



Scrutiny Management Committee

Committee for Health & Social Care Public Hearing - 24th of May 2018

The Scrutiny Management Committee panel comprising Deputy Chris Green (Chair), Deputy Jennifer Merrett and Non-States Members Advocate Peter Harwood and Mrs Gill Morris questioned the Committee for Health & Social Care (CfHSC) on Thursday 24th of May 2018.

The CfHSC delegation comprised the President, Deputy Heidi Soulsby, the Chief Secretary Mark De Garis, Medical Director Dr Peter Rabey, Director of Public Health Dr Nicola Brink and finance business partner, Mr Keith Davies.

This was the Scrutiny Management Committee's second public hearing with the (CfHSC) in this political term and concentrated on the ongoing transformation process that CfHSC intend to progress for Health and Social Care in the Bailiwick, which was outlined at length in their 'Partnership of Purpose' policy letter.

The SMC questioning was an attempt to add additional clarity around the implementation of the 'Partnership of Purpose' policy letter, to gain an improved understanding on current progress and identify the intended future developments that will result from this process.

The hearing provided an opportunity for significant information to be placed within the public domain. This included the points outlined below:

1. The CfHSC President confirmed that the Committee is under substantial financial pressure in this budget year and that they will be under even more pressure next year with the proposed Medium Term Financial Plan (MTFP) 1% cut in the CfHSC budget for 2019. That savings target for 2019 was felt to be unrealistic.
2. The CfHSC President also confirmed that important decisions on changes to health and social care charges will come before the States in the upcoming CfHSC Policy letters within this political term.
3. Deputy Soulsby stated that HSC have no firm evidence that people are necessarily deterred from attending Accident and Emergency (or Emergency Department) or Primary Care by purely financial concerns.

4. Deputy Soulsby also confirmed that CfHSC will be looking at the potential for utilising the available capacity at A&E / ED in imaginative ways, including a possible scheme to assist access to primary care for children.

5. The CfHSC President confirmed that the contract monitoring process to support the new contract with the Medical Specialist Group (via the agreed key performance indicators) is now in place and working effectively.

6. The CfHSC President confirmed that the current policy outlined in the document "G1033" was an attempt to codify the complex decisions that need to be taken around funding of expensive treatment options locally. The CfHSC President explained the Committee view on this: under the present funding constraints, difficult decisions had to be made by the relevant clinicians and that this policy was an attempt to explain this process in a transparent manner. Any significant changes to this policy may require explicit endorsement from the States Assembly.

7. It was also made clear during the questioning that many of the objectives outlined in their 'Partnership of Purpose' policy letter are underpinned by the need for effective information systems. The CfHSC explained that it was essential that these effective, modern information systems are delivered by the central information systems team to support the work of the CfHSC.

8. It was emphasised during the questioning by the CfHSC President that the 'Partnership of Purpose' process, to be successful, would require a significant "cultural change" within CfHSC and the wider public sector.

9. The CfHSC President stated that £1.9 million has been requested from transformation and transition funding resources to support the transformation activity within CfHSC. This included £835,000 on the transformation team staffing and finance to support the upcoming "TRAK" system upgrades.

10. It was emphasised by the CfHSC President that the key healthcare partners locally, such as General Practitioners, are signed up to the 'Partnership of Purpose' process after an extensive consultation process.

11. It was also explained by the Director of Public Health that the new initiative to provide free contraception to those under 21 was a good example of transformation that has started already and was working well.

Conclusions

In summary, the SMC noted the considerable progress that has been made thus far by the CfHSC.

However, it is clear that this process is just at the start of a long term project. It is clear to the SMC that this process should continue to be the focus of significant Scrutiny over the remainder of this political term.

It is presently unclear as to what the so called "universal offer" will mean in practical terms for local people. At this stage, there is no indication as to what services may be included within the universal offer as free (or subsidised) services; and what will be chargeable under the system. It was not possible for the panel to obtain any specific information or a great deal of clarity on what categories of services or treatments would fall under the universal offer or be excluded.

It was also apparent that the CfHSC do not presently have concrete policy proposals to help extend fair access to primary health care, notwithstanding the potential to examine more imaginative uses of A&E in the future. Given the work that the Scrutiny Panel has been conducting on In Work Poverty under Deputy Peter Roffey's chairmanship, that is disappointing.

The programme of change that is required to deliver the stated CfHSC objectives is extremely large and complex. It is perhaps the most difficult challenge facing the public sector locally. It remains an open question whether the 'Partnership of Purpose' vision can be delivered successfully, without significant additional resources, given the need for the CfHSC to continue to deliver health and social care services of an acceptable quality as "business as usual".

The SMC believe that additional clarity regarding the future transformation programme being undertaken by the CfHSC is essential. On this basis the SMC will continue to regularly question the CfHSC on the progress.

In light of the concerns expressed by the President of CfHSC on the Committee's budgetary position for both 2018 and 2019, we would sincerely hope that the Committee for Policy and Resources will work closely with the CfHSC to ensure that the latter can fulfil its health and social care mandate effectively whilst remaining within budget if reasonably possible.

-ENDS-

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