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SCRUTINY MANAGEMENT COMMITTEE

Health and Social Care Public Hearing

HANSARD

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Members Present:

Panel Chair: Deputy Chris Green
Deputy Peter Roffey
Mrs Gill Morris – Non-States Member

Mr Mark Huntington – Principal Scrutiny Officer
Mr Ian Le Page – Scrutiny Officer
Ms Lisa Wonnacott – Scrutiny Officer
Mr Keith Russell – Executive Officer

Business transacted

Scrutiny Management Committee

Health and Social Care
Public Hearing

The Committee met at 10.00 a.m.
in Court Room 6, the Royal Court House

[DEPUTY GREEN *in the Chair*]

EVIDENCE OF
Deputy Heidi Soulsby, President of;
Mr Mark de Garis, Chief Secretary of; and Dr Peter Rabey, Medical Director for;
and Ms Elaine Burgess, Deputy Chief Nurse for,
Committee for Health & Social Care

The Chairman: (Deputy Green): I would like to welcome everybody here today, elected representatives, senior public servants and members of the public.

Our session today focuses on the Committee for Health & Social Care, primarily with the President of the Committee, Deputy Heidi Soulsby. Welcome.

The panel today from the Scrutiny side comprises of myself, Deputy Chris Green, the President of the Scrutiny Management Committee; Deputy Peter Roffey, the Vice-President of the Committee; and our non-States' Member, Mrs Gill Morris.

This hearing is part of a series of question and answer sessions where the Committee will question Government departments on their progress to date. The hearing this morning will consider expenditure on health and social care, transformation plans for the next few years, the MSG contract, Children's Services and health and social care provision in Alderney.

Can I ask anybody who has mobile devices to please put them on silent whilst the hearing is in progress? It is essential during our session that the Committee is able to hear from our witnesses without any interruption from the Public Gallery. I should also make it clear that this is a parliamentary committee proceeding and members of the public are not permitted to speak during the hearing.

Can I now turn to our witnesses and could you please introduce yourselves for the recording? Could we start at that end please?

Ms Burgess: My name is Elaine Burgess. I am the Deputy Chief Nurse. My line manager, Juliet Beal, who is the Chief Nurse is currently unavailable, hence that is why I have come.

The Chairman: Thank you.

Mr de Garis: My name is Mark de Garis. I am the Chief Secretary to the Committee for Health & Social Care.

The Chairman: Thank you.

Deputy Soulsby: I am Deputy Heidi Soulsby, President of the Committee for Health & Social Care.

The Chairman: Thank you.

Dr Rabey: Dr Peter Rabey. I am the Medical Director of HSC.

The Chairman: Thank you. Well, without any further ado, Deputy Soulsby, can we start with some questions about transformation. You probably thought we might have one or two questions about transformation possibly.

So the first question is this: given your recent public statements about the obvious need for transformation of the health and social care system, are you able to give us perhaps three concrete examples of transformational changes that will be politically achievable in this political term?

Deputy Soulsby: The transformation is more than just one, two or three aspects; it is about the model as a whole. That is the essence of transformation because what we are saying is the model we have got at the moment is not sustainable; it is very much not dealing with the needs of the current population, an ageing population, we have got growing medical inflation and huge expectations, and the current model does not fit that.

We have got quite skewed towards putting investment into secondary health care and one aspect of transformation is to try and improve accessibility at the primary care level to the extent that we can say what we are looking at in terms of transformation, that accessibility at primary care level is crucial to us; because we think in many cases we might say it is anecdotal so we need to get evidence to corroborate it, but the belief is people are not going to GPs because of the expense until it is too late and then those costs, as they see them, it has to go to secondary health care, and that costs more and more.

So what we need to do is rebalance it and see what mechanisms we can provide that actually help us to change that model in some way – and it is not just for Health & Social Care to do this, it is all about engaging with all the different stakeholders.

The Chairman: Obviously the question asks for concrete examples of transformational projects that you have in mind. Can I ask the question –?

Deputy Soulsby: Well, can I just say, transformation is three different elements and when we took office we looked at it in three different tranches. First of all, the system grip: we had the budget getting out of control and we needed to really run with that as soon as we possibly could; and that really has been the fundamental focus over the last year, so hence we went from what was projected to be a £4.5 million overspend to getting under budget, we had to do that because it was getting out of control.

The next level is service improvement. So how can we make what we have currently got better under the current model? Such an example that we can produce here is about changing the 'hip and knee pathway', as they call it in Health: improving how people go through the system if they are having hip or knee replacements and reducing bed times in hospital. So that is an example of transformation.

We have got lots of other things like that that are going on. Cataract surgery – people do not have to put on robes and be wheeled into surgery, they actually walk out. There are lots of things like that ongoing but then the next stage … and that is like three to five year improvements.

On top of that is the whole model of transformation – what we are calling 'transformation' because it really is changing completely what we do. So it is looking at secondary health care, new

models of care. We have currently got a consultant-led model; can we sustain that for the future, do we need to look at other methods of secondary health care treatment?

So it is at all different levels.

The Chairman: Deputy Roffey.

Deputy Roffey: Can I ask, in the Budget Report for 2017 P&R said that you would be coming forward with a policy letter this year on the global transformation process. When can we expect that?

Deputy Soulsby: Yes, I am pleased to be able to say that we have appointed KPMG to help us in the development of what will be our target operating model which we propose to take into the States in the last quarter of this year. We signed contracts with them on Monday. They started yesterday or the day before. So it is really intense sessions, getting to grips with what that model will be. Not only that but also how we get there and basically what that finance model will be. So what should our budget be for the future for a sustainable model of health and social care?

The Chairman: Mrs Morris.

Mrs Morris: We will come back to the MSG later, but given that you have already concluded a contract with the MSG, this vision for the future, were you able to agree on that before you went into negotiations, given the length of the contract, and how does that fit in with your vision?

Deputy Soulsby: Of course, we do not know what that future model is, but what we have built into the contract – and this is one of our red lights within the contract – is that we ensure that all sides knew that the current model of care would change. That is explicitly set out in the contract: that the current model may well change – and probably will.

The Chairman: Deputy Roffey.

Deputy Roffey: You said basically one of the keys is making sure that islanders have proper access to primary care, and I think that is a truism; everybody understands that delayed care is probably more expensive in the long run. But what concrete plans do you have to actually … I think people have been saying this, including myself for decades, do you have a route map to actually make that happen?

Deputy Soulsby: That is part of the work we are doing at the moment with KPMG but it is not for … We can have great plans. I mean I have got ideas about what we could do, but that is my idea –

Deputy Roffey: That would be interesting –

Deputy Soulsby: But I am not going to go out there and say this is what we are going to do now, because it is all about, and the whole point of our transformation piece is, engagement and working with stakeholders in the community. One of the big reasons why KPMG got the job was a total understanding that this is not about what the States is doing to the community and to all other parties within the system; it is about everybody coming up with a system that works for the Island, and that everybody has got to be part of that conversation.

And today I believe letters are going out to all stakeholders to get them engaged and letting them know what is going on, and we are going to feed that in.

The Chairman: On the same topic, the BDO benchmarking exercise that took place a few years ago, 2015 I think, how realistic do you feel the BDO benchmarking report was in terms of the potential savings that might be realised in the health and social care system?

Deputy Soulsby: I believe there are savings to be made. We have actually made savings on the back of some of the aspects within the report. If you look at it now compared with when they did the report and the fact that they used 2012 data, we did have issues around the savings that they identified. I think theatre utilisation is a case in point, in that they did not quite understand why we had to have a theatre to support maternity.

And also we have to look back, they were looking at this in terms of two years ago when new care models were put in the UK, so very much, 'This is what they are doing in the UK and this is what you could save here'. I think a lot of it around the social care side, how they are using lower levels of care, but now we are seeing that unravel in the UK so they are using really low margins and the people that they have outsourced to have said, 'No, we cannot afford that any more. Here you are, you are going to have to deal with it.'

So fundamentally, they are right and the model needs to change and savings can be made. Whether the quantum is correct or not is the issue.

The Chairman: Is there a danger that the work that you have just commissioned from KPMG would replicate what BDO did?

Deputy Soulsby: Very much and we do not want that to be the case. We want them to learn from that report but this is going a step further, this is not just about theory, this is what we are going to have practically.

BDO are very good at saying, 'Oh, this is how you do it' and taking benchmarking against peers, but not really saying, 'Well, what could we do?' and very much what we do not want, which has been drummed into KPMG, is that we do not want the NHS model of care. There might be aspects of the NHS that are good and the NHS is not the same across the country; there are different areas that are outstanding and others are not. But what we have got to have is a model that fits Guernsey and Alderney.

The Chairman: Do we know what the costs of the KPMG report is likely to be?

Deputy Soulsby: We fixed at £300,000, I believe, and we have got extra costs for our own staff. Because what we wanted to do … That is considerably less than other bids we had, I should say, but we went for KPMG because it was very much a case that we were working in partnership with them and what we want to do is build up our own people, our own team, to have that expertise going forward. So when KPMG go away in September we have got the people that can run it.

We have already built up that team through funding that we have taken from the transformation fund; we are building up that expertise now so we are in a much better state than we were back in May.

The Chairman: Deputy Roffey.

Deputy Roffey: I completely take what you say about the BDO report and the shortcomings and the fact that the quantum of savings may be less, but didn't P&R front load your budget and pump money in on the basis that that was almost a promise, that if you put money in now those savings will be delivered in the longer term?

Deputy Soulsby: No, and I think there has been some quite good spin from the P&R side on this. *(Interjection and Laughter)*

They said an additional £8.2 million and I think you guys across there will know that I disputed that at the time. It was not £8.2 million; it was £8.2 million against an estimated cash limit done in 2014 about what we should have in 2016.

So it was, and what I will admit and I will say it was, an above inflation increase, but it was not £8.2 million. And that was to get us to where BDO thought our costing should be now. If you look at what BDO say, they actually say that we should have an extra £3.3 million upfront cost, fixed cost, and then £2.2 million ongoing costs which will be offset by £7.4 million savings.

So there should be, if we keep the model as it is, £5.2 million recurring savings according to BDO, but that is very different from that spin of £8.2 million, and go away and make savings.

The Chairman: Deputy Roffey.

Deputy Roffey: The quantum savings is realistic. It is vital that we know that. We know State's finances across the board are, 'fragile' is maybe the wrong word, but they are tight, so do we not need to bottom out what is a realistic level of savings if the BDO projections probably were not?

Deputy Soulsby: Absolutely, and so that is where what we are doing now builds on what BDO did. Because they showed core aspects and they actually said in the report that we have got to build on that to know where we should be going forward because it does change and they highlight areas where we need to invest to realise those savings.

The Chairman: What areas would those be?

Deputy Soulsby: Areas such as putting more money into building up on our corporate and contract management so that we can better manage the projects that we have. We have been very good, we have been a provider, everybody thinks of us as a provider of care; we get complaints and compliments about the care that we provide. But we are not just a provider; we are a regulator and we are a commissioner and we need to separate those aspects of it out.

So that is another area where those are the sort of things that they are talking about; but our concern, if I can build on that and talking about savings, is what happens because our concern is – yes, we are making savings and we are making savings now, but our concern is that those savings are taken away from us and we cannot then re-invest in the areas that we want to, to make that difference, where we can build on it. If those funds are taken away then that is where we will get into real problems and certainly what we want to invest in is the community and social care aspects, because –

Deputy Roffey: So you do not want your budget to go down overall? You think any savings will be taken up by extra demand or the need to invest in the areas you think are more important?

Deputy Soulsby: Absolutely, and I think long term … Literally, we are seeing year on year the effect of an ageing population, people with co-morbidities, people coming to the Hospital, they are all the older sections of the population, and we have got to stop them from getting to Hospital. People getting falls in the community: we could have more facilities in the community helping people, teach them how to prevent them getting falls. That is where we should be putting our money.

Deputy Roffey: So can we understand what P&R are asking you to save over the next few years? Because when we had P&R here they said basically you were exempt this year but in future (***Deputy Soulsby:*** Well, we are not –) they were going to expect to see real savings, a real contribution from Health & Social Care to the overall savings programme.

What are they saying to you and is it realistic?

Deputy Soulsby: Well, we are not being told any more than you are. All that we know is next year they are looking at taking £2 million off our budget, which really does concern us. But on top of that, you all know that support services – so IT, Finance, HR – have all been moved to the centre. (**The Chairman:** Yes.) So our budget has been moved to the centre.

Now, that budget was HSC ring-fenced budget; we are not sure whether that means that those resources which we have needed to build up to get that finance expertise, IT and HR to build up on recruitment retention, whether that is going to be lost as part of the 3%, 5%, 5% because it has now been pushed into P&R.

So I do not know if that was intentional but that concerns us, that we might actually effectively be affected by the 3-5-5.

Deputy Roffey: But the blunt answer is, beyond £2 million next year, you are really not sure what you are meant to contribute over the next three years in savings?

Deputy Soulsby: Well, only that we have got BDO and they say it is £7.4 million minus … but the £2.2 million seems to be forgotten somewhere along the line because the actual recurring is £5.2 million.

The Chairman: Mrs Morris, do you have a question?

Mrs Morris: Back in our PAC days we reviewed HSSD, as it was then, and one of the issues was around the management information that was being provided to the board. (***Deputy Soulsby:*** Yes.) They just said that a lot of that has now moved to the centre. Are you now getting the kind of management information that you need to really put your arms around HSC spending?

Deputy Soulsby: I can say when I first joined HSSD, as it was, back in those dark days of November 2014, I was thinking, yes, that report is really good; it actually sums up the paucity of financial information, the quality of it. There was loads of stuff. I mean you get a pack that thick but nothing that actually gave you anything that, as a non-executive director you would expect to want to understand about what was happening in the business.

And that is what was affecting the finances. You could not get a grip of it at all. So from then we have improved the forecasting. Well, there were not forecasts back then. As I was saying, 'Well where are we for this quarter and they said, 'Well, we know where we are now, we think, and we do not know the future'.

It was not good and that was why back in 2015, it was getting better but I do not know if you recall that back at that time we got that last minute surprise of being told that we were over £600,000-odd over budget. And that was through poor forecasting and basically management, at that place.

We got quite angry over this and a lot did change. We have got a very good bunch of guys now working in finance who have worked over the last year in improving all the packs that we get. So now I would not say I am 100% happy with what we have got, I could not say that, but what I can say is that we have more confidence. We are seeing trends within our finances now, so we have seen the stability in the reporting and what is going on from month to month, whereas before one month they will go, 'You are way over' and then the next month you were way down, it was just like this.

But what we have done, quite frankly, is we have taken the PAC report and, as you would expect from having had some association with it before, putting in those recommendations to really beef it up; and the reporting and the forecasting has been a huge contribution to the reason why we are within budget this year. Because it is getting that grip on the finances that made such a difference.

Mrs Morris: So you do not expect to get any more financial surprises like that?

Deputy Soulsby: Ah, well, if we do then we can now blame it on P&R! *(Laughter)* But no, clearly as a Committee we are very close to it. We rely on the quality of information we get from our people and now I am more comfortable with the quality that we are getting through than we were two years ago. That is definite.

Mrs Morris: Would it be possible for us to have a copy of a Committee financial report?

Deputy Soulsby: One of our reports, yes absolutely.

Mrs Morris: Just so we can see how far it has come and give ourselves some comfort that you are going in the right direction.

Deputy Soulsby: Yes.

The Chairman: Can I just come back to the short-term savings target, as it were?

I think you said that P&R would be reducing your budget by £2 million in 2018. Beyond that, what is your understanding in terms of 2018 and 2019? There are not any specific savings targets in the short term for those two years that you believe you are supposed to meet, is that what you are saying?

Deputy Soulsby: Well, no, we are going by BDO and what BDO say, and the only reason why they said £2 million and it kind of links to BDO but we will delay … the years are different. Our concern is that not being able to re-invest and we are saying that you can cut in acute and we can find all these savings, but the point is if we cut in that area we will not make it better for the community and in social care, and that is where we really need to put the money and then later on the new model is something completely different.

The Chairman: But in terms of a figure for 2018 – or 2019?

Deputy Soulsby: We have got nothing: 2018, all we have been told is £2 million. We have nothing beyond that. But I mean we know with the finances at the moment where those pressures are.

The Chairman: I do remember when we actually sat in this room with Deputy St Pier and the States' Treasurer –in November– and I seem to remember both of them saying on the subject of health and social care that they would expect in the years 2018 and 2019 a significant contribution from your Committee. Is that still how you see it? You expect to make a significant contribution in terms of the short-term savings targets?

Deputy Soulsby: I think we have got a problem here because we have got a transformation which is saying you have got to change and we have got a very short window to actually be able to make that change before things get really, really difficult. You only have to look at the demographic curve to see it is getting really tight. My real concern is cutting where no other

Health Service that I know of is cutting, and actually making improvements at the same time. It is about sustainability now before it gets worse.

Yes, we can cut now, of course we can, but then we have seen that happen with FTP: short term tactical savings completely messed up Health & Social Care and it has taken us two years, effectively, to get back to somewhere where we can actually manage the Committee – the department, for want of a better word – better.

It really hit. It hit nursing to the extent that we lost numbers, to the point that we have the NMC coming in saying, 'You need to increase your numbers'. It was tactical savings which in the longer run will cause problems and that is coming from someone who has been on the other side of the desk as an accountant. You can see the pressures building up.

Deputy Roffey: I completely understand that, but from a scrutiny point of view I think our concern is we are hearing totally different things from two sides of an arrangement here. I mean reading the Budget report again, it is quite clear that P&R are expecting not just savings to re-invest but overall reductions in spending by your department.

You are saying that is not practical without doing structural damage really to elements of our healthcare service. So the States as a whole are steaming along with a total gap in understanding between two vital Committees.

How often do you talk to P&R? How is this going to get resolved?

Deputy Soulsby: We talk once a month, but these things have not been finalised and that is the point. We hear different things coming out of P&R but there are not definitives. We have not had a debate on what the definitives are and we are told this year we do not have to meet those 3-5-5 savings, but we know that some of our resource might be affected by 3-5-5. We see and hear the £2 million but we are saying, 'Well, that is all very well and good but we need to re-invest,' so yes, there is that tension.

It is about short-term expedient cuts – will they actually cause long-term structural problems? – and that is the debate we need to have.

Deputy Roffey: Maybe we need a scrutiny hearing with you and Gavin St Pier sitting alongside each other here.

Deputy Soulsby: Possibly, but I think this will come out of our debate with the policy letter that I will bring for the operating model. It will come to a head because that is where we will say, 'This is what we need to run a service,' and if we are then being told … and it might come out lower than we have got now. I would be very surprised. I would be extremely surprised if they say it is going to be any lower because the costs are constantly going up in every aspect of health and social care.

Deputy Roffey: Would it be possible to see the brief that was given to KPMG to carry out this exercise?

Deputy Soulsby: Yes, yes, sure.

The Chairman: From what you are saying it seems to objectively be that there has to be a proper balance struck between the short-term savings, if any, and the much more important medium to long-term drive for a new model of healthcare that would be fit for purpose and cheaper.

Deputy Soulsby: Absolutely, and we will do our bit and we have done our bit. There are things that we have not done over the last year to get within the budget that we have got, which we

would love to do but we have not got that budget to do it and those are things that could really make a difference.

So that is where we are at the moment.

The Chairman: Just to go back to the BDO benchmarking again, they were talking about significant savings with a new model of healthcare, weren't they, in the region of £24 million or so at that time? (***Deputy Soulsby:*** Yes.) Is that still the aspiration – a kind of quantum leap in terms of a new health and social care system that is fit for purpose, which will also then deliver significant savings?

Deputy Soulsby: My view is that it is all about sustainability. We always talk about, 'Oh, we can make savings here,' for savings to be sustainable, it is savings that in the extent that we have a structure that means that our cost base does not rise exponentially but flat lines or at least goes at a gradual curve, say, in terms of RPIX.

We have got the model right. Our worry is that if we do not get it right early on, that is when the costs will go like that and it will run out of control.

We had an update from a policy advisor yesterday from P&R showing us the whole demographic issues affecting us and tax revenues at the same time in the future. Now this is what we are looking at; it is that long-term planning that is so important, because this morning on Radio 4 there was a guy from Patel talking about the real problem with the NHS is that it is really absolutely hopeless at long-term planning.

But then they are being hit by the government saying, 'Well, you cannot have this money, you cannot have that money.' So where is that capacity to do that long-term planning? And that is what we need. We have got to think, and I have said this publicly, it is difficult as a politician but you have got to look at the long-term for our future, for our children.

The Chairman: Yes. That is why I started with a question about what was politically achievable in this term because there is inherently a conflict, isn't there, between taking the right decisions in the long-term interests of the health and social care system in the limited window that we have?

Deputy Soulsby: And there is a balance. Yes we can do things and we are making savings now; it is just how far do you go? And those savings now, surely, we ought to be re-investing in the community to make a difference before all these problems build up into one great big explosion in 20 years' time.

The Chairman: Just giving you an opportunity to reassure us on something, it is often said that one person's transformation of services is another person's service reduction.

Can you give us a firm assurance that HSC services will not be reduced in the name of transformation?

Deputy Soulsby: No, this is about meeting the needs of the population. What do people need and we have not got a service that gives everybody what they need. Now, that is different from 'wants' – and we might come round to that later on a different subject. It is different from 'wants', but we need to make sure we have got what people actually need.

And though in many areas we think we should be getting people to have more access, it is about access and equity of access to healthcare, and we have not got that at that primary care level, to some extent. And the current model, the way it is used is that some people who will go for physiotherapy might end up paying to have physiotherapy at a GP practice because they can afford it, but other people who might actually have something very similar are actually pushed through to secondary healthcare where they do not.

So the system is kind of not working as a whole. We should see people having the same pathways.

The Chairman: Whilst we are on the subject of health equity, shall we jump to that area? I should have said at the start: if any of the other witnesses want to contribute, *(Laughter)* feel free to. We are fine.) *(Laughter)* Thank you.

Are you saying, Deputy Soulsby, that the current system of healthcare that we have is not an equitable one because of, for example, the affordability or otherwise of going to see a GP? Is that what you are saying, that we do not have an equitable Health Service?

Deputy Soulsby: I think certainly at the primary care level we do not have that. It is that access to care at the very start of when people need it, that is the issue. We need to work out the extent of that, it is clear that the health outcomes on the Island are different and the richer you are the better healthcare you get. That is the same everywhere and it is how we balance that.

But then, as I have also said publicly, that is not just for Health & Social Care to sort out; those are the wider socio-economic issues that we have got to look at and that is for the States of Guernsey.

We are there to make sure that people who need care get it when they do need it and we are saying, well, at that point of need, are some people not getting it and are some people fine?

Deputy Roffey: But it is perverse, isn't it, in a way that the part of the demographic that are most likely to become unwell, i.e. the poorer part of the community, are the ones that are not able to access healthcare in Guernsey, or find it difficult, because of the financial barriers.

Deputy Soulsby: Absolutely and that impacts, it is not just physical health as well. Physical health impacts on mental health and that is where the pressures are. And that is why I am saying it is not just an HSC issue; that is why health – which is where I agree with the P&R plan in terms of health and happiness – is an all Government issue.

The Chairman: Mrs Morris.

Mrs Morris: Are you suggesting that part of the future model might be primary care free at the point of care? And if so, do you think you are walking into the same trap as the NHS?

Deputy Soulsby: No, as I say, the NHS has got huge issues. That is not what I am saying at all. That is why I am not saying what model we have got, but there are various options that we can look at to make sure it is more equitable.

The Chairman: Could I just push you on that? Have you actually looked at specific practical reforms to increase the affordability of primary health care?

Deputy Soulsby: Well, we have not as a Committee said exactly what we want. I could say, look we could have various forms of insurance schemes or other help support schemes; there are various options there.

At the same time we do not want to *destroy* what we have got, because for those people who can afford it, at primary care you get a great service and where else can you get to see a doctor … I mean only a couple of weeks ago I was in real pain and I got to see a doctor within a day.

That is great, we do not want to end up with NHS … I mean as much as the NHS was such a fantastic thing when it started, it certainly does need reform itself. So there is no way we are going back to a system which clearly is going to have to be changed. But we need to balance that equity.

Deputy Roffey: Would you not say it is a little bit perverse, with the whole trial for equity and access, that the A&E charges over the last few years have been really quite a deterrent for some people to actually go along, particularly at particular times of the week?

Deputy Soulsby: Absolutely, but then that was private until September last year. The prices we have got now are more transparent, whereas before people did not know what they were getting when they turned up. Now it is all scheduled out. I have got it here. If you go across there and down there you know what you are going to be charged.

But I agree, Peter: the thing is that if we say, 'Right, no we will not charge for A&E,' everybody is going to go to A&E and not the GP so that is why we need to look at it in the round.

Deputy Roffey: I understand that. If you went back to the charging form before last, when it was still private, basically all you paid for was the consultation and not this whole list of extras, but now you walk in the door and you do not know what you are going to get charged because it depends on what procedures they decide you need at that time.

Deputy Soulsby: Yes, it depends on the time of the day and the severity.

Deputy Roffey: Yes, you can look that up on the website, but you do not know what extras are going to be charged .

Deputy Soulsby: No, and really, the whole ED thing was because the GPs said that they did not want to do it anymore and we had the College of Emergency Medicine saying how we needed to beef up ED – it did not have the number of clinicians that were needed and they said, 'No we do not want to do it anymore,' and we took it on.

Our primary concern was that we had a safe transition into September. So we know that what we have got now may not be the future but if we said, 'Right, because it is States we will not charge,' then clearly we would get the queues in A&E.

Deputy Roffey: And yet in Jersey they have a free A&E and you still have to pay to go and see a private doctor. And, yes, they do get more people coming to A&E for that reason but it is not overwhelming, is it?

Deputy Soulsby: I do not know. I cannot speak for Jersey at all. I know they do have their own issues and they are doing a review into that area. They have a different model in terms of their practices as well and they have got far more smaller practices, as you know, where we have got the three big practices.

But, as I say, we are not fleecing the public on finances here; it costs about £3.5 million to run it and we get £2.2 million of income so we are not making a profit on this at all.

The Chairman: Just to go back to the central topic of health equity, is there a particular evidence base that you have on the detrimental effect of charges in the primary care level for GPs or A&E or anything?

Deputy Soulsby: There has been some work done, I think, in the public health area locally in terms of some people having presented late. I think there was something recently about lung cancer presenting late; there might be GP charges.

There has not been, and this is where we want as part of what we are doing, that modelling to make sure … well, if it is not a problem then we do not need to fix it. And also it is not a problem for everybody so why throw out everything?

The Chairman: That is what I was driving at: the quantum of the problem.

Deputy Soulsby: Exactly, you have the group of people who is paid for by the States and there will be more if we have SWBIC, so that would be more people covered by that; you have got vast numbers who can actually afford insurance on the Island. So it is just that group in the middle: the 'squeezed middlers', as they are called and with other charges that we are currently seeing imposed left, right and centre, that those aspects of it are impacting on people.

Perhaps some of your In Work Poverty review might help.

The Chairman: Yes.

Deputy Roffey: It is certainly an aspect we will consider.

Mrs Morris: Having had GPs move away from A&E – just as one element – how would you rate the current relationship with HSC and other care providers, other bodies that support?

Deputy Soulsby: We meet regularly with the primary care and secondary care. I would say that it is in a better place than it has been for a very long time: a very good relationship, very positive meetings we are having with primary care; they are very much open to new ways of working and thinking about what we can do for Guernsey, and some really good conversations we have had. So I am very pleased with that.

But then we want that because we know this is what we are trying to tell people: this is not about what our model of care is, it is about the model of care for the Island and how everybody is part of that. So we are listening and working together. It is not us that is saying, 'Right, well we want that.' This is where we were talking about what we do with primary care. It is not for us to say, 'This is what we have.' We know: what is the issue, can we identify it, can we think of a better way of doing it?

Mrs Morris: Are there any issues where relationships could be improved, because nothing is perfect?

Deputy Soulsby: I personally cannot say that. I think since we have been in office it has been really, really positive. It is not in terms of questioning who should do what. No, I think it has been pretty good actually. I am quite pleased.

The Chairman: As part of health equity, would you envisage that greater public investment in preventative health care should be part of the future plan?

Deputy Soulsby: It has got to be a huge part of it. We spend so much money putting people right when we should be putting the money into stopping them getting ill in the first place and we have had –

The Chairman: And public health care?

Deputy Soulsby: Public health. I struggle with our public health offering. The guys do a really good job in telling people to eat their five-a-day, do not over drink, **(The Chairman:** Smoke.) do not get overweight, but look people are still overweight and over drinking.

But we are aiming at that kind of – I hate to say it, but that kind of – worthy, middle class, pushing for, 'This is what you should do' with people who will suck that up and say 'Oh yes, I know I must take my exercise. I must do my 10,000 steps.' But what we need to do is grab … again, it is at that lower socio-economic level where people have got other things that are impacting on their lives. The last thing they are going to want to hear from you is, 'You need to be eating your green veg,' when they cannot afford the green veg for a start and also if they have got strains in their

life, there might be issues of domestic abuse and various issues like that and other concerns, they might be drinking more alcohol than they should be. Again, it goes back to: it is wider than Health & Social Care. (**The Chairman:** Yes.) These are the things that politicians should be debating at a Government level.

The Chairman: Do you think that Guernsey's social policy is sufficiently joined up to be able to deal with these issues at the moment?

Deputy Soulsby: I think we are getting there and I think the P&R plan is the way to do it. I am more encouraged by that. I think at the moment we have not really talked as closely with other Committees as we could on this. It will all come out in June I think.

I think what it will show, I am hoping, is that when you think of health, it is not just for our Committee, it is everybody's responsibility. I think that will come through because it is putting everybody's … what they plan to do, together.

The Chairman: Dr Rabey, do you have anything on preventative healthcare you would like to say?

Dr Rabey: Yes, we definitely can benefit from investing in preventative healthcare, but we need to remember that most of the spend on healthcare comes in the last years of life. It is important to prevent preventable conditions. As we know, lung cancer is high profile here, for example. Prevention is terribly important but we will still get costs as people get older and dependency increases.

And we must all remember that it is not a *panacea*. It is essential but we still aim to get that rising dependency health costs at the end of life that we have to be prepared for with this transformation project.

Deputy Soulsby: We are looking at whether we can review our various methods of screening – whether we can improve that or look at different ways of doing it.

The Chairman: Just so the point is absolutely explicit, are we saying that hitherto Guernsey's health and social care system has not done enough or not invested enough in preventative healthcare? Is that what we are saying?

Deputy Soulsby: Yes, that is fair enough, absolutely. It is the bottom of the line and it is the easiest one to cut when you have got budgets that need to be cut, that is where … You are not going to see the results of it in the next year or two, so it is –

The Chairman: Again, it comes down to the short-term, long-term thing.

Deputy Soulsby: Yes.

The Chairman: Shall we move on to the MSG?

Deputy Soulsby: Now you might hear more from Peter.

Mrs Morris: It would be helpful to me and the public to get some clarity about the new contract.

We looked at the MSG contract back in the last term with PAC and singularly failed. So can you explain to us how the new MSG contract is structured and whether we, the people of Guernsey, are still paying on a per consultant basis or will we come up with a better mechanism?

Deputy Soulsby: Do you want to start?

Dr Rabey: Yes sure.

There is still a per consultant basis but the consultants have been banded into different costs because it is much more expensive to appoint certain specialities than others. So there is a lot more flexibility around how the costs are worked out in terms of consultant numbers. But a significant amount of the contract is still in terms of consultant numbers.

The reasons there are different costs are: for example, to appoint an obstetrician their medical defence society costs might be in excess of £100,000 a year; they are a very expensive appointment. Some other specialities – my own speciality of anaesthetics, for example – are relatively inexpensive by comparison.

So there is a banding structure in there that will allow us more flexibility. It will be cheaper to appoint certain specialities.

Deputy Roffey: So the figures we have seen in the media about 3% less a year and then 1%, that is based on no change in the number of consultants; so if the margin increases because of ageing population or whatever, the cost of the contract may go up fairly significantly?

Deputy Soulsby: What we are trying to do is a completely different contract, so yes, if the demand is seen that in a particular area we need to invest, it will go through a service variation. So the MSG will say, 'Look, we really need more people here,' we will discuss it and negotiate and decide if that is the best course of action and then the contract will be varied for an extra consultant.

But we will also look at, 'Well, right okay, you think you need a new consultant but can we do things in a different way?' and that is where we have a clinical reference group that is set up, looking at all different clinical pathways and saying, 'Well, do we need a new consultant here or could we do this in a different way? Advanced nurse practitioners, say, or doing it in a different place even?' Just thinking differently. So it is not just as it is at the moment, £380,000 for a new consultant because we have got more demand; it is very different.

Deputy Roffey: It is more sophisticated but still there might be a need for more consultants and the price of their contract might go up?

Deputy Soulsby: Yes, but also the contract enables us to change that mechanism because the reason why there was a lot of debate around this – should it be by a consultant, because we looked at the whole issue at the moment with the £380,000 – but really the mechanism, being able to determine how we came up to the costs other than by consultant at the moment is proving to be too difficult and certainly not achievable in the timescales that we have. You have got to remember that before we started back in November 2014 nothing to any extent had been done to start a new contract going.

Mrs Morris: Do you think that this new approach is less likely to end up in the kind of deadlocks that happened in the last term?

Deputy Soulsby: I am far more confident. There are better relationships with Peter there as well – having that clinician on the Committee and his expertise and being able to use the expertise here and his knowledge. That is a good working relationship, understanding that this clinical reference group is not just between MSG and the Committee, it is all care providers and representatives, so that is primary care, physios, it is all joined up so it is everybody working together, so what better system could we have here as part of it?

So there is a structure behind this which just did not exist which exists now because we are developing it ready for January and we are already working through it, so like the hip and knee pathway I talked to you before.

The Chairman: The new contract with the MSG represents obviously a massive financial cost to the taxpayer. Are you entirely comfortable that it does truly represent better value for money than the old contract?

Deputy Soulsby: Absolutely. We have got far more levers. It enables us to transform, and that was a key fundamental too. The mechanism for transformation enables us to transform, it does not lock to a system that we have got to follow forever. (**The Chairman:** How?)

It is a five-year contract. If we want we have got various required variations we can make throughout that contract. So if we say, 'Okay, this is great. It is not really working the way we want at the moment. We could do it a different way. We will change this,' and we could theoretically – I do need to emphasize that at the moment because we have not even started the new contract, but theoretically we could – move elements out and do it in a different way.

The Chairman: Dr Rabey.

Dr Rabey: If I can.

It is much more likely to allow us to monitor these things because we are measuring much more closely, so there are a set of key performance indicators that are closely defined that we will work through regularly with agreed band widths for the contract, so we know exactly what we are buying in terms of key output.

When something goes wrong there is a mechanism, we can do a remedial action plan. It is often not just one side's fault that something has gone wrong, it is often bits of both sides. We work together to make a remedial action plan and that is contractually binding that we work together to solve it.

In the background we are doing a timetable of service re-designs that will include all the services over the next few years, so we are looking at individual services to see how we can make this service a better quality, cheaper and more economical.

So that is going on in the background through the clinical reference group. And finally, every year HSC will publish commissioning intentions which allow us to make changes as we wish to services, within reason obviously, but we can transform services year on year through commissioning intentions with MSG.

Deputy Soulsby: This is far more sophisticated. I mean this is the one we have here and it is just not like a list of procedures and this is what you do, it is a different sort of contract.

The Chairman: Given the need to monitor the KPIs as we go along, are you confident that you have the capacity to undertake what will be quite a sophisticated monitoring operation on an ongoing basis?

Deputy Soulsby: One of the things that I made sure we got agreement with before we signed the contract with MSG was that we got the resources to be able to manage the contract.

Because I know where these things can go. You can sign it and everybody goes away and you are left holding the baby and things drift. So yes that is absolutely in there and there is a paper being produced to go to ESS about that resourcing to make sure we are fully resourced to manage that contract.

It is not just MSG, it is the whole commissioning role which we have always been so poor at. We have done the provision and that commissioning has not been there.

The Chairman: Do we know how much the monitoring operation will actually cost? What resources will be required for that at this stage?

Deputy Soulsby: I do not want to commit completely to it because we are looking at how we can use finances from different aspects to bring it together. So, no, I cannot say at the moment but within BDO they actually said that that should be an allowance anyway, so that is part of that £2.2 million.

Deputy Roffey: So you are going to monitor the KPIs and if they fail to be met and if that is the responsibility of MSG, there are no financial penalties or sanctions for that failure at all, except I guess that at the end of five years the contract may not be renewed?

Deputy Soulsby: Well no, it is not just five years. If it does not work and we are not happy and we think the remedial action has not worked and we have not come to an adequate solution, we can go through required variation and change within that five years. It is a five-year rolling contract, if we have got those variations, I think it is 12 months, we can change that aspect of the contract.

The Chairman: So the sanction, if you like, the *only* sanction, that we would have really is the option to review and to potentially renew or not renew?

Deputy Soulsby: Yes, but I think you have got to look at this in terms of being a partnership together. I mean just fining them how can that affect …? It is not like buying some software and having a contract with a software provider and saying, 'Well, you are not updating that properly so we are not going to pay you, we are going to fine you.' It is more than a contract, it is more of a partnership because we have got our own requirements within here as much as the MSG.

The Chairman: Can I ask – Will your Committee definitely publish the yearly performance results data?

Deputy Soulsby: We have not spoken about this directly but I am seeing them behind me, but I cannot see any …

The Chairman: I think you are quorate! *(Laughter)*

Deputy Soulsby: We are actually. I really doubt whether any of the Committee would object to that because that has been our mantra from the very beginning, that we want to publish what we do and we would like to do more if we have the capacity.

The Chairman: Mrs Morris.

Mrs Morris: On the same subject, one of the sticking points last term was that PAC were not able to get the MSG accounts. Is that going to be possible this time round?

Deputy Soulsby: I see no reason why not to, because it was not just the PAC, I think it was all parties, (**Mrs Morris:** Yes.) but that is now written into our contract. I believe, because it is all about openness within the contract actually and issues about sharing information and things, so I doubt whether that will be a problem.

Mrs Morris: Okay, thank you.

The Chairman: You mentioned before, and I have heard you say in the media, that this new contract will enable transformation. Can you just flesh that out a bit more so that we can fully understand exactly how it will enable that?

Deputy Soulsby: It enables it in the sense that we are not stuck to the current model that we have and I was talking about those required variations, how we can change as we have a new model and the new model looks like we can do things in a different way, and evolve; because let's face it, it is not going to be a Big Bang, transformation is not going to happen where one minute we are doing it one way and the next minute, oh look, it is bright, shiny and new, super improved. It is going to evolve over time, otherwise it could cause real issues.

So it will be an evolving process, but we have the levers within the contract to enable us to do it.

The Chairman: The same topic but a slightly different issue. For some people on the Island there is possibly a slight issue with the accountability of the consultants under the contract, rightly or wrongly.

To what extent will that accountability issue be dealt with in the new contract?

Deputy Soulsby: We have got put in place that single complaints policy, which I think will make a lot of difference. We have had issues when a complaint comes in with, 'Oh it is not mine, it is theirs'. We are stopping that now anyway, but that is what we have had. That single complaints policy, I think, will help and if we could expand that in other areas that would be good as well.

Peter might be able to say more that we can do about individuals because that is his role in terms of –

The Chairman: Dr Rabey.

Dr Rabey: Yes, we have a lot of mechanisms that allow us confidence about this, so we will be working with MSG in a single governance framework so their staff will be bound by the same governance terms as ours.

We have a single complaints policy, as Deputy Soulsby has just said; the Medical Director has visibility of all the job plans; we have the ability to make a remedial action plan in any speciality that is out of contract or that is performing badly.

As a Responsible Officer for the Island, I have a huge amount of power vested in me by the States of Guernsey in terms of managing concerns about doctors and doctors' performance, so that is taken care of as well.

I think we have all the safeguards we need, to be honest.

The Chairman: That is reassuring, thank you.

Deputy Roffey.

Deputy Roffey: Can I ask – that is a failure if there is a concern about individual specialists – if there is a concern about the general performance of the MSG under the contract, it sounds like you have got lots of flexibility, but isn't the realpolitik of this that the only alternatives to continue with the MSG are to find another organisation willing to employ a large number of specialists in Guernsey which would be almost impossible, or to directly employ the specialists as States-employed consultants, which is usually problematic as well in some ways.

So the balance of power is almost with MSG simply because the alternatives are very narrow.

Deputy Soulsby: Only in as much as you have got the same model of care, and again it is about how can we do things differently, like things that GPs used to do that you can have a nurse doing now. You can do things in different ways and use of more technology as well. Yes.

But there are other options. I mean we looked at eight options when we looked at the contract and we dismissed quite a few of them very quickly but in the end it was between MSG and in-house. But then what would that in-house look like, is the other issue? It does not necessarily mean that you plant the same people from here and put them in there.

The Chairman: Okay, are there any other questions on the MSG?

Deputy Roffey: Lots, but I am aware that we have got a lot of other ground to cover.

Mrs Morris: I have no other questions on MSG.

The Chairman: Just before we go on to Alderney, a few other questions which are slightly –

Mrs Morris: Should we take a break and then carry on?

The Chairman: I think let us just deal with a few wrap-up questions and then we will take a break, and then we will come back and in the second half we will do Children's Services in Alderney, if that is okay.

Yes, just a quick question on nurse recruitment. I think we are all aware of the adverse publicity that followed the concerns about the midwifery and the maternity services in Guernsey and those issues. Has that almost inevitably led to greater issues with recruitment of nurses in particular?

Deputy Soulsby: At the time, it did and we were seeing net leavers through 2015. In 2016 it very much improved and a lot has been done to make that happen and it is getting better as we go along. We have brought in a Chief Nurse, and I think my Deputy Chief Nurse will be able to speak more about this, but the skill mix review has given more flexibility in the workforce but also given more career structure for nurses locally which has really helped. We have also put in the care values framework.

Ms Burgess: We have done what is called a skill mix review and there were about 86 actions out of that skill mix review and that was led by Juliet Beal. But simple things, like we are developing our unregistered workforce because a lot of our unregistered workforce are on-Island. Also developing our registered workforce. Like you have heard today, these are our advanced nurse practitioners, so they are taking on roles – insertion of lines, pain clinics; it all ties in with the CRG and the working of our pathways.

Recruitment and retention – I know I spoke to our surgical matron just before I came and she is up to full capacity for the first time. So we really are coming out of what was … you know the NHS have really struggled, so obviously we struggled; we had to go that extra mile, even to the extent that we looked at all of our recruitment packages, how are we being portrayed when somebody looked at an advertisement for Guernsey.

And we have worked with our institute as well, we have got the Masters, we can really offer a good deal for our nurses and midwives here. So we have done a huge amount of recruitment and retention.

Deputy Soulsby: So back in 2015 we had over 100 agency nurses; we are down to 23, with 3 midwives now.

The Chairman: How many vacancies are there in HSC at the moment?

Deputy Soulsby: From a nursing point of view, we have got 78 nurses in acute and 38 in the community and those will be covered by bank primarily and we have got about 300 people on bank, so we are doing far, far better.

We can still improve. The recruitment is not so much the issue now, it is in retention; and the retention, I think, will be helped by the population management regime that got passed last week. Eight years is going to make such a difference for them because they were going after three years.

Deputy Roffey: Don't they tend to go after three years because their relocation package has run out and therefore their wages effectively drop?

Deputy Soulsby: Well, we will wait and see, but that is the other aspect of it: the whole package, pay and conditions for nurses full stop, and that is what we are hoping that P&R are looking at in the round and they say they are looking at public pay.

Because for us, we know that there are issues with nurses leaving the Island because they cannot afford it. And at the same time we have got local nurses who do not even get those rent allowances and other packages, who are also struggling as well.

They are our loyal workforce. I mean you could say, 'If they are loyal why pay more?' but that is not the point now; nursing is a very different job than it was 10 years ago. It is a graduate profession. They are doing far more and particularly over here where they are doing jobs which someone like junior doctors might have been expected to do elsewhere. So I think we have really got to push on that.

Deputy Roffey: Talking about local nurses, I know training has gone over to the responsibility of Education, Sport & Culture, but they have effectively announced that there is no longer going to be a salary for training nurses, unless I misunderstood the story – it was not very clear in the *Press* – that is surely not going to incentivise people to join?

Deputy Soulsby: No, well the first we knew about it was what we read in the *Press* as well and so we did actually ask the Committee about that and I am not too sure that they were aware that that was going out either. *(Laughter)* It was news to us. We were not expecting it and as far as we are concerned we think that what we have in terms of developing our student nurses and having that salary there really makes a difference.

We would like to bring, if we could have more people because the bursaries have gone in the UK whether we could actually attract people to do more of that here. We are not happy that there has not been that much traction in increasing the numbers of nurses and we really want to get conversations going with Education about how we can increase the numbers.

Deputy Roffey: Was it actually the right idea to move the Institute of Health Studies across to Education, because it is located on your site? It is not just about training nurses, it is about ongoing professional development of people in your employment.

Deputy Soulsby: Yes, the mandatory work has not moved, so mandatory training provided for staff is still within Health & Social Care, but the student nurses are not.

I have less problem about which pocket it is put in. I think in that whole joined up world that we are now in, that is less of an issue for me. What I want is –

Deputy Roffey: It is not that joined up if you read about it in the *Press* and that is the first you know about it. *(Laughter)*

Deputy Soulsby: Well, that is true. But how it should be, and that is where we need to learn from it and say, 'Well, why did that happen when we are your biggest customer here? Please can you tell us what you are planning? This is what we want as a customer. How are you going to deliver it?' But Education have been distracted in their own issues that they have got.

Deputy Roffey: Yes and if they are no longer paid will they still be tied in? At the moment, as I understand it, it is two or three years they have to work for the organisation afterwards or repay their costs. Do you know whether that will still be the case?

Deputy Soulsby: Well, no, as I say, we have not had any of those conversations so as far as we are concerned the model is the model we have at the moment and we look forward to having those conversations with Education when they have got the time after dealing with pre-school, secondary education and buildings.

The Chairman: Mrs Morris.

Mrs Morris: Just a supplementary on that, about 300 sounded quite healthy and you are obviously using that to cover vacancies; is that a sign of things to come, that people are choosing to be part of the bank for lifestyle reasons, rather than taking on a permanent position?

Deputy Soulsby: It might be and it might also reflect what has happened over the last few years when people are happy and they do not want to leave but they would still like to work for us in that bank capacity.

Ms Burgess: There are lots of different reasons why they are on the bank. It might be family, it might be they are retired but they want to still carry on. There are lots of different reasons.

Deputy Soulsby: But added to that, I know that the Chief Nurse has launched the 'Back to work, back to practice' model, so that is a means of getting more people back into actually working.

Mrs Morris: I am working from my own experience with working with the NHS and opticians in the UK, and that is what we are finding: that actually certainly younger people are making a lifestyle choice not to be permanently employed.

Deputy Soulsby: They are great. I mean they are a really great bunch of people to have actually.

Ms Burgess: We do try and convert them to permanent, (**Mrs Morris:** As does everybody.) because ultimately that is what we want but it works great, it works really well.

Deputy Soulsby: But perhaps if we got the pay right and we got those conditions right, it might be the difference because if they are doing bank it might be that they are doing other

things as well. But if we make it relatively more attractive perhaps that might bring them further into doing more hours for us.

Mrs Morris: Okay, thank you.

Deputy Roffey: At the beginning of this section the President mentioned the negative publicity around the midwifery service etc.

I do not want to pick at a scab at all, but from an outsider, it seems to have been very one-sided; your midwives have gone through the mill, probably rightly so over sloppy prescribing procedures, prescribing drugs that should only happen when a doctor has actually seen a patient, and yet obstetricians and midwives work closely together. Do you think that the blame has been fairly apportioned or do you think that it has been very one-sided?

Deputy Soulsby: I think it is very difficult for us to make any comments on that. What I would say is that they have got different means of, different methods of doing their hearings and negotiations. I think it is unfortunate that it is two years down the line that people are being put through that and we really feel for them.

Certainly those people who are still with us, we are nurturing them and looking after them. But it is very difficult and that time delay is always a problem in anything and we might go on to that later. But I do not think that is justice, is it really, for people to have to wait so long for something like that. But that is not for us that is probably for the nursing profession.

Deputy Roffey: Probably an unfair question, I take that, but it is something from the outside that struck me as being very –

Deputy Soulsby: At least it is open and people see it, but I do take your point. It is always on the front of the paper and, particularly, it is annoying for the staff there now because we know how we are in such a different place to where we were then.

And key to it, and there is one point I had wanted to put across here, is that – and Mark here has been very quiet; I feel very sorry for him, I have been talking all the time *(Laughter)* – but that changed from what has very much been a blame culture. It was a blame culture and I think that very much affected how people worked and what they did and did not do, who they were happy to contact and not to disturb, not wanting to be shown up to have done anything wrong.

We have now completely changed that. It is now about continuous improvement, learning continuous improvement, because we know things go wrong and the one thing that the health care system has always been bad about being open about is the fact that things go wrong, that consultants get things wrong. They are not Gods as we have all believed them to be; they are human under all that.

And I think that also goes out into the wider community to understand that, that expectations here are huge but we have got to learn. It is on the front page, 'Somebody did something wrong!', yes, but people have learnt from it and that is what we really need to get across. We have learnt from it. The NMC have said we are just not the organisation we were even a year ago– well, when they came in November, a year ago from when they were there.

It has changed and a lot of credit goes to Elaine, our Chief Nurse, and Peter in giving that calm and understanding that this is about a learning environment; and that has helped our recruitment and meant that we have had fewer people leaving, and so pay and conditions are part of the reason why people leave but also the culture around the organisation.

The Chairman: Just before we break, on the subject of pay and conditions, you mentioned it there and obviously part of the recruitment drive for the nursing profession will be presumably that, in your view, you would like to see some increase in the salaries or the competiveness of the package on offer.

Is your thinking as a Committee joined up with P&R on the subject of pay and conditions in this area?

Deputy Soulsby: I would not want to speak for P&R on what their views are. I think they are looking at everything in the round. I think we would like to just look at nurses pay and the health and care profession's pay and make sure that it is comparable. We know that we do not pay what Jersey pay.

Deputy Roffey: But they still have recruitment problems too.

Deputy Soulsby: Yes they do, exactly. So pay and conditions are not the only reason and we have shown that by how the number of leavers has changed, gone like that, in the last two years compared with where they were.

But it is definitely an element. If you are going to think about these things – what all round package can we give? – that is part of it.

The Chairman: But your thinking and P&R's thinking may be not necessarily looking at it from the same end of the telescope.

Deputy Soulsby: No, I cannot say that at all, I honestly cannot speak for P&R on that.

The Chairman: Alright. Shall we take a break for 10 minutes and then come back?
Thank you very much.

The Committee adjourned at 11.09 a.m.
and resumed at 11.18 a.m.

The Chairman: Shall we turn to Alderney?

Deputy Soulsby, what would your Committee's assessment be of where we are now in relation to Alderney health services in light of the recent Professor Wilson report? Where are we now? I think in the States recently you mentioned that you were working on a comprehensive action plan to present to the States of Alderney about implementing the Wilson Review's recommendations. Has that been completed?

Deputy Soulsby: No, we are meeting the Chairman of Policy & Finance next week. We tried to do it this week but because of flights they could not get here. So that is when we intend to have a good discussion with him about where we go.

I would say that we disagree that the Health & Social Care on Alderney is in a parlous state. We think that is not the case. A lot of support has been given, particularly in the last year. After the GGR (Good Governance Report) a lot of work was done to support Alderney.

One of the issues we had, I guess, with the report was that the findings were undertaken at a time when there were real difficulties in a particular primary care practice, and I think that may have affected views at the time.

But it should also be known that at that time Health & Social Care here were putting in a lot of support to make sure things were still running. And Peter here was very much involved with them, and my Chief Nurse, in getting things in order there. We put more money in with ESS on the pharmacy and we have put more money in for support at the Mignot Hospital and we have had people go up there and do more training. The GPs that did join Island Medical Centre came over for induction. We gave them a lot of support and we are due to have the new GP (***Dr Rabey:*** Today.) come over today, this afternoon, after our Committee meeting.

So it is actually in a good place in terms of how much we have done.

It is a lot around the other issues, the unfortunate issues that happened around the investigation on the subject of the GGR that have coloured some people's views within that, and that is part of the issues that we have.

The Chairman: Do you think there is a big job for Guernsey generally and your Committee, in particular, to try to rebuild trust and confidence with the people of Alderney, and how can that be done?

Deputy Soulsby: I said in my opening statement when I took this job that we needed to build bridges with Alderney. Everything that we have done has been positive and has demonstrated that in terms of making sure that our staff were supporting Alderney. Our Committee say when we have meetings, 'So how will this affect Alderney?' We have done a lot.

If you actually look at the Wilson Report you will see that there are about 30 people who consistently do not like one particular practice and said that everything about Health & Social Care was wrong – *30 people*. I think the vast majority of people on Alderney want to move on and for us to work together and have a great service.

That is what I think and that is what we are committed to do and we do put a heck of a lot of work in, and we have done certainly over the last few months, into demonstrating that.

The Chairman: Deputy Roffey.

Deputy Roffey: Isn't one of the problems that one of the biggest concerns in Alderney is primary care and, just as in Guernsey, your remit for primary care is relatively limited – I am sure you can help in that respect – but how do you see a good primary care practice or practices being able to be maintained in Alderney, going forward?

Deputy Soulsby: Absolutely, I think that is probably … well the issues that we had with the report and what we need to discuss with the States of Alderney is who has got responsibility for what, because the assumption within the report is that it is all us and we think, 'Well, hang on, we have never done that before, it is not us.'

Peter has got the role of making sure that we have got the right people, they are doing the right thing and they are properly qualified, in that respect. So from that point of view we have that responsibility. What the right model is, I actually do agree with Professor Wilson that the model might well be different from what we have got on Guernsey.

What that model is, we need to discuss and he has given four different options about what we could do. But whatever we do in terms of that structure on Alderney, it is about attracting the right people and then being able to retain them, because Alderney is a very small Island, it is like Guernsey as well, and it is not for everybody and whoever pays that GP will have the same problems whatever they do.

Going back to pay, Professor Wilson said if you pay them enough they will stay; they will not, it is a cultural thing. So it is beyond that. We just need some stability there and I am hoping that with the new GPs we will get that. It is very unfortunate that the last two had to leave for personal reasons, because they were excellent. I think they made a huge difference over there.

Deputy Roffey: In trying to attract new good GPs, they are going to want to know what the structure is, so what is your timescale of actually coming to a conclusion about either yourselves or the Alderney Government or whoever else, in deciding what they actually want there?

Deputy Soulsby: Well, the key to this is, again going back to our operating model for Health & Social Care … and I know the States of Alderney want to bring back Professor Wilson to do his work, but that has to be fed into our model because whatever they want to do, it is going to be through the States of Guernsey if there are any financial requirements there. We have got to look

at that. It will be for the States of Guernsey to look at it in the round compared with what we are paying elsewhere.

At the moment we have done the calculations to show that the cost to us, it costs 25% more for health care in Alderney than it does here. And that is only Health & Social Care's direct costs. On top of that you have got ESS which has got prescription charges over there which are slightly higher for Alderney; you have got Medivac and the passenger transport service; you have got the increased cost from pharmacy and extra other monies that have been put in from ESS's point of view.

So we are already paying proportionately more for Alderney. They are certainly not getting the raw end of the deal, as some might think; they are actually getting more investment there.

So for the States of Guernsey and the Guernsey community, you need to think, well, what Alderney might want, that is all very well and good but we have got to look at it in terms of what the need is as a whole.

The Chairman: You mention the Medivacs. Whilst we are on that topic, it has been said recently the Dornier fleet is unsuitable for Medivac health patients from Alderney and that there is no formal agreement in place between HSC and Alderney.

Are you in a position to update us on this and the proposed level of service that is envisaged?

Deputy Soulsby: There has never been any contract with HSC. There is a specific retainer with ESS, and ESS are the ones who have been trying to develop a contract with Aurigny for Medivac.

We started getting involved and have ended up taking the issue on because people thought we are the ones to do it, we had a letter from Alderney ambulance saying that they would not put passenger patients onto the Dornier. That worried us because our primary concern and what our obligation is, is to the health and safety of patients. So that is our duty, getting involved, seeing what we could do.

We have had our staff spending hours making sure that we had a procedure in place that would enable patients to be safely transferred onto the Dornier and that was with all manner of different people involved, including Aurigny, ground crew and Capital Aviation who do our Medivac to Southampton, and we invested in that for equipment to help them move on to the Dornier and we have done all that.

Now we are told that there are other issues. We feel very much at the moment that we are piggy in the middle in this situation and it has arisen out of us wanting to solve a problem and we think people need to get together; we need to get P&R involved because they have the Alderney Liaison Group on that Committee.

So tomorrow we are hoping that we can get something sorted so people can understand their responsibilities in this and actually seek a solution and not a problem, which is where it has been since February.

The Chairman: Mrs Morris.

Mrs Morris: On a related issue to Alderney, I understand that the idea of using tele-medicine is being piloted up in Alderney. Obviously that would help to reduce costs and limit patient care, in that they are not having to move them when they are not very well. Is that something you are thinking about doing across a wider range?

Deputy Soulsby: Absolutely, we are trying to do that. It was quite ironic, the Wilson Report, because we were bringing in VTC and then we get told, 'Why don't you bring in VTC?' It is something that we are really trying to build upon.

We are using it on a regular basis from the PEH to Alderney. The Chief Secretary has been to Southampton and had conversations with them over the contract we are having there, about what we can do; and they are saying, 'Yes we would love to do more VTC.' But that depends on the

clinicians you talk to and in what area they are in because I think in some practices, some areas of medicine, they are happy to do it and others are not.

But that is something we are pursuing because, yes, that will help a lot of people and takes out a lot of issues and a lot of costs.

Mrs Morris: It might not help Alderney though?

The Chairman: Deputy Roffey.

Deputy Roffey: On the subject of needing to travel from Alderney, one of the suggestions in the report was that maybe chemotherapy could be conducted in Alderney. Do you have a view as to whether that is practical to do or not.

Dr Rabey: There are certain chemotherapies that could be delivered in Alderney and we are willing to explore that with them. But already we are speaking to the oncology services about this and I am hearing from patients who are coming from Alderney for chemotherapy, that they find the comradeship of being part of a wider patient group going through the same process, to be very important to them. (**The Chairman:** Right.)

So these are things that we have to do *with* the people of Alderney and not *to* them. If somebody tells us that they would rather come here and be part of a group having chemotherapy we need to be listening to that as well. But certainly it is possible technically to deliver some chemotherapy in Alderney.

The Chairman: Thank you.

Sticking with Alderney just for a moment, but a different topic, the Marshall Report, Professor Marshall in her report, made a couple of recommendations in relation to Alderney, one of which was recommendation 18:

> The States of Guernsey and Alderney should consider working together to produce a strategy for the provision of services in Alderney to promote the wellbeing and protection of children and young people. Children and young people should be involved in the development of that strategy.

Has any work been done on that to implement that recommendation?

Deputy Soulsby: I think we are very much waiting on the Wilson Report. I think the Chief Secretary could add a bit more to that.

The Chairman: Mr de Garis.

Mr de Garis: We have developed a job description for a role that we think may work and we are going to pilot that this year. We have not been successful, or as successful as we would have liked, to date. Deploying a social worker permanently based within the community creates a number of its own inherent difficulties which have proved to be unsustainable, but we are wanting to work with the third sector and we think around a youth worker type model could work.

We did want to see what Professor Wilson had to say about that but again it goes back to recruiting the right person that is probably the right fit to a community of that size. I guess not dissimilar to the GP issues and the regrettable turnover that we see there. But we do recognise that we do not see any referrals to our services from Alderney otherwise in that particular area, so no news does not necessarily mean good news. (**The Chairman:** No.) So we are conscious of that.

The Chairman: Just for the sake of clarity, I think Professor Marshall had made two particular recommendations in relation to Alderney.

Recommendation 19 was HSSD, as it then was, should consider identifying the post of the Alderney social worker as a senior position in order to promote stability in placement and engender familiarity and trust. I think that is what you were probably alluding to just a moment ago.

Recommendation 18 was for the States of Guernsey and the States of Alderney to work together to produce a strategy for the provision of services in Alderney to promote well-being and the protection of children and young people.

Has that work been led on?

Deputy Soulsby: Yes, there is inter-agency work and work with the Youth Commission and with Education. And St Anne's School. So there has been work going around that, so yes we have begun.

The Chairman: Right, is that work to produce a strategy or is that just *ad hoc* meetings?

Deputy Soulsby: I have not got further information. I think what we will want to do is add that into our … There is going to be a refresh of the CYPP in April so we will put more details within that.

***Mr de Garis*:** Yes, in April there is a complete refresh of the Children and Young People's Plan, a meeting involving all the professionals and considering all the areas. So a direct answer to your question is, no, we have not developed a strategy at this time – (**The Chairman:** Right, yes.) Would we like to? Yes we would, but again it follows the theme: we want to do it with the community, rather than actually tell them what we think they need.

The Chairman: Yes, understood.

Deputy Soulsby: And there has been quite a lot of other noise going around in that area that we are having to manage.

The Chairman: Deputy Roffey.

Deputy Roffey: Can I just clarify with Mr de Garis, did you say there had been no referrals for the Children's Services from Alderney in recent years, or did I mishear what you said?

Deputy Soulsby: No, not for the services; the convenor. There have been no referrals for the convenor.

Deputy Roffey: To the convenor service okay. But nevertheless, statistically you would expect a number of referrals so it would sound like there is a failure there that needs to be addressed. I am not saying whose failure; I am just saying there is a failure in the system somewhere that needs to be addressed.

Mr de Garis: Yes, there are services available to children and young people in Guernsey that do not appear to be being accessed in a similar way from Alderney.

Deputy Roffey: Okay, thank you.

The Chairman: On the subject matter of Children's Services and in light again of Professor Marshall's review and the so-called diagnostic by Ruby Parry, Deputy Soulsby, do you feel confident that Children's Services and Social Services in Guernsey have actually improved locally?

Deputy Soulsby: Absolutely, I think a huge difference has been made. I think it has come out of the implementation of the MASH. It has made a lot of difference. It has speeded things up. We have seen inter-agency working and it is much, much smoother.

The other question you could ask is what I think in terms of the actual structure around it and whether we have got the actual design right in terms of the Children's Law itself. Because the Children's Law was great at the time; we had some ancient Laws since time immemorial and it did its job.

But we are finding that actually under the Law with the system and structure that we have got, there are still delays in terms of interim community parenting orders and just those thresholds which – Professor Marshall refers to changing the Law or changing the thresholds.

The Chairman: That is right, yes.

Deputy Soulsby: But the Committee has really been thinking about this. This is why we have not gone directly back to you specifically about what we had said, how we would perform, what we were doing in terms of the Marshall Report; because we have actually been stepping back and saying, 'Does this look overly complicated to you?' because we are thinking, we are none of us stupid on our Committee and we are reading it and reading it, and it looks like it is over engineered for an island of 63,000, quite frankly.

There are a lot of processes in place. You have got the convenor and the tribunal and now you have got the MASH which is working very well and then you have got the court system and you have got people going from being ping-ponged from one place to another, and we have got as much in the way of delays as there were under the old system.

We are saying to ourselves, 'Look, is this an opportunity where we are seeing whether the design is right and we should actually be changing it?' we are questioning whether the answer is to change the thresholds.

Deputy Roffey: So what reforms would you like to see? What is your initial thought on that? Obviously, if you are going to reform the whole Children's Law and the whole structure –

Deputy Soulsby: We are not saying we are going to. That is a question we are asking ourselves at the moment. So we are asking people and the various stakeholders in all this, 'Just where are we; what is working and what is not working?' and we are seeing that it is overly complicated, it has been over engineered.

The trouble is they say it is the Children's Act 1989 from England, but it is a Scotland Act 1995 from the convenor bit, but if you actually read the short guide to the Law it actually says. 'If you know the Children's Act and you know the Scotland Act, well forget about it because this is actually a bit different again.'

So it is a problem with our social workers who are coming over and saying, 'what is this?' which makes it difficult for retention of social workers. We have also got, 'How is it affecting families who are being ping-ponged from one place to another if their situation is not straight forward?' which, quite frankly in these cases, they are not straightforward because you are necessarily dealing with people with very difficult things happening in their lives.

The Chairman: You said at the start of this section that you felt that Children's Services and Social Services had improved. Would that benefit from some independent validation, do you think?

Deputy Soulsby: Extra on top of what?

The Chairman: Jersey, for example, has conducted, I think, eight independent reviews of Children's Services since 2006, for perhaps good reasons. I suppose the question really is: do you feel that there would be any merit in a proper independent review of Children's Services – an independent review in the sense that it would look at individual case files as part of that review? Do you think that would be beneficial to get some independent validation of your hunch or your belief, which is that things have improved?

Deputy Soulsby: No, from that, we are looking at stats, so we can say, 'I have got the figures so those children on the protection register have gone down from 70 from when the MASH was started, sorry 103 from when the MASH was started to 32 now. We have got those put in care reduced from: I think, there were 39 in 2011 and there were only 13 in 2016. The number of convenor referrals has also gone down from 68 in 2014 to 28 now.

Things are happening, things are moving. What our issue is, is the process in between … is our concern – that inherent structure. It is people being ping-ponged, because the convenor cannot make decisions on facts, so if there are disputes they have got to go to the court, they have got to come back and you have got all the interim orders, things could be smoothed out. But it is whether we have got too many people involved in the whole thing to start with.

You mentioned Jersey and we do think that coming out of the review, particularly the big one, we think there might be an opportunity there to work with Jersey to see how we might be able to update our Law with them and I think anything … perhaps some kind of ombudsman or some kind of role that might come out of that, that we might be able to work together and I think there is an opportunity.

The Chairman: I understand the point you made entirely and I think you make a good point about the surrounding structures and whether that actually makes sense inherently or existentially almost, but are you saying that you do not think that there is any case for an independent review of Children's Services?

Deputy Soulsby: I would not seek to decide what you should look at. I mean that is your independent role.

Deputy Roffey: I do not think the President was talking about us doing an independent review.

The Chairman: No, I was not.

Deputy Roffey: But simply there are periodically independent reviews for parts of the Health Service etc. – whether Children's Services would benefit from that sort of external review, commissioned by yourselves?

The Chairman: Mr de Garis.

Mr de Garis: I was just going to say, if I may, you referred to the Parry diagnostic earlier. (**The Chairman:** Yes.) That was, at the time, an independently commissioned piece of work. Mrs Parry was not an employee of the then HSSD – (**The Chairman:** At that time.) at that time, and a lot of the recommendations and the observations there have been put into action, and continue to be so, and we are seeing the results of that. Just this year, in one particular area, we have asked somebody to independently look at something to assure us of things like standards and processes and things like that, and that work is going on right now. So, yes, we are keeping that area, as we do all of our areas, under internal scrutiny.

The Chairman: Right.

Deputy Soulsby: I think the Marshall Report was excellent and a lot of changes have been made and they have been considered, very much so, but it just looks at the implementation of the Law. It did not actually look at whether the Law was right in itself or not – (**The Chairman:** That is right.) and I think that is where we need to focus our attention.

The Chairman: I suppose what underpins the question that I was driving at is, I mean I am aware that the Home Affairs Committee is commissioning an independent review of the Family Proceedings Advisory Service which was the Safeguarding in old money, as it were.

I just wondered whether, reasoning by analogy, there is a case for an independent review of the Children's Services.

Deputy Soulsby: I think that more came out of what the findings of the Marshall Report were and its specific issues over the Safeguarding Service, as it was called then. I think as the Chief Secretary said, we have done that, we have had the diagnostics, we have had the Marshall Report.

I think that in terms of what we are doing … it was in a bad place actually, Children's Services, a couple of years ago when Mrs Parry came and did her review and, to be honest, her review could have made them go into an even darker place, but they did not, they actually took it as something to really make a difference about, and they have.

If anything could demonstrate, I use that phraseology, 'thinking differently, working differently', Children's Services are the example that you could give. They are in far better teamwork and working together and none of that silo thinking that we have got now. I think what they are working in, the envelope in which they are working, is the area that we need to look at.

The Chairman: Any other questions on that?

Deputy Roffey: Not on that, no.

The Chairman: Have you got any other questions?

Deputy Roffey: Yes, can I ask just one before we finish?

Informal carers are going to be a huge part of care provision going forwards, so respite is obviously going to be absolutely vital in order to support them. It is a bit surprising to some people to see the headlines in the *Press* quite recently about the very sudden reduction in respite care available over the Easter holidays for parents of children with learning disabilities at The Croft.

How did that come about? Was there a staff shortage, a money shortage? Why was it communicated so late in the day to the people who were going to be affected?

Deputy Soulsby: It was not communicated late in the day. A lot of work was done behind the scenes to engage all those people involved. There are workshops done on this. But it was all about that need and the people. Were the people who needed to use The Croft getting that need or were the people not?

We had a position where – and this goes back to all that we are trying to do in other parts of the service – people were using a service who were not the people who really would benefit the most from that service.

There is nothing there that says under these criteria this is when people can access the service. And so what has happened over time is that it evolved that people started using it and it is very difficult for those operating it to say, 'Oh well you have allowed that person to use it. I should be able to have it,' which is what was happening.

And it had grown up and up so people who did not necessarily benefit the most from it were getting it. And we are also finding that those getting to 18 – because it is meant to be for children – were still accessing it at 19, 20, 21.

Deputy Roffey: But is that because there is not much respite care for adults?

Deputy Soulsby: No. Sorry, Mark, were you going to –?

Mr de Garis: No. So what we are doing is moving them from that children's respite service into an adult service, and this is the transition, effectively, that is being commented on or complained about by some of the users. To a large extent it is about change and it is about supporting these users and their relatives and friends through that change.

Deputy Roffey: So that adult service does exist and they are able to access it?

***Mr de Garis*:** It does exist in places. Adult services – going back to what Deputy Soulsby was saying in the first part of this hearing – is one of the areas that actually needs probably the most investment within Health & Social Care. Our services there are probably not what they should be, so we need to grow them.

Deputy Roffey: So that is what is keeping the pressure on people wanting to use the Children's Services or paediatric services?

***Mr de Garis*:** Not entirely in that case, no. It is just they simply have got used to that service and want to continue accessing that specific service, rather than being –

Deputy Soulsby: And that is one of the fundamental issues we have going forward: that difference between 'need and want' and expectations and what people have. The Wilson Report is about what people 'want'. We have got to focus on 'need', particularly as budgets get tighter and the ageing demographic, we have got to see where their need is; and it is balancing that and that is what is always going to be the hardest job to do.

The Chairman: Whilst we are on that topic of social care generally, just a couple of questions to finish up with.

I have seen your most recent article in the *Press* about transformation. One element of that is increasing community services. Is there any realistic prospect of an increase in resources in the community service to help alleviate the bed blocking scenario? I mean do we have that in Guernsey?

Deputy Soulsby: We are managing our beds really well actually. Yes, we do get delayed discharge and we manage that very well. I mean we have not got hardly any of the issues that they have got in the NHS. They are doing very good in managing beds. It is all about managing beds, not having acres of empty beds just waiting in case somebody gets ill; it is about managing those beds.

But the question you have just asked takes us right back to the beginning again and saying, 'Would you like more resources in the community? Where would you get them from?' Well, it is about making savings elsewhere so we can re-invest them, and that is exactly the area that we want to re-invest in.

The Chairman: Okay. Anything else on that? No, I think we will call it a day there.

Well, thank you very much to our witnesses for attending. Thank you very much for the way in which you have answered our questions. There will be a written *Hansard* transcript produced of this hearing.

So thank you very much and thanks for your time.

The Committee adjourned at 12 noon