



**OFFICIAL REPORT**

**OF THE**

**STATES OF DELIBERATION**

**OF THE**

**ISLAND OF GUERNSEY**

**HANSARD**

**Royal Court House, Guernsey, Thursday, 15th May 2014**

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**The Clerk to the States of Deliberation**

S. M. D. Ross, Esq. (H.M. Senior Deputy Greffier)

**Absent at the Evocation**

H. E. Roberts Esq., Q.C. (H.M. Procureur),

Deputy A. H. Langlois (*relevé à 9h 50*),

Deputy M. J. Storey (*absent de l'île*), E. G. Bebb (*relevé à 10h 22*),

L. C. Queripel (*absent de l'île*), G. M. Collins (*absent*), R. W. Sillars (*indisposé*)

## Business transacted

Evocation.....	707
<b>Billet d'État IX.....</b>	<b>707</b>
VII. The 114 <sup>th</sup> Medical Officer of Health Annual Report – Proposition carried as amended.....	707
VIII. Limited Liability Partnerships – Second Supplementary States Report – Proposition carried ...	731
IX. Amendments to Criminal Justice Legislation in respect of Money Laundering, Terrorist financing and Jurisdiction over Maritime Offences – Proposition carried .....	732
X. Delegation of authority for the future adoption of roads and improvements to public highways – Propositions carried .....	733
XI. Lasting Powers of Attorney – Propositions carried .....	737
<i>The Assembly adjourned at 12.42 p.m. ....</i>	<i>741</i>

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# States of Deliberation

*The States met at 9.30 a.m.*

[THE BAILIFF *in the Chair*]

## PRAYERS

*The Senior Deputy Greffier*

## EVOCATION

# Billet d'État IX

## HEALTH AND SOCIAL SERVICES DEPARTMENT

### VII. The 114<sup>th</sup> Medical Officer of Health Annual Report – Proposition carried as amended

*Article VII.*

*The States are asked to decide:*

*Whether, after consideration of the Report dated 5th February, 2014, of the Health and Social Services Department, they are of the opinion to note the report.*

**The Senior Deputy Greffier:** Billet d'État IX, Article VII. Health and Social Services Department – The 114<sup>th</sup> Medical Officer of Health Annual Report.

**The Bailiff:** The debate will be opened by the Minister of Health and Social Services Department, Deputy Dorey.

**Deputy Dorey:** Thank you, Mr Bailiff.

The 114<sup>th</sup> Annual Report of the Medical Officer of Health is presented as an appendix to this States' Report. The themes for this Report are infection and liver disease.

Last May States' Members debated the previous annual report and its special focus on equality. At that time many Members made it clear that they felt the report from the Medical Officer of Health should be brought to the States for discussion and debate each year and I gave an undertaking on behalf of HSSD that we would do so.

I want to remind States' Members that the role of the Medical Officer of Health is a statutory role. It is independent of HSSD and the States. In this independent capacity, the post holder has a responsibility to provide evidence-based and impartial advice to HSSD and the States on health matters.

The Annual Report which is presented today is written by the Medical Officer of Health as an independent advisor. It does not represent the policy of the Health and Social Services Department or the States. However, it does highlight some important issues concerning the control of infectious diseases and the challenge of preventing liver disease, which may be of a wider social interest.

As with last year's report, any debate on the 114<sup>th</sup> Annual Report by the Medical Officer of Health may strengthen or challenge policy making in these areas, but HSSD also considers that many of the recommendations should be assessed and revisited in the development of existing strategies such as the Drug and Alcohol Strategy and the Obesity Strategy, rather than requiring an immediate response on their own.

So, sir, States' Members should have an opportunity to revisit the issues highlighted in this report in a wider context in due course. I would therefore ask the Assembly to note the independent Annual Report from the Medical Officer of Health.

30 **The Bailiff:** There has been an amendment circulated, proposed by Deputy St Pier.  
Deputy St Pier.

*Amendment:*

*To designate the proposition '1' and insert an additional proposition:*

*'2. To direct the Health and Social Services Department to review the role, purpose and accountability of the Medical Officer of Health and report back to the States no later than April 2015 with any recommendations arising therefrom.'*

**Deputy St Pier:** Sir, thank you.

35 This amendment, I think, is self-explanatory but perhaps for the benefit of those outside the Assembly I will just read it. It is to add an additional Proposition:

*'2. To direct the Health and Social Services Department to review the role, purpose and accountability of the Medical Officer of Health and report back to the States no later than April 2015 with any recommendations arising therefrom.'*

40 Sir, this amendment is not in any way a comment on the present Medical Officer of Health or, indeed, any of his – previous nine, I think – predecessors. For me, when I opened the Report and noticed that it was the 114th Annual Report and that the role of the Medical Officer of Health was established in 1899 – so three centuries ago – it struck me, particularly when I turned to page 796 and saw that the Medical Officer of Health was also the Director of Public Health and the Chief Medical Officer, that I simply did not understand the difference in the roles, the relationship between them, how they interact, to whom the different roles are accountable and so on.

45 Now, I may be the only Member, sir, who is in that position – but I may not and it was on the back of that I felt that after 115 years it would not be inappropriate to request the Health and Social Services Department to undertake a review.

Clearly the state of health generally and the state of public health in 1899 was very different to that in 2014. Therefore, it may well be that the role has changed or should change or whatever. And it was with that in mind I felt it was appropriate that the Department should consider the matter.

I did raise the matter with the Department and I understand that they have no objection to the amendment and therefore, sir, I would urge Members to support it.

55 **The Bailiff:** Deputy Kuttelwascher, do you formally second the amendment?

**Deputy Kuttelwascher:** I do, sir.

**The Bailiff:** Thank you.

60 I call on Deputy Dorey.

**Deputy Dorey:** Thank you, Mr Bailiff.

I wish to speak at this stage in the debate and make clear the HSSD position. I realise that I lose the right to sum up at the end, but I thought it was important to make HSSD's position clear at this point.

65 HSSD would have preferred not to have had this amendment as we do not believe it needs to be a Resolution of the States, but we will not oppose it. I would strongly encourage the States not to debate the role of MOH at this stage without the information that will be in the Report as a result of this amendment.

As it is a single person role, without the information there is a strong possibility that there will be a personal element in the speeches which is totally inappropriate for the States. (**Several Members:** Hear, hear.) Therefore I urge Members not to debate the issue at this stage and wait until the Department returns with the report and they have the information available.

70 Thank you.

**The Bailiff:** Deputy Brehaut.

75 **Deputy Brehaut:** Can I suggest this amendment goes further than any Proposition contained in the Billet?

**The Bailiff:** It certainly does, yes. So what? (*Laughter*)

80 **Deputy Brehaut:** Yes, haven't we had some weather lately? (*Laughter*) No, respectfully, Mr Bailiff, so therefore it should be withdrawn.

**The Bailiff:** So you are asking that I put a motion either that it be not debated or that debate on the amendment be postponed? Which are you asking?

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**Deputy Brehaut:** That it is not debated, sir.

**The Bailiff:** Okay. Well, this is Rule 12.6 and you have heard that I have been asked to put to you the motion that, as this amendment goes further than the original Proposition, I am asked to put to you a motion that the amendment be not debated and no vote taken thereon. Those in favour; those against.

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*Members voted Contre.*

**The Bailiff:** Well, we will debate it. Does anybody else wish to speak or shall we go straight to the vote?

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Deputy Fallaize, then Deputy Gollop, Deputy Adam and Deputy Le Lièvre.

**Deputy Fallaize:** Thank you, sir.

I am not going to heed Deputy Dorey's advice. I did just vote, incidentally, not to debate the amendment but, now we are debating it, I am not going to heed Deputy Dorey's advice because we cannot have a situation where an amendment is laid – about the role, purpose and accountability of the Medical Officer of Health – the Department facing the amendment gets up and says, 'Well, we do not oppose it', and then pleads for the States not to debate the amendment. I mean that is ridiculous. (**A Member:** Hear, hear.)

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Now, I am not going to support this amendment because there is one single reason given to us for this amendment, which is that we have had a Medical Officer of Health for 114 years. Well, okay, I think we have had a Bailiff for about 700 years (*Laughter*) so I could just produce – not the same one, of course! – (*Laughter*) I could just produce an amendment saying, 'Well, let us review the role of the Bailiff.' I think we have had a Procureur and a Comptroller, I think we have had a States' Treasurer for many years, but if I produced an amendment saying, 'Let us review the role, purpose and accountability of the States' Treasurer,' then no doubt that would be opposed. There is no reason to support an amendment to review a role simply because it has been in existence for 114 years.

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The last sentence in the explanatory notes says:

'It seems appropriate after this period of time to review the role, purpose and accountability of the position.'

Well, do Deputy St Pier and Deputy Kuttelwascher know that it has not been reviewed in any of the previous 114 years? Because that sentence clearly implies that it has not been reviewed since its inception in 1899, or since the first report was produced in 1899. I suspect that the proposer and seconder of this amendment do not have a clue whether the role has been reviewed in any of the previous 114 years but perhaps Deputy St Pier could advise us of that when he sums up.

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The biggest problem with this amendment is that... I have confidence in HSSD that if they believed the role of the Medical Officer of Health needed to be reviewed in this way, they would do it within the terms of their mandate. There is no reason for a States' Resolution directing HSSD to do this and I am quite certain – and since we are debating it and we are a parliamentary Assembly, I am going to say it – that the origin of this amendment has nothing to do with the fact that it has been 114 years since we have had a Medical Officer of Health. It is because we have a Medical Officer of Health who is particularly keen to assert his independence and who sometimes produces annual reports which make rather uncomfortable reading and also makes recommendations, which if approved by the States, would commit not insignificant resources.

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But actually I am quite happy that we have a Medical Officer of Health who does that. This is an independent statutory position for a reason. I do not want a Medical Officer of Health who plays to a political tune set by the Treasury or even set by Health and Social Services. (**Several Members:** Hear, hear.) Now, it is key that the Medical Officer of Health should not make health policy or social policy. That is a job for elected Members of the States and that is the way it works. But I want a Medical Officer of Health who feels completely free and completely independent to provide his professional advice to the States. The States do not have to follow his recommendations. The States can take account of his recommendations and choose not to implement any of them. The States can implement some of them. The States could implement all of them. But it is important, I think, that we have independent, professional advice.

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In fact, I think we should have more of it. I do not think we should try and sit on any of the advice which we have. I do not think we have enough policy analysts. We do not have enough people who are able to take a step back from the political control under which civil servants operate and provide the States directly – not through Departments, but directly – with independent professional advice. That is what we

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145 have in the Medical Officer of Health and I see this amendment as an attempt to try and clip the wings of  
the Medical Officer of Health a bit. I do not believe we would see this kind of amendment if the Medical  
Officer of Health was producing benign reports which made for entirely comfortable reading for the States.  
But he does not, he produces quite biting reports.

150 I remember debating last year's report. I do feel that I bear a small degree of responsibility for the  
production of this amendment because I was quite forceful last year in asking HSSD to lay the reports of  
the Medical Officer of Health before the States. But I remember when we had that debate last year that the  
report from Dr Bridgman was roundly attacked by some Members of the Policy Council and others, not  
only on the basis that what was in the report – that those Members did not necessarily agree with it but there  
was a flavour I felt in that debate of, 'Who does this person think he is having the temerity... He is talking  
about Housing Policy. He is talking about Social Welfare Policy. What right does this independent statutory  
official have to come here and tell us what we ought to do in these areas?'

155 Well, I want him to carry on doing that. I want a Medical Officer of Health who is completely  
independent and completely free and if HSSD, who have overall responsibility for the work of the Medical  
Officer of Health – some oversight role – think that the role needs to be reviewed then they will do it. But I  
think if I was to come here with a Proposition to the effect that any other person playing a role in the States  
– an employee of the States – have their role reviewed, I think it would be thrown out and people who are  
160 supportive of this amendment would say, 'You are just trying to micro-manage. Leave it to the Department  
concerned.' (A Member: Hear, hear.)

Another important point, I think, is that the Medical Officer of Health is appointed by the Policy  
Council. Now, if the Policy Council have appointed somebody who is particularly prepared to, as it were,  
speak truth to power and is independent then I say 'thank you' to whichever Policy Council it was who  
165 appointed such a person. I do not want to see that person's wings clipped. I want to leave this matter to  
HSSD. If there is no opposition from HSSD it may well be that they will carry out this review anyway, if  
Deputy St Pier speaks to Deputy Dorey.

170 I do not think this is an appropriate forum in which to debate this sort of amendment and I also think it  
has put HSSD in a very difficult position because what Deputy Dorey really ought to have done, in my  
view, is to have stood up and opposed the amendment. I suspect there are Members of HSSD who would  
want to but the problem is that if they do they know that they are going to create a debate about the  
performance of this particular Medical Officer of Health. So it has put them in a rather difficult position. So  
I feel that I am almost speaking words which Members of HSSD perhaps cannot, because of their  
responsibilities to the Medical Officer of Health, but I certainly do not have any truck with this amendment.  
175 I think it is unnecessary and I urge Members to vote against it.

**The Bailiff:** Deputy Gollop.

**Deputy Gollop:** We have a busy day today so I will speak very briefly.

180 I agree with Deputy Fallaize that it could be perceived as an attempt to clip the wings of a Medical  
Officer of Health who is not afraid to provoke some difficult questions, as did his predecessor. But I think I  
will support this amendment because all positions and roles need review. Incidentally, the role of Deputy  
was created in 1899 and started in 1900 as well and we are still awaiting a review of the role of Deputy, but  
I will leave that until another day.

185 This clearly can be perceived – whether it is or not – as a Treasury and Resources amendment because  
the Minister and the Deputy Minister have put this forward and I certainly would not like it to be seen as a  
Treasury policy. But I think – and I may come to this in the main debate – there are issues that the Medical  
Officer of Health has raised which have resource implications, and there is clearly a disconnect between the  
policy making process of the States, the policy making process of the Policy Council and its corporate  
adjunct – the Treasury and Resources Department – and the ability of a Health and Social Services  
190 Department to administer the recommendations – and evaluate them in a timely fashion – that are put in  
these reports.

Effectively, we have... I do not know whether to call the incumbent of the role a 'civil servant' or not. I  
would say they are more of a 'public servant' in an official statutory position, rather than a conventional  
195 civil servant. But this person is an extremely qualified and able person – as have been the predecessors –  
who put forward views based upon their professional considered judgement. And if they are not politically  
evaluated and mostly accepted – because sitting on boards where we have reports from experts, usually or  
probably three quarters of the recommendations in an audit way are accepted and implemented... If this is  
not happening, due to the resource constraints or other issues at Health and Social Services, then that is a  
200 cause of concern and clearly this role needs to be reconsidered as to where it stands in relation to policy  
development and delivery, but not an attempt to clip the wings of an individual in any way.

Incidentally, I – and I think many Members of this Assembly – supported Deputy Dorey in his decision  
to become Minister of the Health and Social Services, not only because we know he himself is very diligent



205 at following these matters, but he made the point, as I recall, that he had attended most Health and Social Services – if not all – presentations. Now, I have attended a good number and I am a bit surprised and disappointed that two thirds of our Assembly tend not to turn up. If you take out past and present Members of HSSD the number is even smaller.

210 Now, perhaps some of the individuals supporting this amendment need to give more focus to the work that is done and evaluate the issues, but I think we will come to the issues in the main debate. But I think a general reconsideration of the role of this particular position in relation to the corporate allocation of policy delivery, money, people and properties is essential because otherwise we run the risk of solid reports giving us useful advice which for some reason are not implemented due to a failure of policy process.

215 **The Bailiff:** Deputy Adam.

**Deputy Adam:** Thank you, sir.

I am supportive of this amendment although, as Deputy Fallaize suggests, this is more an operational matter that should be up to HSSD and not debated or discussed in this Assembly.

220 Having said that, I think it is important to look at the overall situation and see how it has changed. Now, when the previous holder of the post retired, he informed me – as I was Minister of HSSD at that time – there is no necessity for a medical person to be appointed as many aspects could be performed by other suitable qualified persons, especially in the area of public health. That is what I was informed by the retiring Medical Officer of Health, Director of Public Health – whatever the title is. He said it quite clearly to me.

225 I discussed the matter at length with the then Chief Officer but he considered, in view of the Guernsey legislation, this would mean considerable legal work to the laws regarding public health. These are now being addressed by the development of new laws. That was agreed by this Assembly recently. Included in this would probably be the review of what is called the Chief Medical Officer, the Medical Officer of Health and the Director of Public Health.

230 In the UK the roles of these are split. The Chief Medical Officer is a national role advising Government and is a medical appointment. This medical role advises the Government on health policy. So in Guernsey it would be a part-time job advising the Policy Council. The local area Director of Public Health is a strategic role and may be more appropriately provided by a non-medical registered public health specialist. These people are now available. There are two in Guernsey already who do public health and a lot of the aspects of medical health is public health – advising, as an independent person, the Government, concerning a lot of public health situations. The Medical Officer of Health title was abolished in 1972 in the UK. Although I do accept Jersey still has one.

240 What I feel this amendment does is ensure that HSSD reviews the role of the MOH in Guernsey – as I stated, a logical step to the agreement to develop new public health laws. If changes were implemented there could be significant cost savings with no significant detriment to the service provided to the community.

Now, Deputy Fallaize did mention the report etc. I read reports obviously and actually I have copies going back quite a long time and Dr Stephen Bridgman very kindly sent me a hard copy of this one so I could keep them and review them. And I find it very good reading.

245 So I am not criticising the Report. I am not criticising the individual. I am simply saying this whole system of public health and assessing public health in the UK has changed over the years and the roles have been slightly altered, and that is probably the way we should be going as well, because the Director of Environmental Health does a lot of work in relation to public health issues already but, as already stated by Deputy Dorey, it is a statutory role.

250 In other words, it is in the laws. And it will take some time for the Law Officers to go through all the public health laws to change them. The best time to have done that was when the previous person retired from his job. Unfortunately, it did not go ahead at that time so maybe this Assembly would like to blame me for not making sure that was brought forward. I feel it necessary now to bring an amendment to make sure that this work is carried forward so we can review it and come up to the same modern standards as the health in the UK.

260 **The Bailiff:** I will call Deputy Le Lièvre next, to be followed by Deputy Dave Jones, Deputy Hadley and Deputy James. Then Deputy Langlois will be relevé. (*Interjection*) Yes, to be relevé. That is what I was going to say. Deputy Langlois to be relevé and remain silent.

Deputy Le Lièvre.

**Deputy Le Lièvre:** Mr Bailiff, Members of the Assembly, I can find no reason to support this amendment, the motives for which appear groundless at best and more than dubious at worst.

265 In relation to my use of the word ‘dubious’, just ask yourself why it has been necessary to ask this  
Assembly to approve the review of a single Civil Service post? The explanatory note gives just two reasons,  
although we have heard third reasons from yet another Member of T & R. The explanatory note says that,

‘... the statutory role of the Medical Officer of Health [in Guernsey] was first created in 1899 and this is the 114th report.’

I am tempted to say, ‘So what?’

270 The explanatory note then goes on to say that, after 115 years it would seem,

‘... appropriate... to review the role, purpose and accountability of the position.’

I am not going to give way, sorry. I have had enough of T&R today. *(Laughter)*

275 I suppose there might be a valid purpose to the amendment if Guernsey’s Government: had largely done  
away with most of the common causes of premature and preventable death; had eradicated poor housing  
and illnesses associated with poverty; had in place policies that ensured that every child was properly  
nourished, nurtured and wanted; had somehow eradicated the risks associated with a pandemic; had won  
the battle related to the abuse of alcohol; could say that the physical, mental and sexual abuse of children  
was no longer an issue in Guernsey; had introduced smoking counter measures to the extent that incidents  
280 of diseases of the respiratory and cardio vascular systems were so low that they were no longer recordable;  
had slowed and then reversed the growing levels of obesity across all age groups, in particular the very  
young, by such significant amounts that being ‘fat’ became a term of the past; had introduced successful  
measures to counter the growing numbers of young girls and boys – but mostly girls – suffering from  
bulimia and anorexia; and could truly say that those persons suffering from mental illness in Guernsey  
285 receive levels of support that were world class – to name but a few.

Then, and only then, might there be some purpose to this spurious amendment from Deputy St Pier and  
Kuttelwascher. Unfortunately, that is not the case. The issues I have just listed represent just a small sample  
of the many serious conditions and social ills that affect our society.

290 Health and social issues in 2014 are not less in number or complexity, to those that existed 100 years  
ago. They are simply different and in many areas not that different.

Obesity was not a problem in the earlier 20th Century because, for many, excess food was not on the  
menu and neither was it on the table. However, being painfully underweight and dying before you were 12  
months old, due to a combination of malnutrition and an easily preventable childhood disease, certainly  
was. They are different sides of the same coin. Nowadays we are fat and die early. One hundred years ago  
295 malnutrition carried you off much quicker. The result, however, was the same: a premature and avoidable  
death. What is more is that none of these issues have been truly laid to rest. Diphtheria, tuberculosis of the  
lungs, smallpox and polio might have mostly disappeared but they are just lurking around the corner,  
waiting for the opportunity and the invitation to re-join us.

300 Health issues associated with poverty in 2014 offer the opportunity for some of these illnesses to make a  
comeback. However, and for the time being, illnesses of the past have been replaced with HIV, chronic  
levels of mental illness, alcoholism, ever rising levels of obesity and the constant fear of a pandemic based  
on some hybrid version of influenza – to name but a few of today’s concerns.

305 Health issues do not go away. They mutate over time, sometimes to be joined by new afflictions caused  
by chronic social deprivation and abuse of our environment, in many instances, a long way away from our  
shores. Some wax and others wane, but they never ever go away completely.

310 It is in this morass of ever changing issues that medical officers all over the world are required to  
function. Not only do they need to look at the current health of the population, they also have to have more  
than a weather eye on future health issues – a demographic time bomb and a rising tide of obesity being just  
two examples. At the same time they have to glance over their shoulder to ensure that some long beaten and  
mostly ignored disease does not find a route back into the community at large. And, against the backdrop of  
increasing demand and reducing resources, these two elements alone represent a serious risk to the overall  
health of our community.

315 Originally, the role of MOH would have been predominantly related to a combination of issues  
surrounding poor standards of living, low wages, poverty and outbreaks of fatal diseases of one form or  
another, derived from contaminated waters etc. Whilst we might pat ourselves on the back and claim that all  
of these issues have largely gone away, to do so would be more than somewhat premature. If anything, the  
problems of 115 years down the road are far harder to deal with because they are not anywhere near as  
visible and the association of health problems with complex socio-economic factors make these problems  
very difficult to isolate and even more difficult to treat both medically and socially.

320 If anything, getting by in a high-cost community is just as hard for those persons who fall off the socio-  
economic and health bandwagon in 2014 than it was 20, 40, 60 and, dare I say, 100 years ago. The only  
difference is that when you hit the ground it does not hurt as much. But the fact that the position of MOH

has been around for 115 years is therefore of no significance whatsoever, other than it might have been better for all of us if it had been around 200 or even 300 years ago.

325 In effect, the rainbow of health and socio-economic issues has not lost or gained any colours. The colours have simply changed in intensity and breadth. The role remains much the same as it was 115 years ago. It would be the first thing that anybody who takes the time to read successive MOH reports will note. The language of reports might change slightly, the issues might be better understood, the method of treatment will be more sophisticated, but the underlying problems are the same genetic construct as those of  
330 a century or more ago.

In 1953, Dr Rowan Revell's annual report dealt with the Island's chronic housing shortage in just three lines. Dr A T G Thomas dealt with the matter in more detail in his report in 1963 and the same issue was re-told, somewhat more graphically, by Dr White in 1973 and even more emphatically and in greater detail by Dr Bridgman in 2013.

335 The issue of housing in the Island's population in affordable and well-maintained accommodation has not ever gone away. The picture might have been more graphic immediately after the Second World War, but a poorly-housed person in 2014 is exposed to exactly the same risks as somebody of 50 years ago.

340 There is no need to change the role of the MOH or indeed the purpose of the MOH for that matter. The irony being, given the thrust of the amendment, that of all the different roles in the States that of the MOH must be one of the very few that does not need immediate review.

Then we come to what I believe is the crux of the issue – the question of the accountability of the position and the need for this Island to employ an MOH with sufficient backbone to speak openly about his concerns for the health of every person resident in this Island.

345 Going back to the 1953 report, Dr Revell made reference to the chronic housing situation, but made no more of it. For those unfamiliar with the housing situation in Guernsey in the years immediately after the Second World War, one-third of all houses were uninhabitable. Yet in 1953 he did not make the slightest suggestion of a minor policy change that might have improved matters and we must remember at this time Islanders were living in ex-Wehrmacht units and other highly unsuitable types of accommodation – a situation that still existed in 1973 in one case. The existence of the ex-German accommodation some 20  
350 years later is proof, if you like, of what happens when you fail to act decisively.

355 In contrast, jumping forward 60 years, we have Dr Bridgman who, in relation to health and equality issues, identified the high cost of GP appointments, shortage of social housing accommodation, inappropriate and sub-standard private housing, insufficient health and sufficient support for adults with learning disabilities, lack of free early intervention support for people with mental health issues, inadequate community and housing support for people with mental health issues, financial concerns for those just above the threshold for social security support, social and housing concerns for older people, language and communication barriers for people who do not have English as their first language and concerns for families who do not register with a GP or health visitor when coming to live in Guernsey.

360 It is perhaps not surprising that we hear cries of 'foul' from Deputies in Departments whose proverbial toes have been crushed by an avalanche of criticism from a health professional who is impeccably qualified to level such criticism at the failure of Government to deliver care and health services.

365 I ask you: is it no wonder that an amendment, of all things, has been utilised to seek to have this singular post reviewed? Are we being asked today to muzzle our spokesperson on the Island's health issues? In my opinion, this blunt, honest, transparent approach to health-related issues is exactly what we must have. We might not like it but without such an outspoken approach, the Island will never be forced to recognise when service provision is inadequate. MOHs in this century, the last century and as far back as the 1800's, throughout the UK and elsewhere, have adopted similar approaches on topics ranging from cholera to immunisation.

370 The message has not always been popular and has on occasions been ignored, but recognition has eventually been admitted, changes effected and the benefits harvested. This is the nature of being an MOH. You are nobody's friend. It is akin to being an internal auditor – universally loathed but at the same time recognised and respected as a necessary evil. As MOH you are answerable to nobody but responsible for everybody. The MOH is the unpalatable medicine that we all know we must take if our health is to continually improve.

375 Of all posts, this is not one that needs immediate review – if indeed it is to be reviewed at all – and certainly not by HSSD. HSSD is not his employer. If anything, it is his servant. The MOH cannot be limited in his role by HSSD because to do so would be to emasculate the post to such an extent that it would be valueless and the health of this community put at risk.

380 This Island – and that means every single one of us – is dependent on an MOH who has the freedom and scope to apply his expertise far and wide, to recognise deficiencies in Government provision and have the authority to say so without fear or favour. The MOH cannot be restrained either verbally or in writing by HSSD or T&R or, for that matter, the Policy Council. We – the population – must depend and rely on the impartiality of the MOH to address our concerns without fear of constraint. We must be confident that his

385 freedom to report without interference is maintained. To do otherwise is to remove the Island's health guardian and I, for one, would never want to see that.

I would, therefore, implore every Member here today to vote against this amendment, the exact purpose of which is worryingly unclear. Be assured, this is not a review for a review's sake. This is for reasons as yet unclear and unstated and it is not therefore worthy of a 'yes' vote.

Thank you, sir.

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**The Bailiff:** Deputy Dave Jones to be followed by Deputy Hadley and Deputy James.

**Deputy David Jones:** Well, follow that! I thought I had the reputation for being over the top, *(Laughter)* but I think that Deputy Le Lièvre has surpassed me with that speech today. And just to remind him, that the Bouet has gone away so part of our housing problems have been addressed.

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Going back to Deputy Fallaize who opened the debate, I am astonished. This is a politician who spent his entire career calling for reviews on one thing or another. I mean endless lectures we have had in this Assembly from Deputy Fallaize that may play well on the radio but do not play very well in the Assembly, on occasions. He is constantly calling for reviews, but clearly not this one.

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He said that the Medical Officer of Health's Report was attacked last year. I think it was. It was attacked by several Members of the Policy Council. It was certainly attacked by me because, while I want the Medical Officer of Health to be independent and to give advice to the States and the Board of Health on all issues to do with health, I do not expect to see in a report things that have been cut and pasted, that have no relevance to Guernsey, from some English report in order to fill the pages. That is not what his job is and that is what last year's report contained quite a lot of.

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The other thing is I am supporting this amendment because of this review because, whether we like it or not, we are forced to import high-class professionals like Dr Bridgman from the UK to come and serve in this Island and to give the advice that he is paid to give. But, every now and again, the more people we import from the UK, they tend to bring certain amounts of baggage with them that are not relevant to Guernsey and have a knock-on effect of building policy that is hugely expensive that a small community like Guernsey cannot always fund.

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So having healthy reviews of Government officials who are brought here is not singling out, as Deputy Le Lièvre said, a single Civil Service post. It should happen right across the States, in my view... that people that we bring in to Guernsey to work in our Civil Service who sometimes, as I say, bring unwelcome baggage with them. I mean I will give you a quick example: we cannot move our boats now because somebody decided – down Deputy Domaille, it is not your responsibility anymore – *(Laughter)* that the UK legislation on boat trailers has to be immediately enforced in Guernsey. Now, I may have got that slightly wrong but I think that is the general gist of it. Sorry. **(A Member:** You have.) *(Laughter)* But the conversations I have had with the traffic sergeant at the Police Station and others... that is the general gist of it.

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So having reviews of civil servants and officials that come to Guernsey to work in our Civil Service is not a bad thing and we should not be frightened of them. Nobody is saying that this is being done – well, some people are saying it, but certainly not Deputy St Pier when he brought it up at Policy Council... was not saying that this should be done because we want to clip the wings of any particular individual. Of course, the Medical Officer of Health is entitled to put anything in a report that he chooses to do so. It may be very uncomfortable reading. It may be relevant, it may be wildly inaccurate. But it is for this States to judge and for the Minister of Health and his Board Members to decide which bits they want to pursue. But I do not think that we should see this review as some clandestine attack on senior civil servants to try and clip their wings. As Deputy Fallaize is always reminding us, reviews are healthy, they are what makes the States look at themselves periodically. And why he is so adamantly against this particular one is a complete mystery to me.

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But I just think that there seems to be, all of a sudden at the very beginning of this debate... Deputy St Pier is being accused of having some ulterior motive for this and I certainly did not pick that up at Policy Council. I think that reviews like this are what the States has always done and we need to do them in the future.

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**The Bailiff:** Deputy Hadley.

**Deputy Hadley:** Mr Bailiff, unlike Deputy Jones, I was not surprised listening to Deputy Fallaize because he picks and chooses the procedures of this Assembly. *(Laughter)* I have heard him in the past move amendments and requêtes against Departments. I mean he, after all, campaigned for bowel cancer screening against the then Minister of Health when many of us could have stood up and said, 'You are micro-managing the Department.' So, when it suits him, he is prepared to challenge the mandate of the Department, but not when it does not suit him.

440

445 I think Members should also look at this in the role of its context within medicine. Medicine has  
changed massively in the many years that I have been working as a pharmacist and in hospital and the role  
of Medical Officer of Health has changed dramatically. When I was on the Board of the Health and Social  
Services Department, with the retirement of the previous Medical Officer of Health it was suggested that  
450 we should review the role, not just of the Medical Officer of Health but also the Director of Public Health.  
And if I had any criticism at all for this amendment I think it should be linked with the role of Director of  
Public Health.

I think you should also note the point, as Deputy Fallaize said, that this is a statutory role and therefore  
querying a statutory role of the Medical Officer of Health is hardly tinkering with the mandate of the  
Department.

455 So I would urge Members to vote for this amendment so that the role can be reviewed as it was intended  
some six years ago when I was on the Board.

**The Bailiff:** Deputy James.

460 **Deputy James:** Thank you, sir.

I have to confess at being somewhat astonished at the direction this debate has taken. Naively, I thought  
this amendment was fairly innocuous and did not expect any debate so I have been really quite surprised –  
astonished, in fact.

465 Listening to Deputy Fallaize's comments that he thought this was perhaps as a direct result of the content  
of the previous reports – that was not even within my thinking. Deputy Le Lièvre's exceedingly well-  
researched and impassioned delivery of his speech was purely – to me, my interpretation – about retaining  
the post and, of course, I am sure every person within the Assembly would want to ensure that that the post  
is, in fact, retained.

470 As I say, Deputy Hunter has actually almost stolen my thunder in terms of my thinking. Any of us who  
have been involved in Health and healthcare-related matters, have seen the growth of the role of the  
Director of Public Health and the actual cross-over of some of the issues in relation to health and social care  
on this Island, and I have believed for a considerable period of time that those roles need to be reviewed.  
There is no paranoia in my thinking about where this amendment has come. I think it is timely and it is well  
overdue.

475 I think that the final thing I would say on this is that, irrespective of any review, I would defend to the  
death the independence of that role. It is absolutely imperative that the person who has that role remains  
independent. I would just to reinforce one thing that Deputy Adam said and that was that the Director of  
Public Health does not need to be a medic these days. Life has moved on, for heaven's sake, and it is about  
time that we caught up. And this review would allow for that position, the qualification, the contents and  
480 the responsibilities to be reviewed. But overall, just to repeat, I would always support the absolute total  
independence of any future Director of Public Health.

Thank you.

**The Bailiff:** Deputy Bebb, do you wish to be relevé?

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**Deputy Bebb:** Yes, please, sir.  
Thank you.

**The Bailiff:** Deputy Kuttelwascher.

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**Deputy Kuttelwascher:** Thank you, sir. Just a few words.

495 Both Deputy Le Lièvre and Deputy Fallaize made a lot of the explanatory note. Well, I remind  
Members there is no need to even put one in and, just because a note has been put in, that is not the be all  
and end all of the reasons for this particular amendment, which has come out in debate. So I think that is a  
little unfair because there is no requirement to have a note.

500 I am pleased to hear from Deputy James and indeed Deputy Adam, because if you look at the report you  
see that he has three roles. He is the Medical Officer of Health, he is the Director of Public Health and  
Chief Medical Officer. And the question is: is that still the right governance of this particular area of  
management of public health? All that is being asked for is a review. There is no implication that we want  
to get rid of the Medical Officer of Health or clip his wings. I have no idea where that is coming from. We  
are not going to do it; the Health and Social Security Department are going to do it. So there is a bit of  
scare-mongering going on here.

505 But, having heard from two medical professionals of why this should be reviewed, I think that to me  
carries quite a lot of weight, so I ask Members to support the amendment.

**The Bailiff:** Deputy Lowe.

**Deputy Lowe:** Thank you, sir.

510 I think if my friend and colleague who is no longer in the States, Deputy Guille... He would be standing up and he would be saying, 'It is never what it is about'. Because you have to ask yourself why have we got this amendment? Did Deputy St Pier raise this at Policy Council? Policy Council are the human resources body that employ all our staff. Has he dealt with that within Policy Council and they said, 'Oh, no, we will not actually carry out a review so therefore you are going to have to take it to the States'? And why would you ask HSSD to do it? They are conflicted.

515 This independent role is exactly that – it is independent of HSSD. That said, the Medical Officer of Health attends many of the meetings as and when required. In fact, the independent report is shown to the Board in draft form before he is allowed to publish it. I witnessed, as a Member on that Board at that time, where he was directed to change the wording because they did not want that wording to go out, by the majority of the HSSD Board at that time, because it would look bad to have in the paper that there was a risk to patients because the electronic health records was not working and he was told to change it. That is not acceptable. His job is to be independent and he had to word it in a better way because it would be a deflection on the 2020 Vision and they did not want that deflection. They wanted the 2020 Vision to be all singing and all dancing in the media and did not want that.

520 That is the sort of interference that has happened previously and I am really concerned that if you are going to have HSSD doing this review, you are going to have a review coming back saying that they want more control on that independent role. That cannot take place, as far as I am concerned.

525 So it is the wrong body looking at this and, for that reason alone, it should be rejected, because you should not have somebody looking at that, who this person is actually supposed to have the independent role away from that Department in the first place – even though they do work together for all the right reasons when it is appropriate. You should not be doing that. And, if there is a problem, where is the appraisal system? I know there are appraisal systems. I know individuals who have had appraisals, as all the other staff have appraisals.

530 So if, again, it has got to go back to Policy Council, because it is not HSSD that employs him or even if HSSD have got a say in it... Where is the joined up Government that we have got here? Where is this corporate approach that actually we are looking at this role without bringing it onto the floor of this Assembly? I mean it is quite shocking that we are put in this position today where we have to decide on whether a particular role of a States' employer is going to be considered. How many other times have you ever seen that before? I am trying to think in my time. I do not actually ever remember that happening... actually what we have got in here today. It is not only embarrassing for the individual concerned, it is bad management at HR at Policy Council, if they have not been able to deal with anything. It is also wrong on Policy Council that they themselves have not taken the need or the requirement – if that is what they are asking for; to have a review – and have it reviewed independently and not from the Department of the individuals concerned who he works with.

540 So I urge Members to please reject this amendment. Let them get on with it at Policy Council and deal with it appropriately.

**The Bailiff:** Deputy Perrot.

**Deputy Perrot:** Thank you, sir.

550 Could I just protest my innocence please? (*Laughter*) (**A Member:** No.) No? I am on the Treasury Board and this has not been debated at Treasury. It just so happens that the Treasury Minister has put an amendment in and it has been seconded by Deputy Kuttelwascher. That is as far as it goes.

555 We heard Deputy Le Lièvre – who if he can find a conspiracy, will – and poor old Treasury – 'That's enough that we have heard from Treasury,' so he says. (*Laughter*). Well, you have not heard from me and I had nothing to do with it! (*Laughter*)

560 You know, sir, I had thought that it might be a good idea for this Assembly of the States to take part in a review and I had been brooding on this with my friend Deputy Lyndon Trott and, of course, when you have a review you need people who are drama queens and who take themselves far too seriously. (*Laughter*) I had thought of Deputy Mary Lowe playing the ukulele. She would be one of the acts. But one of the great acts now will be Deputy Le Lièvre.

I mean all we have is an amendment asking for these roles to be looked at and yet we have nine pages – maybe 10. I could not quite see them, I was asleep for part of the time – (*Laughter*) 10 pages of A4 from Deputy Le Lièvre. Wild, wild overreaction. (*Interjection*) As I understand it – No I will not give way. (*Laughter*) As I understand it, there is just a confliction possibly of roles – maybe not at all, maybe they all need to be there, but on page 796 – quite apart from a rather fetching photograph of Dr Stephen Bridgman

there – we see that he describes himself, after two lines of qualifications, as Medical Officer of Health, Director of Public Health and Chief Medical Officer.

Well, surely it is no big deal, is it, just to make sure that those are indeed the roles that we need to have. I mean where is the harm in that? Where, really, is the expense in that and why on earth shouldn't it be done by the Health and Social Services Department? I mean who else is going to do it? Is it going to be Environment? No, no, we will not go there. (*Laughter*) Is it going to be Home? Of course not. The people who need to look at health and social service issues are the Health and Social Services Department.

If people are anxious that the Policy Council is not going to be involved in this, what actually happens with all policy letters? They are all looked at by the Policy Council. So that is the time when the Policy Council can say whatever it wants to say. I know that Deputy Le Lièvre will say, 'There will be a conspiracy there because Treasury will look at that as well and it comes through Treasury.' But the fact is there is a simple way for all of these things to go through the system. It does not take long for the people in HSSD to look at these three roles, to come up with a report, let it go through Policy Council, let us look at it. Probably absolutely everything in the garden will be lovely but I think it is right that Deputy St Pier put this forward and certainly there is no conspiracy.

**The Bailiff:** Deputy Bebb and then Deputy Gillson.

**Deputy Bebb:** Thank you.

I will be rejecting this amendment and I would like to say some of the reasons why. The Medical Officer of Health is a statutory appointment and my understanding is that there have been two reviews recently by the Internal Audit of Policy Council into other statutory officials. It therefore seems a little strange to me that this review is not being asked of by the Internal Audit of Policy Council, which I would consider to be the most obvious choice, but is being asked of by HSSD. I do not exactly consider it a resignation matter if this amendment is passed, however.

However, the other error, I believe, in this amendment is that it asks for the review of the Medical Officer of Health. Well, as Deputy Perrot quite rightly pointed out, the current holder of the Medical Officer of Health is also the Director of Public Health and the Chief Medical Officer, and I think that it would be right, if we were to have a review, that the whole of those three statutory roles are considered.

We heard whether it is right to have all three in the same one. As a small jurisdiction, we should be aware that there are a number of roles that we have that are combined into one person. That will be just the nature of matters due to the fact that we are a small jurisdiction. We cannot go employing three different people in order to hold these three different roles because it simply does not justify it in a population of 64,000.

Therefore, I think it is time for a review. I do think that it is pertinent for there to be a review. I think that we are all aware of the fact that, and it would be fair to say that, the working of the Chief Medical Officer in the UK is far more closely aligned with the Cabinet and I do not see the Policy Council here making full use of the statutory officials that are appointed.

I think that it is fair to say that there is scope for a review but that review should not be conducted by Health and Social Services and I do not understand why on earth, given that this is a Policy Council appointment, the Policy Council Member cannot actually persuade his other 10 Members of Policy Council in order to conduct a review into their own appointment.

**The Bailiff:** Deputy Gillson.

**Deputy Gillson:** Sir, I suppose I am going to come at this from a slightly different position. There may well be a need for a review. It is interesting – I do not think the Treasury Minister, in the explanatory note, has made a case for it. I think Deputy Hunter Adam has made a very good case for a review.

So there may be a case for review but then again there is a case for review of an awful lot of things in the States. There are an awful lot of things within HSSD that need reviewing and I trust the Board of HSSD, like Deputy Fallaize does, to prioritise their limited and scarce resources on reviewing things that they feel are important. I do not think it is for this Assembly to come in and say we want you to start allocating resources specifically on this one issue which is not a major critical issue.

We are at a time where we know HSSD is facing a lot of resource problems. This review will have to be done with senior staff – senior staff who are already under pressure. We know that they do not have a permanent Chief Officer yet. It is odd that at a time when we are saying, 'We need to cut back on expenses. We need to think smarter. We need to be careful,' that we are going to force HSSD to divert some rare resources into something which they obviously do not think is important. Because if they did think it was important and a priority, they would be prioritising it.

So I say let's trust the judgement of HSSD to prioritise their scarce resources where they think they need them, to do the reviews that they need in the time that they need them. Although, as I said, there may be

case for review, I think let's let HSSD prioritise these reviews when they want to. So I am going to reject this amendment.

630 **The Bailiff:** Deputy Le Tocq.

**Deputy Le Tocq:** Sir, I was not going to speak because I do think the conspiracy theory is a bit... I know Guernsey loves its conspiracy theories but certainly I do not think, from the Policy Council's viewpoint, there was any of the sort of stuff that Deputy Le Lièvre was talking about. There have been  
635 reviews – going back to what Deputy Fallaize was hinting at in his initial speech – of the Bailiff's role and the Crown Officer's roles over a number of years, most notably in recent history after the war. So it does not do any harm to do that.

If this was just an appointment that had been in place for 14 years, I think it is worth reviewing on the basis of the fact that Deputy Mary Lowe... I thought she made a very good case for a review actually and  
640 she began it. In fact, she is a pretty independent politician, she could perhaps be employed by HSSD to do that review.

But I think what we need to see is something here to demonstrate that this is fit for purpose in the 21st Century and I am certainly of the opinion that we do need an independent statutory official. I think that is the key thing here. We have some degree of a mixture of roles and any review of the MOH role – which has  
645 been reviewed. Of course, it was initially – to pick up Deputy Jones' point – done on the basis that in the UK, and in particular in London, these sort of roles – MOHs – had been appointed for a number of years. So we have copied the UK for many years. It is totally appropriate that we review whether there is a way of doing it that is better and fit for purpose in Guernsey in the 21st Century. It does not need to be complicated and so I encourage the Assembly to support.

650 **The Bailiff:** Deputy O'Hara and Deputy Trott.

**Deputy O'Hara:** Thank you, sir.

When this came to Policy Council we had quite an involved discussion. There is no criticism on HSSD  
655 at all and there is no criticism on the officer involved. But what occurred to us at the end of the day was this has been going on for a long time, there have been lots of discussions about the need, it costs a lot of money, etc. and it seems to us that it has come to a head and we need, at long last, to do something about it.

In these discussions I suggested – and I do not know if it is possible and I am sure that the Minister will come back and disapprove of what I am going to say... but it seems to me that this will be a possibility to  
660 share this service with Jersey. I cannot see any reason why we cannot. We have other regulators who do that at the moment and it is something that I would suggest to them and perhaps they can come back to me with what objections they have got.

Thank you.

665 **The Bailiff:** Deputy Trott.

**Deputy Trott:** Sir, I will make a very brief generic comment. As a general rule, if everyone wants a review then it is likely that all is well and there is probably no need for one. However, when there is  
670 resistance to such a review, it is almost always needed. (*Laughter*)

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Thank you, sir.

I did not want this amendment debated because it was not that long ago that I opposed the Medical  
675 Officer of Health's Annual Report being debated by this Assembly, and it has taken – what? – a year... We have it tabled, it becomes part of the Billet – next move: let's place an amendment, there is an in-road, there is an opportunity.

I was initially struck with Deputy Dave Jones' comments that the Bouet has gone away. Well, oh no, it has not – or rather the social problems have not. Speak to HSSD. Speak to the health visitors. Speak to the  
680 Home Department. Speak to the schools, the nurseries, the nursery groups and, as Deputy Dave Jones has acknowledged, we still have a housing crisis. The Bouet physically may have gone away but the issues exist and the issues should be of interest to any Medical Officer of Health and I particularly think that the English model of the Housing Association we imported to this Island works extremely well.

As I said before, it has not taken long, has it, for politics to begin to taint this process in some way. I  
685 make no apologies for taking the same line as Deputy Le Lièvre and Deputy Fallaize. We need to think about Victorian match girls and the vested business interests. We need to think historically of the women and children who worked on the looms in the North of England that had terrible respiratory problems. We



690 need to think about asbestosis and huge company interests. Think about multinational interest and organic phosphates, you think about drug companies and you think about thalidomide. You have to have someone on the outside looking in.

Also you could cite the multi-billion dollar British-American tobacco industry and you can think cancer and it is absolutely right that the Medical Officer of Health has some involvement in that.

695 I was not going to speak but what struck me before was the speech from Deputy Perrot that: how very cosy, how very twee and how very amusing that Deputy Le Lièvre was so earnest. We are all nice guys and girls. Those placing the amendments are thoroughly decent chaps – a sort of keep calm and carry on. Well, no, do not keep calm, wake up, because political interests sooner or later creep into this area. This seems innocuous, it seems benign, it seems like just that – innocuous and benign all being consequential, but why is a Parliament considering this? We should not be and I regret that this amendment has been placed.

700 **The Bailiff:** Does anyone else wish to speak? Deputy Sherbourne.

705 **Deputy Sherbourne:** Colleagues, I am in a bit of a dilemma. I feel like Deputy Queripel does on many occasions: not totally confused but – (*Laughter*) I understand the reasons why it would be natural for Dr Bridgman’s role to be reviewed from time to time, because circumstances change. That is logical and sensible. But, as a lowly foot soldier of the States, I am not privileged to be part of the discussions in higher echelons of Policy Council or the committees, with which I have very little contact, but what I have heard over the two years as a new Member of the States is a response to Dr Bridgman’s report – and I have attended both presentations to Deputies... not always well-attended by my colleagues, but – what I have actually noted is that there is a political message coming through.

710 I think we just have to be honest. A lot of people do not agree with Dr Bridgman’s politics. That is what it comes down to. If the man suggests that maybe we have social issues that need to be addressed and that this States should take action to put it right then that, unfortunately, raises heckles with some of our elevated Members of this Assembly.

715 So it does concern me. I have that dilemma. I want to actually vote for a review but as an ordinary Member I am very suspicious of the motives and I am sure that is what is behind my colleagues, Deputy Le Lièvre and Deputy Fallaize’s, original initial speeches. They are suspicious. We have not got the trust that we need in this Assembly.

720 I trust Deputy St Pier. I do not know whether, collectively, I trust the Policy Council to actually pursue the sort of policies that I feel this Island needs to improve the lot of our fellow Islanders. So that is why there is a dilemma. I am trying to be as honest as I can with this because I feel very strongly that the reports that I have read from Dr Bridgman have been extremely thorough, very detailed. They take a lot of time to get your head round, but the messages are there – clear – and he is entitled to make those comments. It is up to us to decide whether we embrace any of those proposals. I do not have a problem with that.

725 So please understand that there will be groups of us here that understand the logic of review but are extremely suspicious of the motives.

Thank you, sir.

**The Bailiff:** Deputy Harwood.

730 **Deputy Harwood:** Thank you, sir.

735 Like the former speaker, I also have something of a dilemma. I am very sympathetic, on the face of it, to this amendment. I believe that a review is appropriate. My concern, however – and Deputy Le Lièvre has highlighted this, Deputy Lowe has highlighted this – I question whether it should be undertaken by HSSD. I also question, because there is a clear confusion arising, by virtue of the fact that HSSD is actually presenting the Medical Officer of Health’s Report and the Medical Officer of Health is a statutory official who is employed by Policy Council.

I will give way.

**The Bailiff:** Deputy Dorey.

740 **Deputy Dorey:** Thank you for allowing me to speak and giving way.

In February at the Santé Publique debate, the States resolved – and I read out Resolution 8 under that debate:

‘That the Department consults on and then proposes reforms to the current legislation under this new Law in order to legislate provisions relating to hygiene, health, nuisance, disease control and other public health issues and the powers and duty of its statutory officials.’

745

So the Department is already going to be doing a review as a result of that Resolution. So this will fit into it.

**The Bailiff:** Deputy Harwood.

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**Deputy Harwood:** Thank you, Deputy Dorey, for that clarification but I still question... If we actually are reviewing the role of the Medical Officer of Health and his other ancillary roles, I still believe that the review should be led by the Policy Council under the Chief Minister.

Therefore, for that reason, I will be voting against this amendment.

755

**The Bailiff:** Does anyone else wish to speak on the amendment? No.  
Deputy St Pier then will reply to the debate.

**Deputy St Pier:** Thank you, sir.

760

Well, that was a longer and far more interesting debate than I ever imagined, and with far more contributions than I imagined.

Sir, I do not know whether to be flattered or insulted that motives have been attributed to me in relation to this amendment, but I do wish to address the comments which have been raised. I should of course begin by thanking Deputies Gollop, David Jones, James, Hadley, Perrot, Le Tocq and Adam for their support and, indeed, note Deputy Trott's comments as well.

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I think particularly for those that are in a dilemma – and perhaps I am addressing through you, sir, Deputy Sherbourne – I think perhaps the first thing to say to Deputy Sherbourne is actually as a mere foot soldier – I think, to use his expression – I can reassure him he is actually missing very little by not participating in the 'higher echelons', to quote his phrase. So hopefully he gets some reassurance from that.

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But the reassurance I want to offer Deputy Sherbourne is I am not seeking to make any comment whatsoever about the politics of the current occupant of the role. And Deputy Fallaize, in his contribution to the debate, sir, referred to last year's debate and the comments that were made in that. I did not make any comments about the politics of that report last year, so that absolutely is not part of my motivation at all.

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Deputy Fallaize asked whether the role had been reviewed. Well, I have no idea and I do not think it is really for me to research that, in that, clearly, if it had been reviewed then I would expect that we would know about it – it would be a matter of public record.

The independence has clearly been noted, of course, initially by Deputy Fallaize and by a number of other speakers. Again – to re-emphasise – I am not commenting or seeking to challenge that in any way, that that may not be entirely appropriate that that is the case.

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Deputy Kuttelwascher referred to scaremongering, which is very much I think how some of the comments have been presented. The use of the term 'clipping the wings' – again, it suggests a motive looking in some way to limit the capacity of the Medical Officer of Health to be independent.

I would also just remind Members, sir, that Deputy Fallaize said, well, we could call for reviews in a whole number of different employees. But, of course, this is a statutory role that it was created by this Assembly – or at least its predecessors' system of Government. So I think it is entirely appropriate that this Assembly – and it is not shocking, as Deputy Lowe said – should be taking the opportunity to review something which it, itself, has created.

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Deputy Le Lièvre – as I think most Members have come to expect – did his usual very detailed and accurate, I am sure, historical tour de force of the role. He described the amendment as being 'dubious'. I found actually much to agree with Deputy Le Lièvre in his description of the historical and, indeed, the present health challenges.

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But I actually think the example he gave, particularly of the 1953 report versus the 20... with a one line comment on health and equality and the 2013, which was much more detailed, actually again presented a very good case for why the role, indeed, *ought* to be reviewed. What he did not explain was how the existence of the role actually addresses today's challenges and I am surprised that Deputy Le Lièvre, and indeed others, do not actually see this as an opportunity. This could well provide an opportunity to give more authority (**A Member:** Hear, hear.) to the role, actually make a difference rather than simply commenting on them, which is really what appears to be the limitation at the moment.

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So are we being asked to muzzle the role of the Medical Officer of Health? Absolutely not.

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Deputy Lowe, sir, asked if there was a problem. She referred to HR management. She referred to appraisal systems. I was not in any way suggesting that there is a problem that requires that kind of response and that completely misses the point of this amendment, sir.

Deputy Bebb suggested that actually having internal audit to review the role of the statutory official... That has been undertaken in other areas. Equally, that could have been requested, of course, by HSSD if they wish. He also referred to the role of the Chief Medical of Health and the Director of Public Health and why they were not included in this amendment. Actually, in the original draft of this amendment, I had –

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for exactly the reasons that he identified in his speech – actually suggested the same review and I was persuaded in consultation with the Minister that, given that this was a debate on the Medical Officer of Health's Report, it would not be appropriate to refer to those other roles. But nonetheless I would expect any review to clearly consider the relationship between them, as I said in my opening comments.

810 Deputy O'Hara referred to the opportunity to share resources with Jersey. Again, he makes a valid comment. I have no idea whether that is an appropriate response that may come out of such a review but I agree, it is certainly something that could well be looked at.

815 Deputy Brehaut, in his comments, very much seemed to be assuming that what I wanted was to get rid of the role and that is absolutely not the case at all.

So, sir, in my opening statement I was brief – I said that I felt the amendment was self-explanatory and required, therefore, little further introduction. Clearly it did, given the nature of the debate. I hope people – and particularly those such as Deputy Sherbourne who are on the horns of a dilemma – do actually see the value of the Report and do not seek to attribute dubious or questionable motives to this amendment.

820 I therefore encourage Members to support the amendment, sir.

**The Bailiff:** Deputy Lowe.

825 **Deputy Lowe:** Sir, could I, through you, ask Deputy St Pier if he could answer the question that I posed, please, which was: before bringing it to this Assembly did he actually speak and ask HSSD or indeed discuss it at Policy Council, as the employing body... but they refused to do it so therefore he is directing HSSD, who has been refused at Policy Council and indeed HSSD, as to why this has suddenly appeared on the floor of the Assembly?

830 **The Bailiff:** Deputy St Pier.

835 **Deputy St Pier:** I felt that probably had been covered, but just to confirm – by a number of speakers – this was discussed at Policy Council. I did raise the question whether it was appropriate for a review. It was discussed as I think Deputy O'Hara referred to, around the Policy Council table and indeed I have discussed it with the Department as I have referred to. But it was my decision and I felt it was appropriate that the role had been created by this Assembly, this was a Report that was being presented by the Medical Officer of Health – it was entirely appropriate to submit the amendment on the back of that Report, in the context of that Report. There is nothing further to add to that.

840 **Deputy Lowe:** So, in summary, sir, the answer is that actually there was a refusal to be done and it had to come to the floor of the House.

845 **Deputy St Pier:** Sir, it is not a refusal to be done, it was simply a decision of mine to bring the amendment. It is nobody else's decision, sir.

**The Bailiff:** We go to the vote then on the amendment proposed by Deputy St Pier and seconded by Deputy Kuttelwascher. Those in favour; those against.

*Members voted Pour.*

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**The Bailiff:** I believe that is carried so I declare the amendment carried.  
We come to general debate, who wishes to speak in general debate?  
Deputy Hadley.

855 **Deputy Hadley:** Mr Bailiff, the 114th Report from the Medical Officer of Health provides overwhelming detail to those interested in health issues, but is rendered impotent by its lack of prioritisation and focus on the most important health issues in Guernsey. In a nutshell, it does not do what it says on the tin.

860 Most of the 143 pages are devoted to infectious diseases in Guernsey, most of which are of historical interest and indeed are said today to only contribute to 1.3% of deaths on the Island. It deals at length with acute rheumatic fever and recommends that it becomes a notifiable disease when local clinicians are unaware of any cases in the last 10 years. It urges immunisation of school children and yet says that immunisation levels are currently satisfactory. It urges whooping cough immunisation but says that uptake is currently 99%. It deals with measles when there has been one case in the last nine years. It deals with TB  
865 when there has not been a case for two years. It has recommendations about rotavirus and yet says that it is most unlikely that a death will ever been seen in Guernsey.

Five pages of the Report do deal with two important health issues: the need for a chlamydia screening programme and the need to introduce HPV vaccinations for boys as well as girls. Both of these measures can be considered as spend to save initiatives. Dealing with chlamydia can, as the Report says, prevent the burden of distressing and expensive health problems such as ectopic pregnancies and pelvic inflammatory disease. HPV vaccinations for boys will reduce the incidents of cancers and genital warts in both sexes.

The Report also deals with liver disease which apparently accounts for about 1% of deaths in Guernsey but is largely caused by a treatable conditions – alcohol abuse, infectious hepatitis and obesity. The report quite properly deals with the health risk of alcohol. It makes seven recommendations, all of which are being considered by the Drug and Alcohol Strategy Group and some of the recommendations have been promoted by the Health Promotion Unit for many years. The case has been made well elsewhere for the introduction of a minimum price per unit, but I would urge also that duty on alcohol being increased as well. These measures would ensure that the States has an increased income while both measures would reduce the consumption of alcohol.

Eleven pages of the Report deal with obesity – a disease of the future rather than the past – and I believe that the rates of obesity are even worse in Guernsey than they are in the UK. Obesity can lead to a whole host of diseases including coronary heart disease, high blood pressure, stroke, diabetes, abnormal blood paths, metabolic syndrome, cancer, osteoarthritis and gallstones.

Finally, and most worrying of all, is the probable relationship between obesity and dementia. A study in Sweden showed that obese people were almost four times as likely to develop dementia than those with normal BMI. Even overweight people were almost twice as likely to develop dementia.

Some authorities predict that obesity will almost double in men and increase by 50% in women in the United Kingdom. The Report says that, in 2008 in Guernsey, 20% of men and 17% of women were obese. If you project these increases seen in the UK it would increase the cost of dementia care in this Island by £1 million a year. So, while the section on obesity contains an overwhelming level of detailed statistics, the recommendation seems to be for another round of fact finding and research, rather than recommending any actions to prevent the problem getting worse. And, of course, it needs to tie in with the transport strategy and the Education Strategy because an Island this size should be able to provide joined up Government.

I would urge that we fund the whole of the strategy including bariatric surgery, which is considered the most cost effective way of tackling obesity.

So, to sum up, it is an interesting Report but lacks focus on the important issues. As T&R have commented, implementing its recommendations will have resource implications, but there seems to be no attempt to prioritise the recommendations in terms of their importance to the health of the Islanders or cost effectiveness. Perhaps T&R should not worry too much because, in fact, of the 45 recommendations in the report, 31 are either completed or in progress and some of the recommendations are actually requirements imposed on the States of Guernsey by the British Government.

Dealing with obesity, alcohol abuse, chlamydia and HPV will all save lives and money. They can be considered a spend-to-save initiative. This Report should inform us about health issues and priorities in Guernsey, but it is all too often telling us about health issues in the United Kingdom and around the world.

It says in the Executive Summary that the Report is the 114th independent Report of the Medical Officer of Health. However, about 30 people are acknowledged as contributing to this Report. It follows that it must have been produced at great cost to the Department, which I hope the Minister will quantify if he wishes more reports of this type to be produced.

It is worth noting at this point, that Jersey does not produce a Report like this on an annual basis. So, as the Report is, in my view, of little value in improving the health of Islanders or informing the debate on the priorities of healthcare, I think the time has come to question whether there should be further such scatter gun reports rather than a focused and informative report covering one or two health issues which are of particular importance to the Island at this time.

I, therefore, ask Members of the Assembly to vote *against* noting the Report, to avoid future waste of HSSD resources.

**The Bailiff:** Deputy Gollop.

**Deputy Gollop:** Thank you.

Deputy Hadley – I nearly said Dr Hadley then – is often kind to me and he enquires after my health and urges me to improve my personal fitness regime. He has given me another good reason to not suffer from obesity, because of the serious fear of dementia. Indeed, two issues arising out of the Disabled People's Strategy, were the resolution that the Health and Social Services Department, maybe in conjunction with others, would conduct a dementia strategy and, indeed, relevant to Deputy Perrot's later Requête – which hopefully we will come to soon, about the laws relating to mental capacity. So for those reasons, I think I can support the forthcoming Requête.

930 But in relation to this Report, Deputy Hadley has a point in that this Report does focus a lot on a history and a discussion of diseases, not all of which are as relevant as they were. But it has to be pointed out that liver disease is also highlighted in this Report and there has been a worrying increase in apparent germ resistance by some of these viruses. There has been evidence, in fact, that there has been a return of chickenpox and others and even tuberculosis, that was not seen before.

935 Generally speaking, the point has already been made that Dr Bridgman's advice is perceived to be socially concerned perhaps, and indeed it is, but I would perhaps urge caution about two of the recommendations. The first is that we follow a UK lead in restricting entry to people of long-term nature of tuberculosis. I am not sure that it is ethically right for countries to ban people if they are ill on the grounds they will use the health services and, in any case, it is inconsistent because they would be allowed to come here for short periods of time – less than six months – and it would not apply across the European Union. So I have got a reservation on that.

940 My other reservation is relating to the points raised on alcohol. I think we do have a little bit of a wet culture, we are too free with the drinks at times – although I do not always say no to vin d'honneurs – but I think the recommendation that we need to charge people will cause all sorts of issues. One will be on a corporate hospitality level to visitors and VIPs but another would be a legalistic get out by Departments, by getting them to be sponsored, for example, by businesses. I do not think that would send out the right message either.

945 But I think the overall point, that we need to be more cautious and offer healthy alternatives and monitor how much people are drinking at these and related events, is well made and we do need, I think, further reform of minimum pricing of alcohol and those areas.

950 But my main reason for speaking in this relates to two sets of recommendations. The first is that Alderney is mentioned a couple of times – at least a couple of times – and the point is made that the medical practices there – which I support, I think they do an excellent job – should integrate themselves more within the Guernsey structure.

Recommendation 23 on page 62 says:

'Alderney should consider participation in a scheme to check bathing water quality,'

955 – and also –

'Alderney [should practice considering] participation in flu-like illness surveillance.'

Now, I think that is a message that maybe the States of Alderney needs to become more engaged in the health preventative system and that they may well need resources from Transport Services to achieve that end.

960 The other point is I thought, in many ways, Deputy Hadley might be more supportive of the general thrust of this Report in one way, because there are a very large number of recommendations demanding encouragement of vaccination and preventative measures. A pre-pandemic vaccine agreement, for example, universal vaccination against chickenpox, a child flu immunisation programme should be considered. We mentioned a sexual health strategy and numerous other ideas have been put across.

965 And then at the end of this Report we read the Treasury and Resources' comment which could have been written by me in some critics' eyes because it is so wishy-washy and it says:

'Whilst the Treasury and Resources Department is conscious that the States are only asked to note the Report, it is aware that several of the recommendations contained therein could have potentially significant resource implications for the States of Guernsey, but States' Members are not committing themselves to act on the recommendations or committing resources in their implementation.'

970 Well, I think that really says it all and why we actually do need a review of the structure because why are we having these recommendations if they are not just one person's personal opinion but they are evidence-based and they represent a main stream of European thinking at both academic and practical levels? Why isn't Health and Social Services Department, in conjunction with the Policy Council, coming before us to report a change saying, 'We need to do this. We need to continue to improve the health of the general public, especially children of this Island and young people, and these measures should be introduced regardless of the cost or perhaps sharing the cost between the public sector and the service users.' That is the kind of report we need rather than just a long Report that does not apparently lead to any outcomes.

**The Bailiff:** Deputy De Lisle.

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**Deputy De Lisle:** Thank you, sir.

I am pleased that the Report appears now for debate by the States and I commend the Minister for bringing this forward. That is a positive initiative because it provides a public airing, if you like, of the independent advice and comment of the Medical Officer of Health which can be lost otherwise.

985 Sir, while I appreciate the importance of the special themes discussed in the Report – the special themes in this report are infection and liver disease prevention – the Report is lacking, I feel, in discussing other current concerns affecting the population, such as treatment and assessment of cancer – and bowel cancer in particular and where we have got with that particular situation, from an independent perspective which the Medical Officer of Health can provide – and the current situation with regard to cardio vascular disease. I would see that as an important area that we should be... I mean when you look at the table on page 925 it indicates that that is responsible for 30% of deaths. It seems to me that we need an update, particularly on whether the resources required in that area are currently being committed to that area of medical health to serve the population fully.

990  
995 Sir, turning to another aspect of the Report, which is with regard to water and sanitation – areas that I am particularly concerned with and areas that I have actually had the opportunity to discuss very briefly with the Medical Officer of Health. The provision of clean water, sir, through disinfection, filtration etc. has been said to be the most important development to control infectious disease and water and sanitation are also human rights issues. Now, there is I must say under water – drinking water – a very full discussion of legionella infections from local water supplies with contamination discovered in the PH water system recently. That, I think, was particularly well done in terms of addressing the current issue and coming out with some recommendations there as to how that should be followed.

1000 In terms of other water problems, we do not have an update on the current situation with respect to the status of PFOS in the reservoir and drinking water from those sources. I would like to also turn to sanitation as an area because, although European standards suggest a minimum of primary treatment for waste water discharges for a population the size of Guernsey, the Report appears to be satisfied that tidal flow and lack of heavy industry sort of resolve the problem of offshore pollution in this Island and resorts very much really to the advice prepared by others – very often people in different fields of expertise, really, outside of the medical health area; engineers and so on I am referring to that produce many of these reports.

1005 It does not really... in that the Medical Officer of Health's Report continually looks at the WHO guidelines and uses extensively throughout the advice that is provided through that source, he does not actually look to that particular source from the point of view of sanitation. I think that if one looks at the reports of the WHO, in terms of its guidelines for safe recreational water environments, for example:

'Direct discharge,'

1015 – they say –

'of crude, untreated sewage (for instance, through short outfalls or combined sewer outflows, which contain a mixture of raw sewage and stormwater) into recreational areas presents a serious risk to public health. Public health authorities should take measures to protect public health.'

1020 What I am suggesting here is that we want that independent advice really. Rather than taking reports that have already been written by other than medical professionals, we need that type of advice to come through clearly with respect to such areas as sanitation and water.

1025 So the Medical Officer of Health, I think, should rely on health studies, sir, not the results of engineering studies. I would also note that the only recommendation given under sanitation is that Alderney should consider participation in a scheme to check bathing water quality. Now, there are far more important recommendations that could be made to tighten up on the cleanliness of Guernsey waters – the offshore waters – including the constant use of the short outfall, already twice this year in Bellegreve and the resultant closure of the front and the Bellegreve Beach for recreational activities.

1030 If I get back to the general points and conclude, while I feel that the special themes are important and I encourage that to continue, I think the Report should also contain an area where a section on current concerns and updates in those particular critical areas of medical health... and make sure that independent assessments are made throughout, rather than relying on other reports and assessments from outside.

Thank you, sir.

**The Bailiff:** Deputy Green.

1035 **Deputy Green:** Sir, thank you.

Very briefly here, I just wanted to touch on two particular recommendations, one which I think I support and one which I think I do not.

Recommendation 31 is about the idea of the States of Guernsey and the States of Alderney setting an example by having a policy about not publicly funding alcoholic beverages. I do not want to sound unduly

1040 like a kill-joy but I think there is a lot of merit in that and I think that would actually set a very good example and I strongly support that.

The other recommendation that I am not supportive of at this stage is Recommendation 38, which is on page 96 of the Report. It is the idea of the Bailiwick introducing a policy for a minimum unit price for alcohol.

1045 I am just mindful of what the UK Government has been doing on this because they were certainly looking at the idea of a strategy with a minimum price per unit of 45 pence, I think it was, or 50 pence – in that kind of ballpark, 50 pence or so – and the argument was that it would lead to a reduction in crime, it would lead to a reduction in alcohol related admissions to hospital, fewer deaths and all the rest of it.

1050 But in the final analysis, the UK Government actually decided not to proceed with minimum unit pricing and the justification was that there was not enough concrete evidence to suggest that the policy would actually be effective in reducing the harms identified. In the end they went for a ban on the sale of alcohol below cost price. Indeed, they have a mandatory code of practice in the UK which applies to all licensed premises and the ban on the sale of alcohol below cost price is now part of that code of practice.

1055 I suggest in those circumstances – obviously we will have to look at our own evidence on that but, in light of that experience – I think if the evidence is questionable you have to take that on board, otherwise the idea of a minimum price per unit of alcohol runs the risk of actually penalising responsible drinkers and, of course, that is something that we should try to avoid.

So I certainly support Recommendation 31 but I am not quite so supportive at this stage, on the evidence that we have, in relation to Recommendation 38.

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**The Bailiff:** Deputy Adam.

**Deputy Adam:** Thank you, sir.

1065 I would like to start by saying through you, sir, to Deputy Le Lièvre that what I am about to say is nothing to do with T&R, it is my own clinical impression of this Report. Likewise, like my last speech had nothing to do with T&R, it was from looking at actual facts.

Sir, this Report is, I personally think, very interesting. It has got a much more medical viewpoint rather than social policy point. So, from that point of view, it may not be as stimulating to some Members of the Assembly or as interesting as I found it.

1070 Deputy Hadley has highlighted some things. He talked about whooping cough immunisation. Yes, to children there is a good uptake but what this highlighted in this Report is that it should be given to pregnant women because of the risk factor of babies getting whooping cough at a young age. If you give it to a pregnant woman they build up their resistance to it and that crosses over what is called the placenta and goes into the baby's system and therefore protects the baby. I think that is relevant to encourage that aspect.

1075 It mentions – and Deputy Hadley said this – chlamydia and HPV. Chlamydia has been around for many years. I actually did a study on chlamydia way back in 1983 when I was working in Aberdeen, to get an idea of the instances of it and, likewise, HPV was a Human Papilloma Virus or wart virus has been round and both these have an instance of sexually transmitted diseases. That means if you do not have sex, you do not get it. But also it means if you use a condom or barrier protection, you reduce the risk of it. Sometimes I feel we are becoming like nanny doctors saying there is a risk of this and therefore we should give you immunisation instead of saying, 'Look, use your own sense and use condoms.'

1080 The other aspect that Deputy De Lisle mentioned quite a lot about was water and sanitation and legionella disease. Now, that all comes under what is called Environmental Health Department and I apologise Deputy De Lisle, but I fully support the comments made in this Report in relation to that. He feels that the Medical Officer of Health should have knowledge about all fields of medicine. That is not possible these days. There is sub-specialisation in many fields and, likewise, the Medical Officer will go to the expert in that field and get their support in writing or putting forward the most up-to-date information about it.

1090 So, as I say, sanitation... interesting to note leaks in storage tanks. That is one of the main reasons we get pollution. The last pollution down at Cobo Bay was actually leaks in faulty storage tanks – sewage tanks of certain houses, at least that year, being part of the problem.

The other thing that I think is very... Actually the legionella problem at the Princess Elizabeth Hospital did stimulate other businesses to look at their water supplies and actually check if there was any evidence of legionella. So having it there and having it in headlines in the papers was indirectly useful.

1095 One other thing I think – talking about infections – is antibiotic resistance, MRSA which is an infection – methicillin-resistant staphylococcus aureus – which is a bug that is resistant to many antibiotics. Now, the problem with that is that since the pharmacy companies do not seem to be developing more new antibiotics, we are getting more and more resistance to antibiotics.

1100 Now, the importance of that is to ensure... and it is not just the doctor's fault, to a certain extent it is the patient's fault because they go along and what do you expect when you go to the doctor? You expect a

prescription. If you do not get a prescription, you do not think you have had a fair deal. But that is not very good because if you have got a viral infection and you are fairly fit and healthy like the majority of – or some of – the people in this Assembly, (*Laughter*) you do not need antibiotics for a viral infection. Okay, if you have got prominent chest problems etc. it may be beneficial. I think we have to educate our population that taking – Sorry. I am reading from... I apologise. I have got a NICE report of this original but... As it says on page 69, the causes of resistance are massive overuse of existing antibiotics. That is one of the causes of resistance and I think that is one area that we should really try and remember ourselves when you go to the doctor and make sure people are educated.

Deputy Green actually mentioned another topic that... and I disagreed with almost everything he said. And that is alcohol pricing. Because, as you say, it is if T&R decide to charge on alcohol per unit volume etc. it might increase the cost of some types of alcohol and not increase other types of alcohol. As you can see, the list on page 894 of the Billet gives you some idea of how it would work and this has been introduced or was considered, certainly, in Scotland, which unfortunately has an alcohol problem. And, as you know, Guernsey and Jersey tend to have higher than average amounts of alcohol intake compared with some other areas. And it is an important problem. Liver disease is becoming... and, yes, there may be only one or two or three or six deaths related to liver disease in Guernsey but that is really six preventable deaths and therefore it has to be considered and should be considered.

So, as I say, the last one as far as infection... is influenza. We are all expecting a pandemic – a flu pandemic – at some point. I think it is meant to be in the next three to 10 years. We have them on a routine basis and keeping on having flu jabs etc. is one way of helping, but also just being aware of the risk factors and having to take precautions so you have got available drugs etc. to help treat it until you can get a new vaccination for it.

Sir, as I say, there are many other points that I found quite interesting. It is partly historical and partly up-to-date information from various aspects. Deputy Hadley said there are 30 people contributing to this and I have already mentioned that no one person can have all that information themselves and therefore it is of value to have it all collated and brought forward in such a manner.

Likewise, Deputy De Lisle said, ‘Why didn’t you cover this, why didn’t you cover that?’ A report can only cover certain issues and you have to highlight certain things. There has been one on cancer – I think three or four years ago – and cardiovascular disease. It is a case of selecting something and drilling down into it and providing information which can be valuable both to those in the health care profession and also to the public – especially when you have got the recommendations so you do not have to read too much. If you read the start and the finish of this you will get a reasonable amount of information that might educate you as a lay person as opposed to a health care worker.

Thank you, sir.

**The Bailiff:** Does anyone else wish to speak?  
Deputy Bebb.

**Deputy Bebb:** Thank you, Monsieur Le Bailli.

This is the second time that I believe that the Medical Officer of Health’s Report has been debated in this Assembly and there are some comments that I have heard in this debate that sadden me because it shows the immaturity in this Assembly of dealing with such reports. I would not expect to hear questions being levied in any other Assembly with regards to a Medical Officer of Health’s report and they are fairly diverse reports.

I was looking at what the UK Chief Medical Officer of Health’s report was dealing with in her 2014 report and that was a combination of concerns about normalisation of overweight, possible links between deafness, blindness and dementia, and pedestrian and cycle safety. So they do deal with very wide-ranging issues and I think that what we have here is a number of wide-ranging issues.

The accusation as to a more focused report, I can appreciate that Members might wish to have such a thing but evidently it is the Medical Officer of Health’s choice what there is to be included within the report.

The question as to why this Report is before us, well, evidently this forms very interesting and a very good basis for a number of things that are working, that will come before the States in due course, and I would like to talk about a couple of them.

The first is, evidently, with regards to the Drug and Alcohol Strategy. If Members turn to page 877 of the Billet they will see a graph that, due to the fact that we are now living in an age of 50 shades of grey rather than multicolour, they might find it difficult to know exactly what is what on that graph. The one line that is going beyond measure and out of control is liver disease. That is a fairly fundamental problem here in Guernsey and we do very little about it.

I would like to draw literally some parallels with another great public health issue in the past, and that is smoking. When it comes to smoking, we have a policy in the States of Guernsey that tobacco retailers,



tobacco wholesalers and the tobacco industry have no right to be partakers in forming strategy over tobacco. I would ask: is there any Member in this Assembly who would consider that to be wrong? No. We all feel that is completely appropriate – that tobacco producers should not have a say in our tobacco strategy.

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The same is not true of alcohol. This is also true in the UK. When it comes to alcohol strategies, alcohol companies in the UK sit around the table with politicians in policy making. That is a cultural difference that we have between tobacco and alcohol.

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We have dealt fairly effectively over the years in Guernsey with our tobacco problem. Rates are reducing – I am not saying that we are anywhere where we need to be but a lot of work has been done – a lot of good work has been done. We should commend people for that work.

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I think that the question now is how do we take a responsible attitude in relation to alcohol? Because it is fair to say that I imagine that there is a large number of Members of this Assembly who do partake in alcohol – it is part of our culture. I am not saying that we should in some way ban it, but the idea that we as a States of Guernsey buy alcohol and contribute towards the problem is something that we should reflect on. Should we be, in other words, part of the problem or should we try and be part of the solution?

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Now, the alcohol issues raised, with regards to minimum pricing – they and all the recommendations are being looked at as part of the Drug and Alcohol Strategy, and that will be before the States before the year is out. Now, I would question one thing in relation to the general Drug and Alcohol Strategy. It is currently undertaken as a Home Department initiative and the question that I would like to pose in advance of that debate is: do we honestly believe drug and alcohol to be an issue of criminal justice, or do we believe it to be an issue of public health?

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Personally, I have argued that the Drug and Alcohol Strategy and the Tobacco Strategy should on this occasion come before the States in the same session and hopefully they will be joint reports of both the Home Department and HSSD. That would see a move towards a fairer balance of considerations.

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Personally, I think that the drug and alcohol situation should be more of a public health issue, but that will be a debate that we will have then. But this paper today gives Members the basis that a lot of that Drug and Alcohol Strategy will be working from and so when proposals in the Drug and Alcohol Strategy come before us we can refer to good evidence as to the effects here in Guernsey, especially in relation to mortality rates and the years of life lost.

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The other part to this Report that I really want to highlight is the sexual health and the transmitted diseases. We currently do not have a sexual health strategy in the Bailiwick of Guernsey and I am very pleased to say that one is nearing completion in HSSD. That will be the first sexual health strategy brought before the States.

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I would like to reflect on some fairly shocking behavioural changes that have happened over the last 20 years. When I grew up and when I was young and sexual activity became something that I was vaguely interested in, I remember television adverts with icebergs flowing past the screen; I remember television adverts with tombstones that basically said if you do not wear a condom you are likely to die. And those were very effective at communicating the message in relation to AIDS.

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I am saddened to hear recently when talking to Dr Nikki Brink, the States' consultant on sexual health, that the attitude amongst young people to HIV today is that it is not a problem, you just need to take a pill a day. I do not know how we went from the stage of icebergs on television screens and, 'You will die' to thinking, 'Well, this is fine. We can just take a pill.' I do not understand how that change can happen within the space of 20 years but it has and it is shocking.

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The sexual health strategy will also deal with the HPV and if we ever want to look at sexual inequality I think this is the perfect example. Women are the ones who suffer the most from HPV and yet men are the ones who usually transmit it. But we do nothing to deal with the men transmitting the problem and yet we do deal with the women themselves.

So when the sexual health strategy it will be looking for funding but I would ask Members to actually look once again at this paper and the evidence that is concluded within it, in order to form an educated and informed position in order to be debating those strategies.

1215

The other concern is that sexual health on the Island is not in the best state. It is not in the worst state, but it is not in the best state. And I do think that with a small community we are capable of doing much more.

1220

One of the things that was interesting in the recent health report that was published was our rates of teenage pregnancies. I know that it is not entirely 100% related to this report but it does tie in with regards to unprotected sex and the way that we are, as an island, moving more and more into risky behaviour when it comes to sexual activity.

I think I would like to ask Members to reflect now, in advance of that sexual health strategy coming, as to how prevalent condoms should be made available and whether or not they should be provided to children and to young people within schools. Those types of proposals can be very controversial and when they come they can cause people to react against them, and I highlight it today because I think Members should

have sufficient time to reflect on that. When we are looking at our rates of teenaged pregnancies they are comparable with the UK.

1225 Jersey has an exceptional – *exceptional* – rate of teenage pregnancies; very low in comparison. Part of that is because they provide free contraception under the age of 21.

We do not provide free contraception under the age of 21, but we provide free abortions. We currently spend an estimated £100,000 per annum on abortions. We are wasting money on activities which none of us could actually say is good. Our rates in relation to sexually transmitted diseases are not good. They are not horrendous, they are not awful, but they are not good. We can do much more, but it really requires us as a Government to go out and make bold decisions in order to try and promote contraception, and I think that that is the message that I would like Members to take most from this Report. It is high time that we speak plainly again. I am not sure we are at the stage of needing to see icebergs and tombstones on our televisions to advise us of how dangerous sex can be. But I do think that it is shocking that we went from that position to simply accepting it within 20 years. Something has gone wrong and I think it is time for us to start putting it right again.

Thank you.

**The Bailiff:** Deputy Luxon.

1240

**Deputy Luxon:** Mr Bailiff.

Just very briefly, Deputy Bebb in a way has brought me to my feet. It was interesting to hear him with chagrin conclude that it was bad that we had this Report before us to debate. He then spent half an hour making a very interesting speech raising lots of topics from within the Medical Officer's Report.

1245 In fact, if we think about it, this Report has been noted by us today and of course contains recommendations that will go to the Health and Social Services Department for them then to consider, in terms of how they develop policy. Those policies will come back to the States in the appropriate way, but I would have thought that the HSSD Department would find the comments that Members were able to make through this process useful, and at least gauging tone or direction as they go through that work load.

1250 Just really one specific point – and Deputy Green made that point. I think it is round about page 893. If we discount the drug element of the drug, alcohol and tobacco strategies that we have running – and I know that they are separate pieces, but – clearly drugs are illegal, alcohol and tobacco are –

I will give way.

1255 **Deputy Bebb:** I thank Deputy Luxon for giving way.

I would like to just inform him that the biggest drug problem we have on the Island is in relation to the misuse of prescribed drugs.

1260 **Deputy Luxon:** I take the point. I was referring to the classification of illegal drugs but, yes, I take the point.

The successful strategy on tobacco awareness over the last few years has been pretty much predicated on significant increases of duty over and above the RPIX rate. Sometimes the statistics can confuse though. There have been significant reactions to those price moves by people actually purchasing tobacco off Island and therefore not being captured by the imposed stats through the Home Department.

1265 I just make the point that the decrease in consumption that we see in some of the age groups, yes, is because of changed behavioural practices, but the stats can sometimes be misleading. And when we extend the focus into the alcohol area, which is part of Dr Bridgman's recommendations 38, all I would warn against or would encourage is that the work of the health promotion unit, and the communications to actually encourage behaviour change in youth, would be far more effective in many ways than simply worrying about unit price of alcohol.

1270 Guernsey has increased its price of alcohol – as indeed has Jersey – over the last decade. So we are no longer a very cheap location for alcohol consumption, as we used to be. And I would just say I think that the promotion and interacting with children and with youths to advocate why consumption of very strong alcohol, and too much, would probably be far more effective than necessarily just increasing duty rates or minimum alcohol prices. There is a balance and I would just hate that only price is seen as the mechanism to achieve change in the stats that we are looking at over the long term.

Thank you, sir.

**The Bailiff:** Anyone else? No.

1280 Deputy Dorey then will reply to the debate.

**Deputy Dorey:** Thank you, Mr Bailiff.

1285 I would just pick up one comment, which Deputy Lowe made in the debate on the amendment, in relation to HSSD's seeing the Report before it is published. Yes, we do see the Report and while I have been on HSSD we can give our comments back to the Medical Officer of Health but we certainly do not ask him to amend it. It is his Report and it is his name at the bottom of the Report, and while I have been on HSSD –

1290 **The Bailiff:** Deputy Lowe.

**Deputy Lowe:** Thank you for giving way.

Yes, indeed you were not on HSSD at the time when that happened, so I am not accusing you of being part of that. But it certainly happened when I was on HSSD and you were not Minister at that time.

1295 **Deputy Dorey:** I just want to make it clear that that is not what happens now.

Thank you for all the comments on the Report.

1300 I will just give you a bit more information. HSSD has considered all 45 of the recommendations. There are a number of recommendations which relate to preventing liver disease by reducing misuse of alcohol, which various Members have commented on. HSSD considers that these recommendations should be addressed and prioritised as part of the Bailiwick Drug and Alcohol Strategy, which Deputy Bebb has referred to, rather than in isolation. The Department will formally ask the Strategy Steering Group to take them into account as it works on the development of that new strategy, which is being led by the Home Department but which we are all contributing to.

1305 There are a number of recommendations which relate to immunisation. These also need to be prioritised in the context of existing and new immunisation programmes, and HSSD has referred them to its Immunisation Advisory Committee for consideration.

1310 By referring these recommendations for consideration, HSSD is not saying, for example, lower alcohol risk guidelines must form part of the Drug and Alcohol Strategy, or Hepatitis B vaccinations must be part of the Island-wide immunisation programmes – although they may do. It is simply saying that these recommendations need to be considered and evaluated in the context of wider network of closely related issues. That, of course, covers alcohol pricing – which Deputy Luxon has referred to. Some recommendations may then be accepted and some may not.

1315 Many of the recommendations within the Medical Officer of Health's Report are already in progress. For example, recommendations 2 and 3, relating to duty to notify infectious diseases and causative agents, were covered by the amendments to the Public Health / Santé Publique Law, which the States approved in February.

The Sexual Health Strategy, which is in our operational plan – which Deputy Bebb has also referred to, as suggested by recommendation 4 – is already in development.

Public health and hygiene education, described in recommendations 28 and 29, is already delivered.

1320 On the advice of our Professional Guidance Committee the Department has agreed that it will develop an action plan to tackle the spread of viral hepatitis in line with recommendation 34 of the Report. HSSD has already established its operational plan for the current year so it is likely this work will be carried out in 2015.

1325 I would just like to update on last year's Resolutions. In the debate on last year's annual report of the Medical Officer of Health, HSSD was directed to report back on plans to improve breastfeeding rates in Guernsey. Staff within children and maternity services, and public health, are working on this project at present, and HSSD intends to report back to the States before the end of this year, as it was directed, and there will then be an opportunity for full debate at that time.

I think that has covered most of the points that Members have made. I will pick up on or two others.

1330 I think Deputy Hadley spoke about prioritisation. Well, this Report is not to prioritise – that is what HSSD will do. We will prioritise them. As I have said, some of them are already happening within the Department or have been part of these other strategies, and some of them will be taken forward in 2015.

1335 He talked about the costs of the Report. Well, we have a budget which covers the Medical Officer of Health's salary and so it is a cost to the States. He asked people to vote against noting the Report. If you look at the procedures, noting does not mean you support or you do not support it, so I do not think there is any point voting against... But I would encourage you to vote for noting the Report. He commented on liver disease. He said, 'only 1% of deaths', but I think Deputy Bebb has referred to the graph on page 877 which shows the growth in liver disease over the last 40 years.

1340 **Deputy Hadley:** But, again, that is a growth of liver disease in the United Kingdom and one of the points I was trying to make is that one should be focusing on what is happening here in Guernsey.

**Deputy Dorey:** I accept that and I am sure that the author will take your point on board, but I think that the figures are similar in Guernsey. If you turn over the page, one of the things about liver disease is the fact – as you see in the graph on page 878 – that it affects younger people and therefore the biggest age range where the deaths are is the 45 to 49. Therefore, though it might only cause 1% of deaths, the number of active years lost is far greater. While other diseases affect people in later years, there is a predominance of people in younger years being affected. So therefore it is important that we take note of the points made in the Report.

Deputy Gollop talked about, ‘It does not lead to any outcomes.’ Well, there were a number of amendments in last year’s report which have been taken on board. I have spoken about the breastfeeding one and I have also referred to... Most of the recommendations of the Report are being taken forward.

Deputy De Lisle spoke about a number of matters, which I am sure the author has heard and perhaps will consider in a future report. As I think Deputy Adam said, you cannot cover everything in this Report.

He specifically referred to bowel cancer. I think that subject has been covered at length and I have made a statement about where we are with it. We have issued a number of documents so hopefully Members are up to date with where we are. But if he wants to know more about our progress I am very happy to meet with him and give him an update. Though I do not think there is anything further to update from when I last made a statement.

On cardiovascular disease, we have appointed a locum in addition to the person who is covering that area from MSG previously, and we are looking to make that appointment permanent. But there is a limit to what procedures we can carry out in Guernsey due to... if you need the facilities to cope with it, if there are any complications that result from that. So obviously we do have contracts with Southampton and a lot of our cardiovascular cases have to be sent to Southampton for more investigative treatment.

Deputy Green referred to the alcohol. He referred to recommendation 31 and 38. He does not support the minimum price of alcohol and I think that was also the message from Deputy Luxon. Well, that is going to be part of the Drug and Alcohol Strategy. We have noted what he has said and what Deputy Luxon said on that, and also what you have said on 31. That will be considered when we come back. That will influence, or not, the outcome of that report.

Deputy Adam talked about a number of matters which he said were very interesting. As he said, the Report is partly historical. I think what he has said about influenza and antibiotics was very well said and we need to be taking this into consideration, but antibiotics is a wider matter than just can affect Guernsey. But Guernsey obviously can do its bit to help the situation that is building up in relation to antibiotics.

I thank Deputy Bebb for his contribution. As he said, it helps to educate and give an informed position to Members and I think this Report will be very useful – that you consider when we do come back with the three strategies on tobacco, on drug and alcohol and sexual health – which we are due to bring back to this Assembly to discuss. Sorry, more strategies to debate... but I think these are very good strategies which will have actions relating to them.

I think that covers all the points that Members have made and I thank everybody for their contributions. I thank Dr Bridgman for the work he does in producing this Report, and I would ask Members to note the report.

Thank you.

**The Bailiff:** Well, Members, there are now two Propositions. The first Proposition is the Proposition in the printed Billet at page 943 and the second Proposition is the one that has been inserted by Deputy St Pier and Deputy Kuttelwascher’s successful amendment.

I think there has been an indication that some may vote against the Proposition to note the Report. Perhaps we should take the two Propositions separately so that those that want to can indicate that they have no desire either to imply assent for or disapproval of the contents of the Report, which is the effect of noting it.

So I put to you first, Proposition 1. Those in favour; those against.

*Members voted Pour.*

**A Member:** Which Proposition is it, sir?

**The Bailiff:** Proposition 1, to note the Report.

**A Member:** Contre. *(Laughter)*

**The Bailiff:** I declare Proposition 1 carried.

Proposition 2, which is the one inserted by Deputy St Pier amendment. Those in favour; those against.

*Members voted Pour.*

1405

**The Bailiff:** I declare it carried.

## COMMERCE AND EMPLOYMENT DEPARTMENT

### VIII. Limited Liability Partnerships – Second Supplementary States Report – Proposition carried

*Article VIII.*

*The States are asked to decide:*

*Whether, after consideration of the Report dated 4th February, 2014, of the Commerce and Employment Department, they are of the opinion to rescind the States' Resolution of 30th May 2013 concerning Article VII of Billet d'État No. VIII dated 19<sup>th</sup> April 2013 ('Limited Liability Partnerships – Supplementary States Report'), to the extent only that the Resolution approved the proposals in paragraph 2 of that Report to introduce 'reasonableness' and 'fairness' restrictions on the ability of a limited liability partnership to limit its liability.*

**The Senior Deputy Greffier:** Article VIII. Commerce & Employment Department – Limited Liability Partnerships – Second Supplementary States' Report.

1410 **The Bailiff:** Deputy Stewart will open the debate.

**Deputy Stewart:** Mr Bailiff, I will be reasonably brief and a lot of what I have to say is by way of reminding Members what we already approved in the Assembly previously.

1415 Members of this Assembly will recall that they approved the Limited Liability Partnerships (Guernsey) Law 2013 on 11th December last year. I am now pleased to confirm that the Law has now received Royal Assent, was registered at the Royal Court on Monday of this week and it is now in force. And we already have one LLP, to my knowledge, and maybe more, already registered.

1420 This States' Report is fairly straight forward and is essentially a good housekeeping measure. The Assembly is being asked to rescind one small part of its earlier Resolution of 30th May last year. This is to ensure the new Law, as in operation today, mirrors the approval of the States.

Now, when the Legislation was presented to the Assembly back in December I did explain at that time, following advice from the Law Officers, the legislation as drafted did not implement one aspect of the proposals in the States' Report, approved by the Assembly in the May of 2013.

1425 So this is really just a good housekeeping measure. The Department would have asked for a further supplementary States' report in the future to ask the Assembly to rescind the relevant part of the earlier Resolution. That is what this States' Report does. The Report is therefore that tidying up measure and I would ask the Assembly to agree to the recommendation to rescind part of its Resolution of 30th May in respect of the matters around reasonableness and fairness restrictions on the ability of a LLP to limit its liability.

1430 Thank you, sir.

**The Bailiff:** Deputy Gollop.

1435 **Deputy Gollop:** Sir, legally speaking, this is a clear case of closing the stable... or the garage door after the car has gone out to look for a park.

It is an entirely proper process that Deputy Stewart has gone into and indeed this kind of initiative can be extremely useful to the Island in staying ahead of the field and improving our competitive corporate offering.

1440 But a couple of reservations here about the way in which this happened. I think if we make a decision and then go out to consultation afterwards that is not ideal from the legislation point of view, and then of course the responses you get from professionals and people in the sector is likely to – how can I put it? – favour caution rather than a level playing field. And my one concern here is we should not just vote these things through on the nod without mentioning that one hopes that the judicial process here is sufficiently robust to give the phrases 'fair' and 'reasonable' an appropriate outing. Because I gather that they were  
1445 used in the UK Consumer Law, which we do not have and I would not like the Channel Islands, or Guernsey in particular, to be yet again the victim of a circumstance whereby an agreed party goes to the

1450 global media arguing that they were cheated out of a due settlement because of an entity whereby a partner who made an error effectively meant that the organisation as a whole could not return money, or indeed that fair and reasonableness was rather restricted to the person concerned and they felt they had not read the small print. What I am saying is I think we need to be careful as an Island not to overdo exemptions, because the consequences perhaps will reflect against us in the longer term.

**The Bailiff:** Does anyone else wish to speak? No.  
Deputy Stewart, do you wish to reply?

1455 **Deputy Stewart:** Yes.

1460 Thank you, Deputy Gollop. I think sometimes when you are drafting and consulting on fairly complex matters of commercial law – and remember that we are also on shifting sands – it is about making sure that our Company Law and law such as Limited Liability Partnerships are innovative. For example, when we look at our invention of PCCs this is something which has been an enormous boost to particularly the insurance sector.

1465 So I think what we have to do is constantly review, and you will see in this Report that there are further measures that we would like to bring in on LLPs that we will be consulting on, such as being able to have it in foreign scripts, such as Chinese or Arabic scripts. This provides us, I think, with the weapons that we need to compete globally. So there will always be constant reviews. So I do not really accept that we have sort of shut the door after the horse has bolted. I think this is something that we will constantly be back, updating both Company Law and Limited Liability Laws.

1470 I think during the drafting, when you are commercially drafting it can be quite complex and some things can occasionally, from time to time, get missed. And I felt it was better to be honest with the Assembly and not try and push something through on a Report but actually come back and say, ‘Let’s do this properly’, which I think this is what this Report tries to achieve, sir.

1475 **The Bailiff:** Well, Members, there is a single Proposition. It is on page 965. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

## HOME DEPARTMENT

### **IX. Amendments to Criminal Justice Legislation in respect of Money Laundering, Terrorist financing and Jurisdiction over Maritime Offences – Proposition carried**

*Article IX.*

*The States are asked to decide:*

*Whether, after consideration of the Report dated 30th January, 2014, of the Home Department, they are of the opinion to approve, in accordance with HM Procureur’s advice as set out in that Report, amendments to the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999, the Drug Trafficking (Bailiwick of Guernsey) Law, 2000, the Disclosure (Bailiwick of Guernsey) Law, 2007, the Terrorism and Crime (Bailiwick of Guernsey) Law, 2002 and the Merchant Shipping (Bailiwick of Guernsey) Law, 2002 as set out in that Report.*

1480 **The Senior Deputy Greffier:** Article IX. Home Department – Amendments to Criminal Justice Legislation in respect of Money Laundering, Terrorist financing and Jurisdiction over Maritime Offences.

**The Bailiff:** The Minister of the Home Department, Deputy Gillson, will open the debate.

1485 **Deputy Gillson:** This is very much a technical amendment. All of the amendments to the Laws are recommended by HM Procureur in advance of our Moneyval review that is coming up. It is a tidy up exercise. As I say, it is technical. It does not change fundamentally any of the Laws, it just brings them all up to the same place because some have moved on at various stages.

1490 It is quite technical so I will give you a little brief outline of what the main issues are. The section on Tipping Off – really that will allow people to get professional advice to help with their defence without it being compromised.

The Power to make Regulations is really just updating the Policy Council's ability to make regulations in line with some Laws that have been brought in.

1495 Another section on page 968 on the Obligation to Report – this is just making something that is implicit in the Law explicit. I think if anyone has got any questions, specifically, I am sure either myself or H.M. Comptroller will be able to answer them.

**The Bailiff:** Is there any debate? No. Well, we will go to the vote then. There is a single Proposition. It is on page 974. Those in favour; those against.

1500 *Members voted Pour.*

**The Bailiff:** I declare it carried.

## PUBLIC SERVICES DEPARTMENT

### X. Delegation of authority for the future adoption of roads and improvements to public highways – Propositions carried

*Article X.*

*The States are asked to decide:*

*Whether, after consideration of the Report dated 4th February, 2014, of the Public Services Department, they are of the opinion:*

*1. To delegate authority to the Public Services Department to adopt any existing road (including footpaths, lanes, tracks, paths and other ways) as a public highway on behalf of the States of Guernsey provided that the Public Services Department is content that the conditions set out in paragraph 2.2 of that Report are satisfied and that the procedural steps set out in paragraphs 2.4 to 2.7 of that Report are completed by the Public Services Department.*

*2. To approve that the conditions set out in paragraph 2.2 and the procedural steps set out in paragraphs 2.4 to 2.7 of that Report will apply to all future road adoptions, including Housing Department Estate Roads.*

*3. To endorse the fact that:*

*(i) improvements to the existing public highways form part of the Public Service Department's current mandate to maintain the structure and wearing surfaces of the road network, and such improvements may include the widening or minor extension of an existing public highway (including footpaths, lanes, tracks, paths and other ways), and*

*(ii) where road improvements entail the widening or minor extension of an existing public highway, the section of road which widens or extends the existing public highway has been, and is, deemed to be adopted as a public highway.*

1505 **The Senior Deputy Greffier:** Article X. Public Services Department – Delegation of authority for the future adoption of roads and improvements to public highways.

**The Bailiff:** Deputy Luxon will open the debate.

**Deputy Luxon:** Thank you, Mr Bailiff.

1510 Sir, on pages 975 to 983 is this brief and relatively straight forward Report from the Public Services Department.

1515 There are three recommendations which have resulted from an ongoing review of processes and procedures across the various PSD business units. This one for the Guernsey Roads Department responsible for the highways. As Members will know, the Public Services Department is responsible for the maintenance of all public roads and, under current arrangements, in any case where the PSD considers it appropriate to adopt private roads as public highways, a Resolution of the States is required.

PSD will normally only consider adoption where either a road connects one part of the existing public highway to another part or there is another overriding reason of public interest. Such adoptions bring about community benefits in terms of ensuring greater public accessibility to certain parts of the Island.

1520 We are requesting the States to delegate authority to PSD to adopt any road as a public highway under these terms, subject to very clear criteria and conditions being met, but also with the caveat that if there are any significant implications of any proposals they would still come back to the States.

1525 We are also asking the States simply to note the existing practices that the improvements to existing public highways do form part of the Department's existing mandate, and where there is clear public benefit new parts of the highway created by widening or extending will also be adopted as public highway.

I would ask Members for their support in this straightforward improvement of processes and procedures.

Thank you, sir.

1530 **The Bailiff:** There is an amendment. It is proposed by Deputy Lowe, seconded by Deputy Fallaize.  
Deputy Lowe.

*Amendment:*

*In Proposition 1, after the word 'Report' where it appears for the second time, add '(with the exception that in paragraph 2.4, for the reference to "14 days" substitute "21 days")'*

*In Proposition 2, after the word 'Report' add '(with the exception that in paragraph 2.4, for the reference to "14 days" substitute "21 days")'*

**Deputy Lowe:** Thank you, sir.

1535 It is a very straightforward and simple amendment. It is just in the Report it refers to notices being placed for 14 days and, just to keep the consistency across the Departments, if it is Planning, it is for 21 days – so it is to replace 14 days with 21 days.

**The Bailiff:** Deputy Fallaize, do you formally second?

1540

**Deputy Fallaize:** Yes, I do, sir.

**The Bailiff:** Does anybody wish to debate it?

Deputy Luxon.

1545

**Deputy Luxon:** Sir, just to say Deputy Lowe did contact myself and the Department, and we are more than happy to support this standardisation of a process that already exists in other Departments. We simply used the 14 day based on advice but it has no consequences and we are happy not to oppose it, and indeed support it.

1550 Thank you.

**The Bailiff:** We vote then on the amendment. Those in favour; those against.

*Members voted Pour.*

1555

**The Bailiff:** I declare it carried.

Does anybody wish to speak in general debate?

Yes, Deputy Brouard.

1560 **Deputy Brouard:** Thank you, sir.

I am sure the Public Services will do an excellent job on not adopting roads that are inappropriate and will do it appropriately.

1565 I have got a little bit of concern. It is probably a nagging concern from what somebody said this morning, earlier on in the debate about the Medical Officer of Health. It is just that they are going to have the powers to delegate the powers to adopt roads, and I am just thinking when was I last burdened in the States with having to adopt a road? And I am struggling to think of the last time that one came to the States and, to be quite honest, I do not mind being burdened with that extra bit every now and then. So I am probably going to vote against the Proposition because I would quite like us to know what is going on and to have that information.

1570 Thank you, sir.

**The Bailiff:** Deputy Gollop.

**Deputy Gollop:** Thank you.



1575 I am happy to vote for this but I have got one question or reservation. When you read on page 976 – 2.2 – it makes it clear that there are six criteria that have to be satisfied:

- ‘1. The owner of the road has consented to the adoption of the road as a public highway and has consented to any necessary conveyance...
2. The road [is to be] constructed to the Department’s satisfaction.
3. The road is in good condition.
4. The additional maintenance costs forecast
  - i. do not exceed 2% of the... budget...
  - ii. are not expected to increase at a greater rate...
5. [It] is for the benefit of the community as a whole;
6. The procedural notification... [is] completed...’

1580 I think it is a very high barrier because there are lots of roads on estates and private estates. I could think of a lane in the Port Soif area Les Prins that is an intriguing example, where it would fail to satisfy those criteria because they are tracks. Think of the Pitronnerie track Even the Admiral Park main road used by lorries, parkers, buses. It could cost more than 2% of the annual budget – can save a bit, it is an important road.

1585 I think that really the Public Services Department should take a more generous and liberal view and adopt more of these roads and pathways, and even footpaths, because too often restrictions are placed upon walkers or other users, by owners, and we need, I think, more of a strategy towards not just potholes, but the public highways. It is an area that needs to be integrated into the transport strategy that we have now approved.

1590 **The Bailiff:** Yes, Deputy Soulsby.

**Deputy Soulsby:** I have got a question to the Minister.

1595 It follows on from what Deputy Gollop just mentioned about all the criteria needed to satisfy PSD. I would just like to know if the Department will be defining what it means by ‘good condition’, which, under the six points, are one of the criteria that has to be met; yet in 5.1 it talks about how there is the anticipation that roads be handed over in ‘excellent condition’.

I just think we need to know... and anybody who might be aspiring to transfer their road to PSD that they know what the criteria are.

Thank you.

1600

**The Bailiff:** Deputy Trott.

1605 **Deputy Trott:** Sir, very briefly the Report reminds us that the Public Services Department is mandated to maintain the structure and wearing surfaces of the road network, irrespective of whether that is a new road or a widening or whatever.

1610 Can I take this opportunity to ask the Minister of Public Services of his view as to the current state of play with regards to the Department’s rehabilitation of potholes? We are reminded again in the Report that resurfacing costs about £40 per square metre. I am aware, sir, that there are some potholes that are approaching that size. (*Laughter*) I wondered, if it was simply a cost of £40, why more was not being done to see these things disappear.

Thank you, sir.

**The Bailiff:** Deputy De Lisle.

1615 **Deputy De Lisle:** Yes, sir. I just wanted to clarify, through the Minister, exactly whether this will circumvent, for example, the Parish Douzaines in discussion with them as to their concerns with regard to new roadways? And also the moving to the Public Services’ discretion, and also not actually having the advantage, if you like, of States’ Members with respect to some of these roads that the Department may wish to deal with. I am thinking Admiral Park, for example, is one road that might be in discussion soon.

1620 Will that be discussed with the Douzaines by the Department before action being taken?

I would just like to have some sort of confirmation that the Department will not be circumventing other parties that should be involved in any discussion of moving roads into what the Department is considering doing.

1625 **The Bailiff:** Deputy O’Hara.

**Deputy O’Hara:** Sir, if I could just answer and give a little bit of assurance to Deputy de Lisle, I am sure that Douzaine Liaison Group will take this up with the Douzaines and I am sure that the Minister of

1630 Public Services – as he has done before – will come and explain the situation to the various Douzaines. We will try to fit it on the agenda for our next meeting with a view to discuss it. Probably, I am sure he will come along and take it further.

**The Bailiff:** Deputy Dave Jones.

1635 **Deputy David Jones:** Thank you.

I would urge States' Members to support this PSD initiative. It is a bit of a no brainer as far as I am concerned.

There is very strict criteria before PSD will adopt a road. The maintenance issues I agree with Deputy Trott on some of those.

1640 I would ask the Minister whether they could perhaps extend this to some of the coastal car parks? The regular maintenance at the kiosks, and certainly the recycling area down at Chouet needs attention on occasions. Some of the potholes down there are pretty grim in the winter.

I would urge States' Members to support it.

1645 **The Bailiff:** Does anyone else...?

Yes, Deputy Domaille.

**Deputy Domaille:** Yes, very briefly, sir.

1650 I would quite welcome PSD taking over the coastal car parks. It would save us a lot of grief, but actually we are responsible for those and – (**Deputy David Jones:** Are you?) Yes. (*Interjections*)

**The Bailiff:** Does anyone else wish to speak? No.

Deputy Luxon then will reply to the debate.

1655 **Deputy Luxon:** Thank you, Mr Bailiff.

Deputy Brouard – when last were the States bothered? Well, back in 2008 the process did change so that any States-owned property, including Housing Department properties, were able to be adopted in this way. I see Deputy Brouard has gone. So, yes, it has not happened lots. A new pavement at Mont Morin...

1660 The real issue for bringing this is that, through the review of processes and procedures, it was clear that there was some ambiguity – certainly in terms of when PSD widens or extends existing roadways. So the reason for this Report was not to make any fundamental change or deal with any big issue, it was simply one of tidying up. And Deputy Brouard will be aware of when any of these changes happen because of course it will be advertised within *The Gazette* and on the notices.

1665 Deputy Gollop mentioned about the six conditions in terms of the criteria and indeed that perhaps there should be more roads adopted. I would advise him that that would be an unwise idea. What the PSD would like to do, through our Guernsey Roads Department, is to make sure we are cautious about any new roads being adopted because of the costs involved, and that is why the criteria are very careful that within certain parameters we feel that we can absorb it within an existing budget, but any significant developments would not be able to be handled within existing budgets.

1670 Deputy Soulsby made the comment about the definition of good condition. We are in the process, through the Guernsey Roads Department, of conducting a survey which happened last year. What that did, for the first time ever, was to give us a very detailed picture of exactly the condition of all 300 miles of the Guernsey network in the Island. And clearly good condition will be a criteria that will be applied by the experienced inspectors to make sure that if we do make an adoption it is not going to have unintended consequences of significant draw on the existing budget.

1675 Deputy Trott made the point – as I knew somebody would – in terms of our mandate to maintain the current infrastructure in good order. There is no doubt whatsoever at all that potholes have become a greater problem in recent years. The winter weather in terms of extremes of both cold temperature, snow and rain... all of which exacerbates the speed with which minor damage then expands and becomes more of a problem. The Department is very well aware of the issue. We have, through social media, engaged with an awful lot of members of the public who have fed back to us specific details of potholes that they regard as being dangerous or newly emerging – and for that we thank them, as I thank other Members who give the feedback to Board Members.

1685 We will be bringing a report back to the States. The reality is, with the circa £3 million that we have available to be able to maintain the existing network and deal with potholes, that either it is going to take longer for PSD to be able keep up the programme of maintenance or indeed repair them, unless we can find additional funds. At the moment a prioritisation process is undertaken to try and make sure that the worst cases are dealt with at the earliest opportunity. I do not make light of it, it is a serious point that Deputy

1690 Trott made – and other Deputies have – and we recognise it and we will look to try and task ourselves to progress this.

Deputy De Lisle asked about the Douzaines. Well, in actual fact – I am happy to give way to Deputy Trott, sir.

1695 **Deputy Trott:** I am very grateful. I just wondered if my friend was able to advise whether the Department had any key performance indicators? In other words, how long is this Department willing to allow some of these whoppers to remain?

1700 **Deputy Luxon:** I think the key performance indicators that he talks about is very much captured in the quote he made in terms of what the mandate is. We are very conscious of the need to maintain the road network in good order. In terms of the KPIs, I did mention in answer to Deputy Soulsby's point we have just conducted a very thorough survey and it is the first time that it has happened. What that survey does is it allows the Department now to be tasking itself to come back to the PSD Board with proposals of the whole approach to how we invest the money. So that will develop through that process.

1705 Deputy De Lisle asked about Douzaines and I thank Deputy O'Hara for clarifying the point. The Douzaines' responsibility for this area of the management of the roads ended some time ago. The mandate is with PSD but, yes, of course, we would liaise with the Douzaines in any particular issue.

Admiral Park, which is the example we put into the Report, is not an issue that we think will come back. We simply made the point that that is an example of a private road of significance that would not fall within the terms of the recommendations that we put before Members today.

1710 I thank Deputy David Jones and, as Deputy Domaille mentioned, the beach car parks are actually the responsibility of the Environment Department. They too have similar problems of the severe weather has made the condition of those car parks worse, but it is a budget issue for Environment Department not PSD.

I thank Members for their contributions and I hope people will be able to support the three Propositions. Thank you, sir.

1715

**The Bailiff:** Members, there are three Propositions on page 983. Propositions 1 and 2 have been amended by the successful Deputy Lowe/Deputy Fallaize amendment. I put all three Propositions to you together. Those in favour; those against.

1720

*Members voted Pour.*

**The Bailiff:** I declare them carried.

## REQUÊTE

### XI. Lasting Powers of Attorney – Propositions carried

*Article XI.*

*The States are asked to decide:*

*Whether, after consideration of the Requête dated 27th December 2013 and signed by Deputy R A Perrot and six other Members of the States, they are of the opinion:*

- 1. To direct the Policy Council to investigate the introduction into Guernsey of lasting powers of attorney.*
- 2. To direct that the Policy Council report to the States of Deliberation thereon by June 2015.*

1725 **The Senior Deputy Greffier:** Article XI. Requête – Lasting Powers of Attorney.

**The Bailiff:** Deputy Perrot, the lead requérant, will open the debate. *(Laughter)*

**Deputy Perrot:** Thank you very much, sir.

1730 I have got my charger, but I have no longer got my bicycle. It is at Bulwer Avenue actually, where I got when I received your telephone call. I hitchhiked a lift back. *(Laughter and applause)*

**The Bailiff:** I am glad the transport strategy is working *(Applause)* and encouraging car sharing.

**Deputy Perrot:** I have not done that for a few years. *(Laughter)*

1735 Right. Lasting Powers of Attorney. First, could I thank my – Sorry? (*Interjections*) Could I thank my co-signatories for supporting this?

I do not believe in making, as you know, long opening speeches. I must just say a couple of things.

1740 I hope that I have established my credentials sufficiently that this Chamber realises that I do not propose change for the sake of it. Likewise, I hope that the Assembly understands that I have... or I hope that I have demonstrated in the past that I have a great respect for Guernsey's Laws and institutions and in particular the role of the Royal Court. I say this because I wish the Royal Court to continue to protect – as it always has done – the vulnerable. I do not wish to disturb that in any way at all.

1745 But the problem at the moment is that a person contemplating his legal incapacity - it might never come - but a person considering his legal incapacity cannot arrange in advance to choose a guardian. So what happens now if a person is legally incapable of managing his own affairs some concerned person – generally a member of the family, but sometimes a best friend – will make an application to the Royal Court for a guardian to be appointed, and the guardian is subject to the overarching supervision of the Royal Court – and that is absolutely right and proper. But the patient concerned is not able to choose that in advance of it happening. And I have to say that generally speaking the system works very well indeed. It is an ancient one, but it does work. I have, though, on a number of occasions seen it when it does not work. That is not the fault of the Royal Court, that is the fault of the fact that one cannot do something in advance of the event.

1750 I have seen families fall out because they wanted to fight, as it were, to grab a patient's money. I have also seen, I have to say – and I am ashamed to say it – disreputable conduct on the part of professional guardians and that, in the past, has not reflected particularly well on my own profession.

1755 What I wish to do now is to have an enduring power of attorney, and it is all self-explanatory in the Requête, and, so, what I am really doing is presenting the present system with knobs on. In other words, the Royal Court will retain its overarching supervision, but the patient will have the ability to appoint in advance. He will be able to do so in respect of two things: one will be in respect of finance and personal possessions, the other will be in respect of welfare – and that is the one that can be particularly difficult – so he would be able to influence, through his appointed Attorney, his future care and management after incapacity.

1760 Members will not need me to explain any more than that really, because it is all pretty self-evident. But can I say just one thing more? We are very lucky to have in our judiciary arm – I think she is now a Lieutenant Bailiff – someone who has had a great deal of experience in the Office of the Public Guardian in the United Kingdom. So if this Requête is accepted by Members of the States then during any local investigation I am sure that her input will be very helpful indeed. I am, of course, willing to answer any questions which might arise from this, but I do hope that people will agree with me that the proposal is straightforward. (**Several Members:** Hear, hear.)

1770 **The Bailiff:** Members, I will call next the Chief Minister and then Ministers of the Departments have been consulted. Just for your information – well, not just for your information, for your decision – I propose that we continue to until at least one o'clock (**Several Members:** Hear, hear.) and then we will see at one o'clock what progress we are making. So the Proposition can continue until at least one o'clock. Those in favour; those against.

*Members voted Pour.*

1780 **The Bailiff:** We will continue.  
Chief Minister.

**The Chief Minister (Deputy Le Tocq):** Sir, I will be brief.

1785 The Policy Council fully support the Prayer of the Requête and just to underline the fact that obviously this matter was raised to some degree when this Assembly voted through, unanimously, the Disability and Inclusion Strategy. And it is our intention – because we want to undertake good governance – that the Prayer of the Requête and this matter should be taken up in partnership with the implementation of that strategy in any legislation that comes back as part of that strategy. We believe it can be done in an appropriate and effective way as part of that, and so we do encourage – in conjunction with, obviously, Departments like Health and Social Services and the Social Security Department – that we should be able to implement such proposals effectively and make them work for Guernsey in a proportionate manner.

1790 So I do encourage the Assembly to support this.

**The Bailiff:** Deputy Gillson, as Minister of the Home Department, do you wish to speak?

1795 **Deputy Gillson:** I have got nothing to add to our comments.

**The Bailiff:** Thank you. Next, Deputy Dorey, Minister of the Health and Social Services Department.

**Deputy Dorey:** HSSD considered the Requête and supported it unanimously.

1800 Many HSSD staff work closely with adults who have lost, or are losing, their mental capacity to make decisions about their own affairs. At present people in this situation have no choice about who takes responsibility for their affairs when they lose capacity – the decision is made by the courts. In the experience of HSSD staff, this can lead to problems – which Deputy Perrot has referred to. In the event of family disputes, it does not always promote the best interests of the person who has lost capacity.

1805 The introduction of Lasting Powers of Attorney would help to improve the situation. It will mean that individuals could choose the person they want to represent them and make decisions on their behalf, rather than having the court's choice of person. Even if the courts always choose the right person to be guardian and do not have any problems or disputes to do with the current arrangements, this would still be an important step forward.

1810 We all expect to be able to make decisions over our personal details of our lives over our finances and wellbeing. If we cannot make these choices ourselves we would hope, at least, to have some control over who makes the decisions on our behalf. The introduction of Lasting Powers of Attorney would help to restore that kind of choice to people who are losing mental capacity.

1815 It is important to be clear that Lasting Powers of Attorney need to be made while a person has mental capacity and only come into effect once the capacity is lost. So, for example, an adult who has made a Lasting Power of Attorney and then goes on to develop dementia will be protected. For this reason the need for Lasting Powers of Attorney will become increasingly obvious in view of the aging population and the growing prevalence of conditions such as dementia.

1820 But Lasting Powers of Attorney do nothing to protect people who have never had the capacity to manage their own affairs independently – which might include, for example, some people with significant learning disabilities or people who lose capacity suddenly and unexpectedly – for example, after a brain injury.

1825 In order to ensure that the appropriate protection and support is in place for all people who lack mental capacity, there does need to be a wider review and development of the legislation. This is something that HSSD is committed to leading on, as part of the Disability and Inclusion Strategy, as the Chief Minister referred to. We will work closely with the Policy Council and other States' Departments on this to ensure that we can bring proposals back to the States by the end of 2016, and also to ensure that Lasting Powers of Attorney are seen as part of the bigger picture on mental capacity.

In the meantime, HSSD fully supports this Requête and believes that Lasting Powers of Attorney would be of benefit to many Islanders if they are introduced.

1830

**The Bailiff:** Next, I will call the Deputy Minister of the Social Security Department, Deputy James.

**Deputy James:** Yes, thank you, sir.

1835 I think I have very little to add, other than what is listed actually in the Billet. It came to the Social Security Board and we were in fact fully supportive of this Requête.

1840 I think on a personal note, sir, the only thing that I would say, whilst fully supporting the Requête, is my concern in Guernsey for quite some time has been the lack of a mental capacity act in Guernsey. So what in fact I am trying to say is that I would like to see Guernsey address that lack of legislation and determine who is appropriate within our community, within our professions, to determine who has mental capacity. That I would suggest is a gap currently in the whole process.

Thank you.

**The Bailiff:** Does anyone else wish to speak?

Deputy Bebb and then Alderney Representative Harvey.

1845

**Deputy Bebb:** Thank you, Monsieur Le Bailli.

1850 I would like to start by apologising to Deputy Perrot. He asked me if I could be a signatory and I did not get back to him in due course, and he had sufficient signatories already. I regret not getting back to him in good time. But at the same time I would also like to congratulate him on possibly the most wonderful piece of common sense that I have seen in the States for a long time. It is excellent.

I would like to emphasise two things in relation to this particular Requête, that I feel would be currently addressed. Deputy Perrot made reference to the ability of people to make choices as to their future care.

1855 A friend of mine a few years ago has cause to go to the UK for some fairly major surgery and she was able to put in place, in advance of that surgery, the ability as an Enduring Power of Attorney to ensure that her care was as she wished. She was able to do that because she was in the UK and surely it is wrong for us in Guernsey to say that if you need to go to the UK for surgery then you can put in place appropriate

provisions to make sure that you are cared for in the right way, but that if your condition is such that you can be dealt with here in Guernsey you cannot.

1860 I believe that part of the discussion in the UK at the moment in relation to euthanasia is drawn by the fact that people do not make sufficient provision in relation to their end of life care and, given that this is Dying Matters Week, I think that that is particularly pertinent, because people should be able to make provisions, especially in relation to dementia, so that they know what will happen to their care at that time when they lose capacity.

1865 I was also approached by a person in relation to mental health who suffered bi-polar disorder and during periods of mania they, unfortunately, had a habit of spending very large sums of money – buying huge quantities of things. Unfortunately, of course, there is nothing that can be done due to the fact that it is a periodic problem. That person welcomes this because they will be able to put in place appropriate financial provisions for those periods of time when they go through mania and they will not suffer the financial difficulties that they have suffered as a result of their disorder.

1870 There is one other thing that I would like to say, whilst we are talking of the ability of individuals to take care of their own personal affairs, I think that we also need to recognise that without such provisions in place at the moment I am reliably informed by members of staff at HSSD that on occasion they find themselves in a very difficult situation, not knowing exactly what the wishes of a patient would be and having to rely on family members. That means that we are putting staff members into the eye of a storm of a family feud and that surely cannot be right. This will go some way towards addressing that issue.

1875 Therefore, Deputy Perrot, I would like to congratulate you on your wonderful Requête and I hope it will be supported unanimously.

Thank you.

1880 **The Bailiff:** Alderney Representative Harvey.

**Alderney Representative Harvey:** Thank you, sir.

1885 This is obviously an entirely sensible Proposition and indeed very recently I was approached by a resident in Alderney on just this issue. She was trying to make disposition for the future and finding the process rather frustrating and complex. We have not yet discussed this in Alderney. We shall do so shortly and I feel sure we will wish to replicate any consultation which is undertaken in Guernsey and in due course probably duplicate appropriately your legislation.

Thank you.

1890 **The Bailiff:** Yes, Deputy Soulsby.

**Deputy Soulsby:** I fully support the Prayer of this Requête.

1895 Funnily enough, the subject arose at the last CPA annual conference last year and it was evident to me at the time that Guernsey was lagging way behind many of the jurisdictions who were represented there, who have gone further than this actually in terms of the use of advanced health care directives.

So I think this is going to be increasingly important, as we need to cater for an increasingly aging population.

**The Bailiff:** Anyone else? No.

1900 Well, then I need to invite the Ministers who have spoken, in reverse order, if they wish to have the opportunity to say anything more. Deputy James? (**Deputy James:** No, sir.) Deputy Dorey? Deputy Gillson? (**Deputy Gillson:** No, sir.) Deputy Le Tocq? No.

Deputy Perrot then will reply.

1905 **Deputy Perrot:** Could I thank all of those who have spoken in support and so kindly about this Requête.

1910 I have to say that I had not considered an equivalent here of some sort of mental capacity act but, now that Deputy James mentions it, there is actually a problem at the moment because we do have people sometimes who are prospective patients but one does not know whether the memory is so bad or it is so instant, that there is no real cognitive ability. And I could quite see that it would take a specialist to give advice on that. Perhaps we fall short of that at the moment. It is not something which I really had ever thought about properly.

Deputy Bebb. He did not come back to me. I cried a little (*Laughter*) but I forgive him and thank him for the very kind words which he came out with in respect of this Requête.

1915 One thing which he does mention about the friend of his who needed to go to the UK to have an enduring power of attorney... One of the things which will have to be looked at if this is accepted during the investigation is cross-jurisdictional aspects. So what sort would we accept in Guernsey in the expectation

that we would expect our enduring powers of attorney to be accepted in other jurisdictions? Actually there is probably a lot of work to be done there, come to think of it.

1920 Deputy Bebb also mentioned the subject of euthanasia. Could I just say that I am not for euthanasia and that this has no part to play in what I am proposing here, and I would certainly not expect any investigation to be thinking about euthanasia. I reassure my co-signatories that that was *not* what I am about at all.

1925 What I could see happening is that a person might wish to give instructions to the attorney responsible for his health and welfare, as to what sort of treatment he might wish to have if he were legally incapacitated. One of the subjects which comes to mind would be the question of whether he wishes simply to have palliative care, but that has got nothing to do, in my view, with euthanasia.

1930 Thank you to Alderney Representative Harvey. And thank you to Deputy Soulsby – she had actually agreed to support the Requête but when I eventually got around to drafting it, it was Christmas time so everybody was away. In fact, I door-stepped Deputy Mrs Lowe to stop her going to Vienna until she signed my Requête. I thank her for it and I am sorry for turning up unannounced on your doorstep.

Anyway, thank you very much all those who supported this. I do hope that you will accept it.

1935 **The Bailiff:** There are two Propositions on Page 989. I will put them both to you together. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare them carried.

1940 That concludes the business for this meeting – this *April* meeting – of the States. (*Laughter*)

*The Assembly adjourned at 12.42 p.m.*