair):

Good morning, everyone, and welcome to the public hearing for the Common Strategic Policy Review Panel. Today we have with us the Minister for Health and Social Services and Deputy Chief Minister. The public hearing will concentrate on Common Strategic Policy delivery and we will move into the cross-cutting areas such as delivery of co-ordination between the departments, the risks identified and managed, outcomes measured and impact assessed for the people of Jersey. But

before we start let us make an introduction. I am Deputy Inna Gardiner, President of the Scrutiny Liaison Committee.

Deputy H.M. Miles of St. Brelade:

I am Deputy Helen Miles, Vice-President of the Scrutiny Liaison Committee.

Deputy L.M.C. Doublet of St. Saviour:

Deputy Louise Doublet. I am Chair of the Health and Social Security Scrutiny Panel.

Deputy C.D. Curtis of St. Helier Central:

I am Deputy Catherine Curtis and I am Chair of the Children, Education and Home Affairs Panel.

Deputy A.F. Curtis of St. Clement:

Deputy Alex Curtis. I am a member of the Environment, Housing and Infrastructure Panel.

Deputy I. Gardiner:

Online?

Deputy M. Tadier of St. Brelade:

Deputy Montfort Tadier. I chair the Economic and International Affairs Scrutiny Panel.

Deputy I. Gardiner:

Thank you. Deputy Chief Minister and Minister for Health and Social Services, please introduce yourself and your team online.

The Minister for Health and Social Services:

Deputy Tom Binet, Minister for Health and Social Services. If we move on to you, Ruth, and go around.

Director of Health Policy:

Ruth Johnson, Director of Health Policy.

Chief Officer for People, Policy and Digital:

Tom Walker, Chief Officer for Health and Care Jersey.

Director of Digital Health and Informatics:

Martin Carpenter, Director of Digital and Informatics for H.C.J. (Health and Care Jersey).

Programme Director:

Jessica Hardwick, the Programme Director for the new healthcare facilities programme.

Deputy I. Gardiner:

Thank you very much. We will start with first a general question about Common Strategic Policy delivery. Again, it is really important to emphasise, Deputy Binet, you are here in your role as Minister for Health and Social Services and also as a Deputy Chief Minister as well looking through cross-cutting areas of the Common Strategic Policy. How does the proposed investment in health services contribute to the delivery of the common strategic priorities, particularly those related to community well-being and reducing inequalities?

The Minister for Health and Social Services:

Well, if we start with reducing inequalities, I know that all teams in this area are working towards the S.E.B.'s (States Employment Board) programme of works. It is a shame we do not have our H.R. (human resources) director here because I know he is a little bit concerned that we have not had quite the buy-in - he is relatively new - that we should have had within the health service. I know he is making some particular efforts to address that situation. But if we come back to your question, it was about extra funding, was it, and how that is going to affect the C.S.P. (Common Strategic Policy)?

Deputy I. Gardiner:

The question is that we have Common Strategic Policy priorities and some of them, particularly ... let us start with a different ... what are the priorities within Common Strategic Policy within your remit and if any of them is in the risk of delay?

The Minister for Health and Social Services:

Well, the main one that sits within the Common Strategic Policy as is stated in the main elements is the hospital project, as you know. It may be - I wanted to cover this in any event - possibly a good time to hand over to Jessica, who can give full detail on what is happening in relation to the contracting of a main delivery partner. It is a little bit delayed but I do not think it is going to have an overall effect on the final completion date of the hospital itself. So that is a good opportunity to hand over to Jessica, who can give some more detail on that, if that is okay.

Deputy I. Gardiner:

Very shortly, Jessica, in 2 minutes and we will go back for Common Strategic Policy priorities to the Minister, to other ones.

Programme Director:

Sure. So obviously your question was about how will it impact communities and how can it improve in diversity, equality and inclusion. Clearly, a new building built to all modern healthcare standards such as the buildings that are going to be part of the new healthcare facilities programme are absolutely going to assist in those areas because they are by design and all of the H.D.N.s and H.G.M.s that we have signed to that are part of the brief with all of those buildings clearly will help us deliver to those. I guess we have already delivered to those insofar as the Enid Quenault Health and Wellbeing Centre, the St. Ewolds Centre. They have all been delivered already and they are all on the path to being able to deliver the acute facilities, all very, very important precursor projects.

Deputy I. Gardiner:
Jessica, very quickly, what is the delay? What is the risk of the delay and how long is the delay?

Programme Director:
No, so I think what the Minister said is that at the moment we are taking a little bit longer over the decision for the main works delivery partner. That is because we are in the middle of a procurement exercise and what we wanted to do is absolutely make sure that we receive the information that we needed in order to make a decision. So we are taking ... at the end of that process, that overall we are still working to the programmes that the delivery partners can deliver the schemes to.

Deputy I. Gardiner:
Thank you very much. I have a question from Deputy Montfort Tadier, please.

Deputy M. Tadier:
Yes, just to jump in, the question is really about reducing inequalities and producing better health outcomes. You have moved on to the delivery of the new hospital building, but do you accept that just having a new facility in itself is not going to be sufficient if there are current dysfunctionalities within the delivery of the healthcare service? We can all think of examples that we have dealt with for constituents. Can you speak to maybe more about what is being done currently to reduce those inequalities and deliver better healthcare without the need ... before we get to the point of the delivery of this new building?

The Minister for Health and Social Services:
Yes, I am very happy to talk about that. I think the main thing that is going to help to deliver a reduction in inequalities, apart from the work that is being done in the H.R. department to deliver all the training and everything else that is required, is actually to make the health service more efficient and more structurally sound than it is at the moment. Because it is very hard to deliver specifics like inclusion projects and so on if the core of your operations are not in order. That is what my findings have been up to date and that is why we have introduced the partnership board. We are going for

this extra money to try and make sure that everything is digitised. So many things are falling through holes in the whole process that until we get the structure sorted out, the core, if you like, foundations of what we are doing right, it is going to be very, very difficult to co-ordinate things externally in an efficient manner. So we are starting from quite a long way back but I fully appreciate the need to do all of the work that we are doing. We are trying to do ... on a day to day basis we are trying to include all of that work ongoing but the main thing that will make a difference finally will be a good and orderly structure and proper investment.

Deputy I. Gardiner:

Okay. Thank you. Minister, given the cross-cutting nature of health and well-being, how is the department working with other Ministers, like Education, Housing, Social Security, to deliver the Common Strategic Policy priorities? Can you please give one or 2 specific examples how you have worked with other Ministers and what the outcomes were, please?

The Minister for Health and Social Services:

The best example I can give for that is the formation of the Ministerial group. I forget the precise title. It is the determinants of health Ministerial group, which consists of myself, the Minister for Social Security, the Minister for Children, the Minister for Housing. Those 4 Ministers, we are setting up a terms of reference to form a formal group because they are the 4 main elements that deliver health and well-being across the community. It is only a relatively small percentage that the health service delivers in its own right, and other social matters like housing and so on and care of children are important. So we are establishing a formal Ministerial group. I remember when we had the debate about introducing the advisory board. I was concerned about health, with one Minister for Health with such a big portfolio being a single point of failure. I remember making that point and it was one of the reasons I did not vote for it in the first place. I wanted that addressed. It is taking me longer to get to where we are than I had wanted, but that group is hopefully going to be meeting for its first meeting before the budget debate. I am hopeful that what we will do is we will bring all the information through from Health to those other 3 Ministers. They will bring concentrated details of what they are doing to that forum and between the 4 of us we can have a much more integrated approach to bring all the key determinants of good health into one room.

Deputy I. Gardiner:

It is really helpful and I think it is important to have a joint approach and to have this Ministerial group setting up. As the Common Strategic Policy has come in for almost 2 years, has anything happened during this just under 2 years? Can you give any examples for joint working, specific projects that you have done with other Ministers around well-being?

The Minister for Health and Social Services:

We have not undertaken any specific project work. This will be the first major piece of work that we have done, though I have worked extremely closely with the Minister for Social Security. Because I think it is plain to everybody that those 2 departments interact a great deal insofar as you have funding for health sitting in 2 areas, one in Social Security, one within Health. As you know, for long-term care the Health budget picks up any expenses that run in excess of level 4, which causes budget confusion and so on. So we have been trying to work in those areas to define how best we can go forward.

Deputy I. Gardiner:
Okay. Thank you.

Deputy L.M.C. Doublet:
Minister, you and I have discussed previously at hearings about marginalised groups on the Island facing poorer health outcomes and I feel that that is well understood. But could you detail in terms of the wider budget how will the budget allocations ensure that those marginalised groups - say, for example, low income households - see tangible benefits from the C.S.P. commitments?

The Minister for Health and Social Services:
Okay. Can I turn to Tom Walker, Chief Officer, to provide a bit of detail on that?

Deputy L.M.C. Doublet:
Could you give an initial answer, please, Minister?

The Minister for Health and Social Services:
Could you repeat the question, sorry?

Deputy L.M.C. Doublet:
So in terms of marginalised groups of Islanders facing poorer health outcomes, we would like you to look across the C.S.P. as a whole and tell us how the budget allocations will ensure that, for example, low income households see tangible benefits from the C.S.P. commitments.

The Minister for Health and Social Services:
No, hands up, I cannot actually give you that level of detail, I am afraid, so I would ask if Tom can assist on that one.

Deputy L.M.C. Doublet:
I will just ask a further question then, Minister. So what I am hearing is that you feel the principle of this joint working across Ministerial departments is a good principle but that it is not really happening

just yet. Is there anything that you can give us in terms of the timescales for, say, this group that you have set up, which sounds like a really good start? Do you feel that it is urgent that that group gets up and running so that actually marginalised groups and inequalities are considered right at the beginning of policymaking?

The Minister for Health and Social Services:

No, absolutely. As I say, and I can only apologise for not having got round to it sooner, but you probably know from the interactions that we have had that Health did start from quite a long way back. There is an awful lot to be done and there just are not enough hours in the day to get all the things done in the timeframe that you want. That said, I am sure that while I am not able to articulate with any particular detail an answer to the question that you have asked, I am sure that there is work going on in this area anyway and that is why I am so keen for Tom to talk because, as is the case with a lot of these things, when you have a trusted team of officers you know that some of this work is going on in any event.

Deputy L.M.C. Doublet:

Sure. We may come on to your officer in a moment, but we are talking about marginalised groups and recently in the media there were reports that Islanders with disabilities are struggling with the cost of living. A recent U.K. (United Kingdom) report found that on average it cost disabled households more than £1,000 a month extra to have the same living standard as an able-bodied home. This is likely to be even higher in the Channel Islands. What role are you playing in terms of cross-Ministerial efforts to support disabled Islanders?

The Minister for Health and Social Services:

Well, as I say, this side of things normally sits with the Minister for Social Security and, as I already said, I do work as closely as I can with her to ensure that we are getting the job done properly between us.

Deputy L.M.C. Doublet:

So, Minister, I think in terms of this hearing what we would like from you today is to have that holistic view across all departments. While we do understand that there is a lot of work that happens for each Minister within their departments, we do need to see that cross-departmental thinking. So have you considered the needs of disabled Islanders in your policymaking for the C.S.P. and budget allocations?

[10:15]

The Minister for Health and Social Services:

Yes. That always takes place. I do not mind raising my hands and saying I have not done as much cross-Ministerial work as I would have liked in the time available, but as I say, there are only so many things you can do at any given point in time. From my perspective, there was quite a lot wrong with Health from a major structural point of view and that needed resolving in the first instance. So we come back to what my priorities have been up to this point. But I take your point about the need and the importance of this and I know that within every department that I am involved with there is work going on to this effect.

Deputy L.M.C. Doublet:
Thank you. Could you ...

The Minister for Health and Social Services:
It would be helpful if ... yes, sorry.

Deputy L.M.C. Doublet:
Could you commit when this group is established to tabling on the agenda Islanders with disabilities and how they can be assisted with health-related costs such as prescriptions, travel to appointments, access to therapies and other barriers to care?

The Minister for Health and Social Services:
Absolutely. I have no problem with that at all. That is one of the principal areas that we will be looking at then. That was one of our principal intentions in the first place, so yes, very happy to commit to that.

Deputy L.M.C. Doublet:
Thank you.

Deputy H.M. Miles:
Thank you very much. I am really asking the next set of questions in the context of you being Deputy Chief Minister. So we know that the common strategic plan narrowed its scope to just 12 core priorities that was later expanded to 13 with the addition of carbon neutrality. In your view, has narrowing the focus to a limited set of priorities worked?

The Minister for Health and Social Services:
I think it probably ... it is helpful to not have too broad a portfolio of things to attend to because otherwise ... I think you are better off doing a smaller amount and small number of things properly than tackling too much and not getting any of it right, as a principle.

Deputy H.M. Miles:

Can you tell us whether it has exposed any challenges in addressing some of the more complex interconnected issues?

The Minister for Health and Social Services:

Nothing springs to mind particularly. I am sure you probably have some examples, but I cannot think of any offhand. I have to say, and I do not mind confessing, that because Health is such a broad portfolio and it was riven with so many difficulties when we took office that most of my focus, I am afraid, has been on Health and health-related issues, possibly to the detriment of being as I would normally like to have been in the Deputy Chief Minister's role had I had a slightly easier portfolio to deal with. I do not mind making that point absolutely openly.

Deputy H.M. Miles:

Thank you. To what extent then have you been able to influence funding allocations to support your own strategic priorities?

The Minister for Health and Social Services:

Well, we will know at the end of the budget debate but I put an awful lot of effort, and you saw my powers of persuasion over the last few months, to get the budget allocations that we have in the forthcoming budget. I have to say and I do not mind saying publicly I am grateful to other Ministers for eventually settling into accepting that they were not going to have the extra money that they wanted because a lot of the money was going to Health.

Deputy H.M. Miles:

Thank you. Just looking at the current budget, what would you have liked to have seen included that is not there?

The Minister for Health and Social Services:

In relation to Health or in the broader ...?

Deputy H.M. Miles:

In the broader sense.

The Minister for Health and Social Services:

Right. I am going to go off at a bit of a tangent because you have asked the question and I hope you do not mind me going here. I had been working on what I referred to as ... somebody else gave me the name of Project Breakwater, which was an investment in health. The money that we have coming to Health I am very, very grateful for. It is not quite as much as I would have liked, but it also

included a major investment in infrastructure and that was not to be taken from savings in the way that it has been incorporated into the overall 20-year infrastructure plan. I would really like to have seen some raw commitment right at this stage to start investing in public realm and sports facilities more immediately. That is slightly disappointing. As ever in government there has to be compromise, but I think ... as I say, I know I am going off at a bit of a tangent here but I think Jersey needs to refresh itself as an overall offer, as a product for tourism and in order to make sure that we stay at the top of our game in terms of attracting business to the Island and taxpaying major companies. So if I feel any disappointment about anything, it is that some of that ... a lot of that got dissolved in the course of negotiations. It is something I would like to see revisited in the future because I still think it is a ... as I say, Jersey is a product, it is an offer, and I do not think ... in the 2 Governments in which I have served, I do not think there is quite enough emphasis on getting more money into the system. Yes, in any business you would be focused, your primary focus would be on bringing in more money. It is much easier to be generous and to get things done when you have more cash. So I have probably done a bit of a soap box exercise there, but you did ask the question and that is my answer.

Deputy H.M. Miles:

My final question ... thank you for that explanation. What do you consider has worked well particularly in your department in delivering the actions and priorities that have been assigned to you?

The Minister for Health and Social Services:

What has worked well? I just think that there have been some new appointments. As with any situation you come to from scratch, you find a team of people that are with you to start the journey. I am now very comfortable with the team of people that we are working with now. I have been comfortable with the hospital team from day one and I am now extremely comfortable ... when I say the new hospital team, that is the new hospital project team, and I am now extremely comfortable working with the team of people in the health service at all levels. That is particularly in the States section but also obviously with the G.P.s (general practitioners) and the charities. I think the future looks quite bright with the right people in the room.

Deputy H.M. Miles:

Thank you.

Deputy I. Gardiner:

Deputy Chief Minister, I would like to follow up and to seek your views. You said and I agree that we would like to have more cash and more income but we are where we are. What are your views of withholding almost £74 million from 2026 and quarter billion from the Social Security Fund?

The Minister for Health and Social Services:

I do not think anybody is going to rest terribly comfortable with that, but I think politically we all have to accept that we are living in a slightly different world. I think politically we have been in a very, very fortunate position over a long period of time that all the money that we have really needed we have had. The public seem to be demanding more and more from Government as we go forward. That is perhaps understandable, everything changes, and there is a need to respond to that. So there is a requirement to be putting more money into delivering more and more services. I think another thing that is quite difficult that we are going to have to confront is the fact that we pay 20 per cent tax in Jersey and I get an awful lot of emails saying: "I want this care and I want that care because I have paid my dues all my life" but the truth of the matter is probably not one of us has paid as much as we should really have paid in if we want the level of service that we are now expecting. Coupled with the fact that we have an ageing population and a shrinking workforce, or certainly a workforce that is not growing at the rate that it should to sustain the care of the amount of older people that we have, it is something we have to revisit. It certainly puts us in an awkward position.

Deputy I. Gardiner:

Yes, but it was mentioned that withholding from the Social Security Fund is temporary for 4 years but the problems that you mentioned are problems that will ... challenges will continue. We will continue to have an ageing population. We will continue to have requests for the services. So is it really temporary?

The Minister for Health and Social Services:

Well, it may be that it is partially temporary. I do not know what the future will hold and I do not know what the next parliamentary session will bring about in the next 4 years. I am very hopeful that there will be more focus on making the Island yet more attractive and bringing in more money because that resolves the problem before you start. We may only be able to resolve that to a certain extent so it might mean an ongoing take of some of that money. I know that you could easily argue that some of the cash that would be coming out of the Social Security Fund would be coming to Health, but we have to face a very crude reality. If we do not take that money and spend it on Health, mark my words - and you can talk to any of the people that are here online with me - if we do not address some of the problems with Health and do more preventative work and get digitally connected and become more efficient, the health service will eat the whole of our budget within 20 years. So we have to face that reality. We have to put that money in now. I think that common sense dictates that that is going to take away some of the exponential growth that we are seeing in health costs. It is not an option, in my view.

Deputy I. Gardiner:

Thank you. I am handing to Deputy Tadier.

Deputy M. Tadier:

Just to drill down, Minister, you talked about people expect a lot from a 20 per cent tax rate, as though we all pay 20 per cent tax. To be fair, on our taxable income there are different rates. So some people pay 26 per cent tax on their taxable income; some pay 20. Companies pay zero often or 10 per cent or 20 per cent. Some very wealthy individuals are capped at 1 per cent on some of their income. What are you saying about the tax rate that might need to change in the future to meet the demand of the public?

The Minister for Health and Social Services:

At this point in time nothing specific. I would need to think long and hard before I made any particular open statements about where we go from here. It is a long and complicated problem. This relates also to health costs and whether we actually introduce some charges for health over the course of time or introduce an insurance system. There are lots of options but, as I say, the first thing for me is to get everything running as smoothly as we can and using some of the money that we have available to us now. That is important because what we cannot do is worry about structures for getting more money in or different tax regimes before we start sorting out the core problems. So the emphasis has been on sorting out the core problems and the next stage after that, once things start to settle and move in the right direction, will be to look at these bigger questions. So as I say, it is not that I have not thought about it, but I have not thought about it to a sufficient extent to be able to be in a position to make any public statements about where we need to go. You could understand it would be political dynamite to have some guesswork going out there and just throwing ideas on the table. It is not the way we should handle it.

Deputy M. Tadier:

Very quickly if I may, Chair, the question that arises, I suppose, is that if you are creating a new structure or a new system that you envisage may require ongoing investment to keep it running optimally, at what point do you decide about how that is going to get funded sustainably and start to have that conversation with the public?

The Minister for Health and Social Services:

That is something that we need to start that process now, probably in the new year I would say is a reasonable time. Let us see how we get on with the budget, certainly from our point of view getting our partnership board under way, get everything smoothed out, and then we can start having those discussions.

Deputy M. Tadier:

So before the election you will ... okay. Thank you, Chair.

Deputy L.M.C. Doublet:

I think Deputy Tadier may have covered this but, Minister, in terms of the Health Insurance Fund the figures that my panel have seen indicates that the current spending, if these budget commitments are approved by the Assembly, that the recurring spend in that respect can only continue at that rate until 2035, at which point the fund will be empty. Now, I think we all understand that a long-term plan needs to be made, but should that long-term plan not start now rather than just having a short-term plan and waiting for the next Government to make a long-term plan?

The Minister for Health and Social Services:

No, I do not think we are going to be waiting for the next Government to get started on a long-term plan. That work can start in the new year. But if you bear in mind getting everything ready for the partnership board, doing all the work to try and get everything ready to get the extra money into the budget has taken a certain amount of time. We have assisted dying that sits within the portfolio. That is coming up for discussion, as you know, at the first session in the new year. Let us get all of that work done, clear the decks and we can start the work in the new year and going into the election period. I do not mind starting to make some ... unfortunately, as I have said, there is only so many hours in a day and you can only have your focus on so many areas at any given point in time, but I am very happy to start looking at this seriously in the new year and coming out with some ideas before we get to the end of April.

Deputy L.M.C. Doublet:

I have a final one. So, Minister, when will Islanders have some certainty around how that gap is going to be plugged? Will that be available to Islanders in the next 6 months or beyond that?

The Minister for Health and Social Services:

Well, I do not think we will have complete certainty before the next election, to be fair, but I think we will have some indicators as to what needs to be done and perhaps some first ideas, some initial suggestions as to how we might go about it. But that is a long piece of work and that is going to need consultation. It is going to need understanding. We are starting the process. Another thing that is taking up our time now is that we are having a ... we are going to do 2 presentations the week before the budget. One is going to be to everybody in Health. That is everybody within H.C.J., the charities and the doctors, and we will be giving a very similar presentation publicly the night after. We are getting the dates organised and a venue organised now. So this is starting the whole process of updating the public on what we have been doing, why we have been doing what we are doing and the challenges that confront us and the things that we are going to be looking at into the

new year. So that is work that is being undertaken at the moment. States Members will be invited to attend either one. So they have an option of the 2 dates. They can either attend the one with the professionals or with the public or both if they see fit. But as I say, we are working on that. It has only really come to the fore in the last few weeks but that is going to be quite interesting, I think.

[10:30]

Deputy I. Gardiner:
Thank you. I am going back to Deputy Tadier.

Deputy M. Tadier:
We are going to turn to community ... sorry, G.P. ... sorry, I am a bit lost here online. I am going to ask you a question about the community risk register. So could you advise about the allocations in your department, how they have been informed by the community risk register and if you are aware of what the key risks remain in your area?

The Minister for Health and Social Services:
Yes. I periodically look at the risk registers, both for the new hospital project and for the department. I know we have not used any of the officers that I have with me, but can I hand over to Tom on this one?

Chief Officer for Health and Care Jersey:
No problem. I think, Deputy, on the community risk register the primary risk is pandemic, pandemic flu or COVID of some sort, and so that remains the risk that we are still managing. We do that primarily through the health protection function within the public health team. That is then done through the Jersey Resilience Forum, so that we are as prepared as we need to be. One of the things that is on the legislative work programme is to update the legislation in this area, which was one of the learning lessons from the last pandemic. That is something that Ruth Johnson and the policy team are working on so that we can be as prepared as we can be.

Deputy I. Gardiner:
Okay. Thank you. We will go to the next point: proposed A. and E. and outpatient non-attendance fees. Minister, priority 9 in the Common Strategic Policy pledges to keep fees, duties and charges low to ease the cost of living. However, the proposed budget seeks approval from the States Assembly to introduce 2 new charges, a levy by Health and Care Jersey to promote appropriate use of the emergency department and repeated non-attendance of outpatient appointments. How do you reconcile these charges with the Government's stated commitment to ease the cost of living?

The Minister for Health and Social Services:

I have to make the point that there are 2 things, there are A. and E. charges and there is non-attendance charges. The non-attendance charges ... and I will make the overall point that neither of them are intending to be revenue raisers. In any event, they would not raise very much revenue. This is about driving behavioural change. I certainly do not think it is acceptable that one appointment in 10 does not get attended and nobody knows about it. That really damages the efficiency of the health service and that contributes to extended waiting lists. So I do not have any problem at all in suggesting that if people do that, on the second occasion that they do that, they should be charged. The charge is half the cost of what it actually costs the health service to deal with that. So that is one that I do not have any problem with. The intention is I would rather everybody either attended their appointments or gave 24 hours' notice that they could not attend and have no revenue because the efficiency savings would be colossal. So that is how I deal with that one. The A. and E. charges I am a little bit less comfortable about because what we will not do is introduce them if we think there is going to be any harm to anybody, if anybody would become ill as a result. So we need to think that one through very, very carefully. But once again it is about making sure that people that should be going to a G.P. go to a G.P. Because if everybody who went to a G.P. turned up at A. and E. to get free treatment, the thing would absolutely collapse. I think our A. and E. is 2½ times busier per capita than any other A. and E. in the U.K. I believe that is correct. Once again, the introduction of charges would be in order to try and drive behavioural change, not as revenue raisers.

Deputy L.M.C. Doublet:

Minister, in the public hearing with my panel you stated in regards to the A. and E. charges that you did not really want it. Would you consider removing this from the proposals?

The Minister for Health and Social Services:

No. I would like to give it some more thought because we have got a problem with attendances at A. and E. I think we also have to bear in mind if you do go into A. and E. with something really serious ... and I am not going to go into personal details but I have had people writing to me with really some pretty horrible conditions that are left 3 to 4 hours and they have seen people going before them that have not got quite the same degree of requirement. I just think we need to have some sort of rationalisation process there. So nothing is off the table at the moment. As I say, there are some behavioural changes that need to be put in place and we need to reserve the right to take appropriate action, not without doing the background work.

Deputy L.M.C. Doublet:

Minister, one of the priorities, reduced G.P. fees, can I put it to you that if that is achieved, that that would achieve the reducing people going to A. and E. rather than the fees?

The Minister for Health and Social Services:

There has been a huge ... not so much a reduction in ... well, there has been a reduction in what the public are charged for G.P. fees and I think if you are on income support it is down as low as £10. I think the G.P.s were left 10 years without any changes and I think we need to be looking at that every year, addressing that every year. It should be an annual situation rather than left 10 years. So there has been a big drop and that does make me a little bit more comfortable.

Deputy I. Gardiner:

Thank you. I am handing back to Deputy Tadier.

Deputy M. Tadier:

Very quickly, Minister, what level of support do you have from your Ministerial colleagues for the introduction of charging at A. and E. and for missed appointments?

The Minister for Health and Social Services:

It is under the ... well, I think we are all equally concerned that if we do introduce charges that nobody physically suffers as a result. We all share that in common.

Deputy M. Tadier:

Sorry, when you say you are equally concerned, do some of you have more concerns than others? Who are the Ministers that ... you do not need to name names but what numbers of support do you have or how many oppose this?

The Minister for Health and Social Services:

Are you talking about Council of Ministers or my own Assistant Ministers, sorry?

Deputy M. Tadier:

Council of Ministers, yes.

The Minister for Health and Social Services:

Council of Ministers. I do not think ... to the best of my knowledge, nobody has openly opposed it. I have not really taken a straw poll but it is something that we will not do unless we are comfortable.

Deputy M. Tadier:

But it has been to C.O.M. (Council of Ministers), has it?

The Minister for Health and Social Services:

It has been discussed in principle.

Deputy I. Gardiner:
One supplementary from Deputy Curtis.

Deputy C.D. Curtis:
Minister, on the matter of missed appointments, has any research been done on the reason for the missed appointments? So, for example, about how many are due to appointment letters not being received or with inaccurate information, for example?

The Minister for Health and Social Services:
We have not done ... Tom, our Chief Officer, might correct me, but I am not aware of any specific work that has been done. But we are aware that our appointments process is not as accurate ...

Deputy I. Gardiner:
Is it frozen or it is an open ... Minister, are you with us?

Chief Officer for Health and Care Jersey:
I think it might have frozen, Chair. But just to pick up the point that the Minister was making and the thrust of your question, Deputy, it is absolutely the case at the moment that the administrative process for appointments is very analogue and not what it needs to be. So part of the digital plan for next year is to move that into the more digital solutions so that people can see their own appointments online. They can communicate with us about the appointments and we can make the whole process much better. That was why on page 28 of the Budget 2026 the commitment was there in black and white that we would not seek to progress with charges for people who repeatedly do not attend appointments until we have improved the system through the digital investment that we need to make. We need to improve our side of things before we can ask Islanders to do their part as well.

Deputy I. Gardiner:
I think we will wait for the Minister, but because we have a question on digital we will stay with Martin and we will come back to G.P.s and ageing population when the Minister will rejoin us.

Deputy A.F. Curtis:
Okay, so I think ... and maybe the Minister will touch on some but he may have delegated to you, Martin. We would like to ask a few questions about digital health and particularly investment proposed and how that ties to the common strategic priorities. So first at a high level, how does

investment in digital health systems within this budget support the Government's commitment to ... as one of the policies deliver the best outcomes for Islanders and work in an inclusive way for all?

Director of Digital Health and Informatics:

Thank you. So I think there are a couple of areas that it supports the priorities. So first of all is around building a new hospital and making sure that the hospital is an efficient part of the overall health system. Then the second element is around demographic preparedness and making sure that we are sustainable as we have a more ageing population. So at present the key areas where we are challenged is the continuity of care between different providers is hampered by the lack of digital integration. So, for example, when patients are referred from G.P. practices into Jersey General Hospital, potentially off-Island care, into domiciliary care, into family nursing, the flow of data is not enabled digitally. That results in inefficiency and also poorer health outcomes for Islanders. With the change in demographics, it is likely that there is going to be more activity in future and that will cause more inefficiency and worsening outcomes for Islanders' healthcare.

Deputy A.F. Curtis:

Okay. I want to pick up quickly on something the Chief Officer of Health and Care Jersey mentioned, which is that having the appropriate and dynamic digital processes is a barrier to delivering some of the more responsive policies such as non-attendance fees and understand whether within the funding obviously the Minister touched on his ambitions for funding in health, digital health not being fully addressed in the budget, how those 2 impact on ... or how your funding and your priorities deliver against those challenges.

Director of Digital Health and Informatics:

In a couple of ways. So the Chief Officer was right to say that we are investing in a portal which will allow people to have access to appointments and test results. That channel shift will allow us to create capacity for those people who do not have or struggle with digital access. So we are creating more analogue capacity. So that goes towards helping to reduce health inequalities and improving access for Islanders. The other area and the key investment that we are making or want to make is in a single patient record, which will allow us to get a holistic view of Islanders' health needs. At the moment that is very fragmented.

Deputy A.F. Curtis:

Okay. We have touched on it so I would be interested to understand more on the single patient record. We are aware or I think most States Members are aware of the variety of systems. There are those used in the N.H.S. (National Health Service); there are those in other countries. What work is done to understand the scope of budget and the feasibility to deliver meaningful progress in

that area with the current budget and whether what is being designed is the right scope and shape for Jersey's existing digital ecosystem?

Director of Digital Health and Informatics:
We have to recognise that while we are very connected into the N.H.S. in terms of working closely with N.H.S. colleagues for off-Island care, we are significantly a different size and shape and jurisdiction to the N.H.S. and we can take lessons from other jurisdictions in terms of best practice. So the approach that we are proposing to adopt is an approach that is used in Estonia and Catalonia, which has used a single patient record using systems which are non-proprietary, which means that Jersey will own its own health data and not put them in systems which encourage vendor lock-in.

Deputy A.F. Curtis:
Okay. Part of the wider budget that is scrutinised by other panels, including the Corporate Services Panel, is investment in I.T. (information technology) infrastructure. To what extent is the allocation between core I.T. infrastructure and digital health in your view addressing the requirements to deliver digital health on top of the Government's existing estate?

[10:45]

Director of Digital Health and Informatics:
I have worked very closely with colleagues in Digital Services to ensure that the proposed investment allows us to create capacity to enable us to deliver what we believe is a step change in the maturity of systems. So part of that is addressing legacy which has been underinvested previously.

Deputy A.F. Curtis:
Okay. Lastly from me, part of the Common Strategic Policy focuses on the Future Jersey outcomes, including the outcomes of a vibrant and inclusive community. Again, visiting that reduction in digital health ambition because there is not the funding available that the Minister touched on, to what extent is a vibrant, inclusive community part of the immediate focus on digital health and to what extent have other compromises had to be made and where were they prioritised?

Director of Digital Health and Informatics:
So it very much was part of our original plan and we have had to make some compromises as the original plan that we submitted has been ... not deprioritised but money has been reduced. So one of the things that we wanted to do and we want to do through creating the single patient record will allow us to be able to have a much better understanding of where health inequalities sit and the communities that are underserved by those inequalities. We were proposing to have an advanced analytics platform to put in place for that. That work is potentially slightly hampered by the reduction

in funding but it is definitely an ambition that we have to be a lot more data driven about where the health system needs to focus in terms of having those, as you said, vibrant and inclusive communities.

Deputy I. Gardiner:

Okay. Thank you very much. Minister, welcome back. We will move ... we have 2 more areas to question and the first one is about G.P. fees as part of the Common Strategic Policy priorities. I will turn to Deputy Tadier to start with G.P. questions.

Deputy M. Tadier:

Minister, can we ask is there a consensus that the increase in subsidies to give to G.P.s to reduce fees is the correct and most effective way forward in terms of delivery of primary healthcare?

The Minister for Health and Social Services:

Yes, I believe there is a consensus in that regard, yes.

Deputy M. Tadier:

Okay. Can I also ask has consideration been given to perhaps other models of delivery? Has any discussion happened either within your department or at Council of Ministers about whether or not, especially for those who struggle with the cost of a G.P., that the hospital may directly consider employing G.P.s, for example, rather than having pan-Island subsidies that seek to drive the cost down?

The Minister for Health and Social Services:

No, I do not think there is an appetite for that, certainly not to my knowledge, not within the small Ministerial team among myself or my fellow Assistant Ministers. I have not had that suggestion made to me by other Ministers either. I think when we compare what we have in G.P. services to the U.K. I think we are very, very well served. I think our system works well and should be encouraged.

Deputy M. Tadier:

Do you accept that there are probably inequalities in terms of who gets to access G.P.s? So if people who are reasonably well off do not necessarily think anything about paying the required fees if they can afford them and they may appreciate the availability, but for those who cannot afford even the reduced fees, saying that there are shorter waiting times for G.P.s is not much comfort if they cannot afford to go there in the first place. To what extent do you think the new subsidies ... how much can we drive down the cost for those who need it?

The Minister for Health and Social Services:

At the lowest level we are at £10. There does have to be a break point at which you say ... and I am not a great believer in going down to everything being free because, as we have seen, when everything is absolutely free people tend to not really regard it properly. I think some sort of fee is probably appropriate. Whether £10 is the right fee or not I do not know, but it is certainly a lot better than it was 3 years ago. So it is much more accessible. It is a fine balance, is it not, as to whether you make more money available to people to then spend that £10 or whether you actually reduce that £10. I do not know. It is a vexed question.

Deputy M. Tadier:

Okay. I appreciate this does not all fall within your gift and that you do need to have cross-cutting work with the Minister for Social Security. What role have you played in advocating for reduced G.P. fees as part of the wider health strategy?

The Minister for Health and Social Services:

To be fair, the current Minister for Social Security, as you know, has been very committed to doing this without any particular input from me and I have been quite happy with the work that has been done. So it has not really been a major area of discussion simply because those rates have been brought down since the current Minister has been in place, which I think is all to the good.

Deputy I. Gardiner:

Thank you. I will hand to Deputy Doublet.

Deputy L.M.C. Doublet:

Minister, you mentioned that the lowest cost would be around £10 and I note that some surgeries are charging zero pounds, some are charging £15 for standard appointments and there is a wide range. Minister, you have mentioned that you think that discussions with the G.P.s should happen every year rather than every 10 years, so clearly there is an appetite for some change there. As part of your work on sustainable health funding and the structure of the healthcare system, will you ensure that G.P. fee reform is considered within the broader financial modelling for health services and that a hybrid model of the Government perhaps employing some G.P.s and also some subsidies to G.P. surgeries, that that is at least considered as part of that work so that the merits of that model can be fully weighed up?

The Minister for Health and Social Services:

I am happy to consider it. As I say, I have to be honest with you, I have not got a particular appetite for going down that road myself but certainly it can be up for consideration. Certainly, in terms of the way that G.P.s go about their business I want all of that to be tightened up when we have the

partnership board in place. I think that there can be areas of specialisation within G.P.s to a greater extent perhaps than there is at the moment. So there is a lot of work to be done in working closely with the G.P.s. Nothing is off the table but, as I say, I do not have a huge appetite for changing what I do not see as being terribly broken at the moment.

Deputy L.M.C. Doublet:

Are you able very briefly to indicate some more detail on what you mean by things should be tightened up?

The Minister for Health and Social Services:

Well, at the moment we have a P.C.B., the primary care body, and some practices are more engaged with the whole process of being part of a wider health service than others. I am very keen that every practice on the Island becomes a full participant in the process. I am trying to get a situation ... I am trying to get an initial meeting with the lead from every practice to turn up to a meeting so every practice is represented at a meeting that we can open discussions on how G.P.s play a greater part in being an integrated part of delivery of health services.

Deputy I. Gardiner:

Minister, as Deputy Doublet mentioned, there are some G.P. practices that charge zero, some charge £15 and some charge just under £50 per G.P. visit. The range is really, really worse. As Government is currently paying to each G.P. patient visit just above £50 per patient from the Government to G.P.s and each G.P. practice put in their own cost, do you think actually your Common Strategic Policy priority, reduced G.P. fees, worked?

The Minister for Health and Social Services:

I think the reduction in G.P. fees has worked and you have actually highlighted the benefit of having a choice of different providers. If people are short of money and there are G.P. practices offering a certain number of free appointments, then that has to be to the good, I would have thought.

Deputy L.M.C. Doublet:

Do you believe that G.P. fees should be capped?

The Minister for Health and Social Services:

If there is a variety and people have choice, why would there be a need for that?

Deputy L.M.C. Doublet:

There may be many reasons but do you believe they should be capped?

The Minister for Health and Social Services:

It is not something I have given full consideration to, to be fair.

Deputy I. Gardiner:

Thank you, Minister. We will go to Deputy Curtis and ageing population.

Deputy C.D. Curtis:

Minister, we have already heard about the digital improvements should help with continuity of care and things like that for the ageing population, but what else has been factored into long-term service planning and budget priorities for health around the ageing population?

The Minister for Health and Social Services:

Well, it is something that we are dealing with as we go forward. Obviously, there has to be provision in the new hospital facilities programme to facilitate the ageing population. The new hospital from an acute point of view will be able to do that and the health village will also be required from a physical point of view to help to accommodate that in terms of particularly the numbers of people with dementia are going to increase and so on, and co-morbidities and other complications. I think that the whole programme of works, health prevention, if we can use that £4 million a year to good effect we are going to take away some of the excesses of things that go wrong in older age. So I think the direction of travel everywhere within the health service is fully cognisant of the fact that we have a major problem coming forward with an ageing population.

Deputy C.D. Curtis:

Thank you for that. So that is quite expensive, I expect, so to what extent are you aware if any modelling has been undertaken to assess fiscal pressures arising from these changes?

The Minister for Health and Social Services:

These things are under review. Could I bring in Ruth Johnson? I think that might be helpful with some detail.

Deputy I. Gardiner:

Minister, we just have 5 minutes left, so basically I think if you can just answer the question: are you aware about the modelling done or not?

The Minister for Health and Social Services:

There is modelling going on and, as I say, that changes as we go forward. That all ties in with the need for identifying how much extra money we are going to need because we are going to need to employ more people, look after more old people, and we have the physical problem of not having

enough young people to do that. So they are all things that we are going to be looking at as we go forward. They are all recognised as problems and things that we are looking at.

Deputy C.D. Curtis:

Does robust data already exist on the extent and nature of care being provided by Islanders and its value to the economy?

The Minister for Health and Social Services:

Is that in terms of what home carers do, is it?

Deputy C.D. Curtis:

Yes, or unpaid carers are doing.

The Minister for Health and Social Services:

To be honest, I do not know what data has accumulated. It would be helpful if an officer could help in that situation.

Deputy I. Gardiner:

Ruth, if you can very shortly, what data we have and what modelling done or you are doing currently?

Director of Health Policy:

So in terms of if you are talking about data relating to the additional costs of meeting the needs of an ageing population, that is being factored into the works and work that we are doing around projecting forward our future health and care costs within the system. With regard to whether or not we have data in terms of the financial contribution that is made by family carers and by unpaid carers, it is an area of work that H.C.S. has just started to look at with regard to how we can deliver better care and support to carers.

Deputy C.D. Curtis:

Okay. So that has just been started to look at, okay. In what way is the Government ensuring that workforce and skills planning keeps pace with these demographic shifts?

The Minister for Health and Social Services:

Ruth, do you want to answer that as well?

Director of Health Policy:

Sorry, I did not catch the question. Could you repeat it?

Deputy C.D. Curtis:
It is about ensuring there are sufficient people in the workforce to help look after older people.

The Minister for Health and Social Services:
I think Jessica could answer that one.

Programme Director:
In the absence of the H.R. director from H.C.J. being here, an element of work that the new healthcare facility is undertaking in combination and to be obviously overseen and reviewed by all H.C.J. are the workforce implications of the new healthcare facilities. But in order to be able to calculate those, you have to be able to think about the wider H.C.J. picture.

[11:00]

So we are currently undertaking that work on the workforce that will be needed, and all of that work will form part of a workforce strategy that will then form the full business case for the new healthcare facilities programme.

Deputy I. Gardiner:
Okay. There are a couple more questions. Thank you very much, a couple more questions around ageing population for the Minister.

Deputy C.D. Curtis:
Okay. So this was about the age-friendly framework. So as a result of this P.50/2025 we understand that the Chief Minister is working with the Ministers for Environment and Infrastructure to develop and introduce the age-friendly infrastructure framework. What involvement have you had in these discussions?

The Minister for Health and Social Services:
To be perfectly honest with you, at this stage precious little.

Deputy C.D. Curtis:
Do you have any views on this?

The Minister for Health and Social Services:
As they go forward I expect to be drawn in, but as I say it does fundamentally sit with the 2 Ministers that you have identified. So it is a little bit on the periphery from my point of view, not that it is not a

good idea, but it is not something that fits directly in with the key work that we are doing, the core work that we are doing at the moment.

Deputy C.D. Curtis:

Okay. So are you aware of any cost-benefit analysis to demonstrate long-term savings from age-friendly design?

The Minister for Health and Social Services:

No. I have to be honest with you, no, I am not aware.

Deputy C.D. Curtis:

Okay. Just a question now about the hospital then. So the site master plan for the new hospital includes features such as accessible parking, public transport links and pedestrian routes. How is your department ensuring that the new hospital will be inclusive and accessible for all Islanders?

The Minister for Health and Social Services:

Well, inclusivity has been part of the key work that has been all the way through the entire process. It is probably helpful if we just give 60 seconds to Jessica to open it up a little bit.

Programme Director:

So I think I sort of touched on this point I suppose at the beginning of this meeting where I talked about the brief absolutely being around inclusivity and making sure there was an equality of access for all different parties. It is absolutely fundamental to the design. Of course, that is a very, very broad area and it is something that we are meeting with all of the various different stakeholders within the accessibility community and particularly in the next few weeks we will be holding workshops with them and also talking to the Minister for Social Security about accessibility in particular because, as you will know, it is her department who looks after a lot of the groups who are working in that area. So the answer is it is being constantly borne in mind and, of course, we are talking to all of those stakeholders and they have a particular opportunity in the next few weeks so that we can perfect the very detailed design that we are getting into now in order to make sure that any of their concerns are taken into account.

Deputy I. Gardiner:

Thank you. We have 2 more wrapping-up questions, one from Deputy Doublet and one from myself.

Deputy L.M.C. Doublet:

Minister, there are around 21,000 Islanders living in poverty as indicated by the income distribution report; 4,000 of those are children. As you are aware, poverty is a key driver of poor health

outcomes. Can you indicate what cross-departmental initiatives you are part of which will tackle the causes of poverty and the poor health outcomes that go with that?

The Minister for Health and Social Services:

Well, we come back to the initial comments that I made about so far having to focus on our core problems, which I think we have done. I would refer back to the Ministerial group that we are putting together and these are the very issues that we will be focusing on once we get up and running.

Deputy I. Gardiner:

Thank you. My last question: Minister, Health and Care Jersey had the highest increase in the budget which was required. It was also the highest increase, from £225 million to £381 million within 3 years. What guarantee can you give to Islanders that this money will deliver the standard of care that they deserve?

The Minister for Health and Social Services:

Well, I think there are a number of things. I am going to be issuing shortly a precis of how that money breaks down because I have seen headlines saying that we are getting an extra £60 million. Nothing could be further from the truth. If you strip it all back down - and we have done this, we have got it all on to one side of A4 - included in the new number is £22 million that have been transferred from the ambulance services. We have a strong element of standard inflation. We have the extra formula that has now gone from 2 to 3 per cent above inflation. I am very grateful for this. Instead of underfunding the health service and coming up with a deficit every year and moaning about a deficit, we now have what we are now calling our baseline funding recognised and there is an extra £12 million in the budget at the start of this year so that we have a fighting chance of coming out with a balanced budget at the end of the year. So I think all of those things need to be understood. I can never give any absolute guarantees about anything other than the fact that I can vouch for the fact that I said at the beginning there is now a very good team of competent people with a very clear vision. That vision is to have a first-rate health service in time to move into a first-class hospital in 4 to 4½ years' time.

Deputy I. Gardiner:

So would you think that with this funding, which we are all thinking about the ... along the same lines, will the standard of care overall be maintained or increased or decreased?

The Minister for Health and Social Services:

I am comfortable but I have to put in this caveat: over the next 4 years I am sure that the public will see a decided improvement.

Deputy I. Gardiner:

Okay. Thank you, Minister.

The Minister for Health and Social Services:

That I am certain of. Certainly, if we were not putting this extra money in, I think they would actually see a decline in service. So yes, as far as public confidence is concerned, if we continue to get this funding through over the next 4 to 5 years, by the time the new hospital opens there will be a considerably better health service in place than we have at the moment.

Deputy I. Gardiner:

Thank you, Minister, for your time and for your team.

The Minister for Health and Social Services:

Thank you.

Deputy I. Gardiner:

The public hearing is closed. Thank you very much.

[11:06]