HEALTH SERVICE: REVIEW OF DEVELOPMENT POLICIES 1988 to 1992.

Lodged au Greffe on 7th February, 1989
by the Public Health Committee.

STATES OF JERSEY

STATES GREFFE

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"LIFE IS NOT JUST TO LIVE, BUT TO BE WELL."

(Martialis 30 A.D.)

PROPOSITION

THE STATES are asked to decide whether they are of opinion -

to refer to their Act dated 9th June, 1987 approving in principle the report of the Public Health Committee setting out key policies for the development of health services for the period 1988-92 and, noting the comments of the Finance and Economics Committee, to approve in principle a review and progress report thereon of the Public Health Committee dated January, 1989.

PUBLIC HEALTH COMMITTEE

NOTES: 1. **ESTABLISHMENT COMMITTEE COMMENTS.**

The President of the Establishment Committee, in a statement to the States on 26th July, 1988, pointed out that -

> "The Establishment Committee will not entertain requests for extra staff other than in cases of public interest need, such as the maintenance of law and order, the health and care of Island residents, specialist education personnel and key posts which will ensure the continued prosperity of Island life."

The particular request made by the Public Health Committee to increase its establishment by 65 additional posts for 1989 is substantial. However, in the context of the provision of health care to the residents of the Island, it is an extremely significant

one. The Committee is therefore willing to support the Public Health Committee's request on this occasion, but will look to other committees to exercise restraint in the pursuit of establishment increases during the coming year.

The Committee, on 29th November, 1988, lodged "au Greffe" its report and proposition "Public employees: control of manpower (P.154/1988)" which will be debated this session and all future requests from committees for extra manpower will be subject to an overall target that will be set by the States. Future requests from the Public Health Committee and all other committees will, therefore, be able to be measured against such a target.

2. FINANCE AND ECONOMICS COMMITTEE COMMENTS.

The Finance and Economics Committee, in its comments on the Public Health Committee's Report and Proposition "Hospital Services - development programme (P.76/1987)", referred to the unique difficulties in containing the demands on the public health service. The experience of other authorities has shown that there is no natural limit to the demands for improved health care, and that control of expenditure in this area calls for a financial limit to be set within which those demands should be met, and priorities determined.

The Finance and Economics Committee supported the declared attempt of the Public Health Committee in 1987 to limit the annual growth in net expenditure which is to be financed from general revenues to a maximum of 2 per cent in real terms, over and above increases which are required for pay awards, inflation and capital servicing. The Finance

and Economics Committee also noted in 1987, with satisfaction, that if due to factors beyond its control this objective could not be achieved the Public Health Committee would report back to the States with a detailed report outlining the circumstances and requesting further approval.

The Public Health Committee also assured the Finance and Economics Committee that no supply day requests other than for pay awards and inflation will be made by the Public Health Committee for the five year period and that, if savings cannot be made as planned, then growth will be correspondingly delayed.

In the event, for the reasons stated in its report "Review and progress - A Plan for the Health Service in Jersey 1988-1992" (paragraph 3.2.1) the Public Health Committee has been unable to keep within the 2 per cent real growth target. The most notable area where growth is exceeding expectations is inpatient services which, with general demands for an improved range and quality of care, has shown an increase in the number of patients requiring treatment.

The theme running through the Public Health Committee's report is that the demand for a high quality of service, coupled with an increase in numbers, is placing an increasing demand on the financial and manpower resources. A warning is given that as a result of the major impact of commissioning Phase III of the General Hospital development, there will be a further growth in expenditure in 1990.

The Finance and Economics Committee notes that the Public Health Committee propose to submit a

detailed report to the States in mid-1989 in support of its 1990 budget.

The Finance and Economics Committee would express the hope that the Public Health Committee will take all possible steps, by funding expenditure through increased income wherever practical, to work within the growth rates stated in the report; that is -

(i) Para. 3.2.2. Based on the total probable gross expenditure for 1988 (£41.197 million) the net growth in 1989 would amount to 2 per cent taking into account growth already included in the 1989 budget and an anticipated April supply request of £561,300.

(ii) Para. 3.2.3. An additional 3.5 per cent (£1.473 million) gross growth based on the current gross expenditure figure for 1990 (£42.086 million), subject to supply day requests during 1989. (Plans to generate increased income are being considered and therefore the actual amount of growth to be funded from general revenues is not presently known.)

(iii) Para. 3.2.4. During the years 1991 and 1992, the Committee does not expect to request growth from the States' general revenues in excess of 2 per cent over and above the increases for inflation, pay awards and capital servicing.

However, as the Finance and Economics Committee stated when commenting on P.76/1987, achieving these growth factors will be subject to finance being available and annual agreement to the Public Health

Committee's estimates when the overall budgetary position of all States' committees is known. In this respect the funding of the Public Health Committee's programme over the period to 1992 will also depend on the claims of other committees and the relative priority to be attached to the Public Health Committee's requests.

The States are also reminded that the rate of growth in Public Health expenditure will be above that referred to in the report due to the following -

(i) capital servicing will increase as a result of the significant capital expenditure that has taken place in recent years;

(ii) various improvements in service, both building works and equipment will continue to be financed from capital expenditure and private benefactions;

(iii) pay awards.

The Finance and Economics Committee would point out in this context that the probable expenditure for 1988 at £41.2 million will be 26 per cent above the actual expenditure for 1987.

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REPORT.

1. INTRODUCTION

1.1 The Public Health Committee currently faces considerable demands to improve the range and quality of health services available to the Island population. Similar trends are being experienced elsewhere in the western world and stem primarily from -

(a) the success of medical science and its continued advancement;

(b) demographic changes which include increases in population, particularly in the age range of the elderly;

(c) social changes giving rise to changing patterns of disease, for example, alcoholism (and related disorders) drug misuse and Aids;

(d) the increased expectations of the public.

1.2 In June 1987, the Public Health Committee submitted a proposition (P.76/1987 "A Plan for the Health Service in Jersey 1988-92") to the States which was subsequently approved. It is important in the context of what is to follow that the content be reviewed. The plan identified key health service development policies which included proposals for -

(a) developing facilities at the General Hospital which were comparable with those offered in a small United Kingdom district general hospital. Ensuring waiting lists for admissions were kept to an acceptable level and that hospital beds were available for emergency and urgent admissions;

(b) the provision of community support to elderly people and those with mental handicap in order that they may live as integrated members of our community;

(c) the provision of a comprehensive range of in-patient, out-patient and rehabilitation services to people with mental illness;

(d) the development of a specific service to address the problems of alcohol and drug misuse;

(e) a concerted effort in the areas of preventive health and health education, in order to attempt to reduce the demands for health care in the future.

1.3 In order to achieve these developments in health services, **and acknowledging that demands to improve the range and quality of health care can be infinite,** the previous Public Health Committee undertook **to attempt** to limit increases in revenue expenditure to 3.5 per cent per annum over the next five years (over and above the cost of pay awards, inflation and capital servicing). In order to minimise the impact on the Island's economic resources the Committee proposed to seek increases in revenue of 2 per cent per annum (to maintain existing services) and to fund service growth of 1.5 per cent per annum from increased efficiency, savings and income generation.

1.4 This proposition was based on the assumption that demands on services and the expectations of the public would steadily increase during the next five years. In fact demands during 1988 have been greater than anticipated. As a result of this increasing rate of demand (detailed in para. 2.1.5.) and acknowledging the undertaking with regard to resources and manpower given to the States in the 1987 report (page 41) the Committee wishes to appraise the States of the following:

(a) progress in implementing key policies contained in the report;

(b) current and projected demands for health care;

(c) the resource implications of meeting such demands.

2. PROGRESS IN IMPLEMENTING KEY POLICIES/CURRENT AND PROJECTED DEMANDS FOR HEALTH CARE

2.1 Acute and General Services

2.1.1. Prior to the commissioning of Phase II of the General Hospital the following in-patient facilities (excluding acute psychiatric beds) were available -

1986	Beds
Medical wards	70
Surgical wards (including short stay)	80
Maternity unit	31
Children's ward	20
Intensive/coronary care	5
Private wards	34
Total	240
Operating theatres (including short stay and maternity)	4
Endoscopy suite	1

2.1.2. It should be remembered that, apart from the relatively new Endoscopy suite, all these facilities were outdated offering little in the way of privacy, affording limited dignity and making up to date care extremely difficult. In addition, the Accident and Emergency, Radiology and Clinical Investigation facilities required significant improvement and

refurbishment. Acknowledging the above the States approved Phase II and Phase III General Hospital developments during the period 1984-87 as follows - P.35 (1984); P.61 (1985); P.87 (1986); P.101 (1987).

2.1.3. In 1987 Phase II of the development was commissioned, followed closely in 1988 by the Clinical Investigation and Radiology Departments. All these developments offer facilities of an excellent standard, providing health care of which the Island can be proud. On completion of Phase III of the General Hospital, the following additional, improved facilities will be available -

	Beds
Medical wards including endoscopy and special investigations	88
Surgical ward includes all specialities and short stay	116
Maternity includes ante natal, labour and post natal	30
Children rarely full overnight and staffed according to need	20
Intensive/coronary care 5 intensive and 5 coronary care beds will be available in case of a serious incident, however only 2 intensive and 5 coronary care beds will initially be used	7
Private wards Mixed medical/surgical patients	34
Total	295
Operating theatres One of which will be used for emergency only, or to enable maintenance/repair of other theatres	6
Endoscopy suite	1

The Department of Clinical Investigation is responsible for providing a wide range of physiological investigations for the diagnosis and evaluation of patients' conditions. It covers several areas for assessment, including cardiology, respiratory, physiology and gastroenterology. The improved Radiology Department will provide for general and more specialist (mammography, body scanning, vascular imaging) radiography. It should be noted that whilst **diagnostic** mammography has commenced during 1988, **breast screening facilities** are currently being planned and a subsequent report may need to be submitted to the States which will identify the financial and manpower consequences of implementing this service.

The refurbished and improved Accident and Emergency Department will provide for an increased throughput of patients and enable more efficient and safer management of accident/emergency patients.

2.1.4. It is considered that many of the facilities identified above exceed those generally offered in small United Kingdom general hospitals. However, the Committee believes that long waiting lists, unnecessary visits to United Kingdom hospitals and inferior health care standards are unacceptable. In addition, the comparative geographical isolation of the Island gives rise to the need to provide some facilities which would ordinarily be provided on a regional basis in the United Kingdom. Furthermore, the Committee is of the opinion that the Island should not impose unreasonable demands on the National Health Service which might impinge unfavourably on the reciprocal health agreement.

2.1.5. Amidst the general demands for an improved range and quality of health care, the Public Health Committee has been faced with increased numbers of people requiring treatment. **During the period 1981-86 an increased demand for in-patient services of 24 per cent was identified** (P.76/1987 page 1 para. 1.5.). A comparison of in-

patient statistics for 1988 reveals that demand for acute medical and surgical treatment has increased considerably -

	1987 Jan.-June	1988 Jan.-June	Increase %
Medical wards	1,395	1,804	
Surgical wards (including short stay)	2,488	2,846	
	3,883	4,650	19.75

The above in-patient statistics do not include Maternity, Psychiatric, Paediatric and private wards, where increased demands have reflected similar trends to those experienced in recent years.

Further, if just one of the **high cost** areas is considered, for example coronary care, the following applies -

1987 Jan.-June	1988 Jan.-June	Increase
161	267	65%

In addition the States are asked to note that the 1988 probable expenditure on drugs for the General Hospitals amounts to £776,000 (approximately £100,000 over initial allocated budget). Whilst the increased number of patients treated accounts for part of the additional expenditure, closer analysis reveals that a **small group of 20 patients (requiring special treatment) give rise to expenditure of approximately £100,000 a year.** Such patients are illustrative of the success of medical science.

2.1.6. It can be seen from para. 2.1.3. above that following completion of Phase III of the development in late 1991,

there will be approximately 295 beds available. This figure includes those 33 beds currently available at Overdale Hospital for convalescent medical and surgical patients. The net gain in bed numbers therefore amounts to 22 beds. The refurbished Le Quesne Ward in the General Hospital has not at this stage been allocated beds and will be held in reserve until such time as current efforts to meet demand, through increased efficiency (reducing length of stay and increasing patient throughput) are exhausted. A further point relevant to the situation is that the more "efficient" the service becomes (in treating a greater number of patients with only marginal increases in beds) the more expenditure is incurred. This apparent paradox is explained by the fact that patients use up more resources during their first few days in hospital (expensive diagnostic tests, drugs, operations and greater nursing care) than the few days preceding their discharge.

2.1.7. One further consequence of increased throughput of patients and greater demands for service is of course the need to increase clinical manpower. A nurse manpower study initiated in 1986 by the Establishment Committee gave rise to increases in staff above those anticipated. An additional 22 nurses were appointed and, as the results of this study were unknown prior to the debate on the 1987 report, the revenue and manpower implications were not included in the "Resources" section of that report (chapter 8). Consequently the additional revenue was not included in the Committee's 1988 budget. A subsequent supply day request has rectified this situation.

2.1.8. The planned completion dates for these outstanding improvements which constitute the remainder of Phase III of the General Hospital development, are identified below -

	1989
Accident and Emergency Department	March*
Theatres	May*
Robin Ward - Paediatric Beds (20)	July
	1990
Intensive and Coronary Care Unit	January
Aubin Ward - Medical Investigation and Endoscopy beds (11)	September
Chevalier Ward - Surgical beds (25)	September
	1991
Bartlett Ward - Medical Beds (24)	September
Rayner Ward - Surgical Beds (25)	September

* These two developments are now likely to be delayed until after the necessary funds have been approved by the States (para. 3.2.2. refers).

2.2 **Services for people with mental illness**

2.2.1. Improving the facilities at St. Saviour's Hospital has been a priority for successive Public Health Committees, and significant progress has been made. However, as a result of building difficulties experienced with both Rosewood House and Clinique Pinel, efforts to upgrade the **main building** have been delayed. Only Juniper Ward provides accommodation of a good standard which permits privacy, adequate space and congenial surroundings. Capital monies to continue the upgrading programme have already been approved by the States.

2.2.2. The Committee is determined to complete the upgrading programme and detailed plans have been drawn up, but there is also a need to address the standards of treatment, rehabilitation and care which is provided. Senior medical and

nursing staff express concern at the standards they are able to achieve with their current levels of staff and manpower comparisons with similar hospitals in the United Kingdom generally supports their viewpoint.

2.2.3. In addition the Adult Psychiatric Unit at the General Hospital, which provides treatment for people with acute mental illness, is extremely busy. Ideally patients who do not respond readily to treatment (and are still acutely ill) need to be transferred to St. Saviour's Hospital in order to make beds available for new patients. Currently this facility is not available but subject to funding will be provided following the completion of the up-grading programme.

2.2.4. Development proposals include reducing the number of patients living in each ward area and increasing the number of wards from five to six. Patients will be grouped according to their therapeutic needs and provided with space and homely congenial surroundings which permit privacy and dignity. Progressive treatment and rehabilitation programmes will enable some patients to return to the community (with appropriate support) and the Adult Psychiatric Unit will be able to function more effectively.

2.2.5. The beginning of 1988 saw the full bed complement of St. Saviour's Hospital being used for the first time for some years. Ten additional beds (at Clinique Pinel) have been designated for use by elderly mentally infirm people providing long and short term care. There is an urgent need to develop community support services for such people and their families. The help will need to be practical, available in the home, and supported by day care and regular short stay admissions to residential care, which will enable relatives to enjoy a holiday or a break. It is important that a Consultant Psycho-Geriatrician be appointed, to offer clinical leadership in this field.

2.3 Services for people with a mental handicap

2.3.1. The Public Health Committee's policies for people with mental handicap are focused on five main goals -

(a) to ensure effective co-ordination of services offered by various States' departments and voluntary organisations;

(b) the provision of appropriate community support to individuals and their families;

(c) to assist small groups of people with mental handicap to live in ordinary houses as integrated members of the community;

(d) to ensure that hospital facilities are of a high standard, for those who require them.

2.3.2. Co-ordination of activity between various States' departments and voluntary organisations is important and currently discussions are ongoing with regard to the residential needs of children and the respite care needs of their families. The work initiatives taken by the Jersey Association for Mentally Handicapped Children and Adults and its request for support is also being considered jointly by representatives of the Education, Social Security and Public Health Committees.

2.3.3. A house has been purchased and is being improved, which will enable six people who presently reside in St. Saviour's Hospital to live in the community.

2.3.4. Currently a social worker and community nurse, both specifically trained and experienced in the field of mental handicap, are being recruited. Their role will be to provide support to people and their families, in their own home.

2.3.5. Two additional staff have been provided at Le Geyt Centre and a support group has been established in order to build on staff initiatives in making greater work training opportunities available to those who attend.

2.4. Services for elderly people

2.4.1. Of all the policies identified in "A Plan for the Health Services in Jersey 1988-92" (P.76/1987) those for the elderly service seem to cause most controversy. The key policies on page 16, paragraph 4.1 of the report, clearly state the intention to make available a wide range of flexible services which can be tailored to individual needs.

2.4.2. Intensive assessment, treatment and rehabilitation facilities at both the General and Overdale Hospitals offer services of a very high standard and of which the Island should be proud. Whilst there is an undoubted need to refurbish the fabric of Overdale Hospital, continuing care and short term care beds are available (in adequate numbers) at Overdale, Sandybrook and The Limes.

2.4.3. More than 100 day places are available at day centres, and grants to voluntary organisations have been increased from £467,000 in 1983 to £1,215,000 in 1988, a substantial increase in a relatively short period of time.

2.4.4. The Committee continues to appoint additional community support staff as resources become available and there are early indications that the recently introduced Home Care Assistant scheme will be a resounding success. A review of the Home Helps Service has been conducted and following detailed consideration of findings, in conjunction with the Home Helps Society, a report on the future of this important service will be submitted to the States.

2.4.5. A comprehensive facility to replace the existing Limes Hospital is already under way and will offer, when complete in 1991 -

(a) 28 units of sheltered housing (flats) built to the most exacting specifications which will enable the most frail physically handicapped person to be supported in their own home;

(b) a 30 bed residential nursing home which will also provide a small day care facility.

2.4.6. The Public Health Committee applauds the initiative already taken by some Parish Authorities in providing local sheltered housing and would wish to support such initiatives. Elderly people fare much better amongst people and in places they know, and where they themselves are known and respected.

2.4.7. There has been much co-operation during 1988 between the Committee and proprietors of private old peoples homes. A Residential Homes Association has been formed, a review system implemented and standards agreed. Increased rates of payment for residential placement have been necessary in order to enable improved standards to be achieved and maintained. The number of people requiring places in old people's homes continues to increase and the Committee attaches great importance to working in co-operation with proprietors to enhance the quality of services available.

2.5 **Alcohol and drug misuse services**

2.5.1. A Director for Alcohol and Drug Misuse Services was appointed early in 1988. Following detailed discussions and consultation with a variety of people/agencies, a report containing the following recommendations was presented to and accepted by the Public Health Committee -

(a) the formation of an Alcohol Advisory Committee for the promotion and formulation of policies in the area of alcohol usage in the community;

(b) the establishment of a Community Alcohol Team consisting of workers from the whole range of

services, both statutory and voluntary, who provide services for problem drinkers;

(c) the development of comprehensive day services for people with alcohol problems which should include readily available information and advice, together with a wide range of treatment options including a home detoxification service;

(d) the introduction of extensive health education programmes and an advisory service to employers wishing to develop workplace policies on alcohol use;

(e) the establishment, in conjunction with the Judiciary, Police and Probation Service, of a local alternative to the criminal justice system for persistent drunken offenders.

2.5.2. The Alcohol Advisory Committee consisting of representatives of all relevant agencies was established and held its first meeting in July. A report on "Alternatives to the Penal System for Persistent Drunkenness Offender" has been completed and is currently being considered.

2.5.3. The Director has offered individual treatment/counselling since early in the year and is currently in the process of recruiting a community nurse for the Alcohol Service. In addition a trained counsellor will also be appointed before the end of the year.

2.5.4. A community base for the Director and his team will be established once a suitable property has been made available.

2.5.5. Links with the Guernsey Health Promotion Department have been established and joint initiatives in professional education and general health promotion with regard to alcohol consumption are due to commence in December 1988.

2.5.6. A series of additional health promotion programmes, focused on 5th and 6th form pupils have already commenced in some secondary schools in the Island.

2.6 **Prevention and health education**

2.6.1. The need to pursue comprehensive programmes of health education is recognised by authorities worldwide. It must be acknowledged that the main causes of mortality have changed and are related to individual behaviour, for example: smoking; alcohol misuse; improper diet and lack of exercise; which give rise to lung cancer, liver disease, heart disease and strokes.

2.6.2. In order to ensure a local programme achieved maximum cost/benefits, Dr. David Player (formally Director of the United Kingdom Health Education Council) was commissioned to conduct a review of the local strategy earlier this year. The key policies identified in the report which was submitted to the States in 1987 were endorsed. There is an urgent need to appoint a further Health Education Officer and provide an increased budget which will enable more active health promotion campaigns. The recently appointed Medical Officer of Health will give priority to these developments over the next few months.

2.6.3. The threat posed by AIDS has been taken seriously and the AIDS Advisory Committee have adopted measures to safeguard the interests of individuals and the community at large. Diagnostic and treatment facilities are available locally; a co-ordinator/counsellor has been appointed on a part-time basis and a confidential information/counselling service is available. Continued investment in preventive health education is essential in order to minimise the impact of this most recent danger to the community's health. The Public Health Committee welcomes, and is grateful for, the contribution made by voluntary organisations in this field.

2.6.4. Environmentally, Jersey is held in high esteem, yet constant vigilance is necessary in order to maintain the quality of life enjoyed by both the resident population and visitors. The importance of tourism to the Island's economy means that special care must be taken to ensure healthy measures are adopted in the hotel, catering and retail industries and that our beaches are adequately monitored. Advances in technology may also pose potential threats to the population's health, preventive strategies must be adopted whenever possible to minimise any threat and reduce health care demands in the future. There is an urgent need to strengthen the Environmental Health Section and the Medical Officer of Health has been charged with conducting a review as a matter of urgency.

2.6.5. Dental health is an issue which requires attention. The Birmingham University Survey conducted recently highlighted the need for effective dental health programmes. It is evident to the Committee that the development of dental health services for children has not been given sufficient priority. The problem is being addressed in conjunction with the Social Security Committee and the Jersey Dental Association. If a partnership can be developed on acceptable terms, the Committee would seek to encourage routine dental treatment to be undertaken by the private sector, leaving the Committee's dental service free to concentrate on orthodontics, specialist treatment and oral surgery. It is the intention of the Public Health and Social Security Committees to submit a joint report to the States at an early date.

3. RESOURCES

3.1. In 1987 the Public Health Committee gave the following undertaking to the States -

> "To attempt to limit the annual growth in the Committee's net expenditure which is financed from general revenue to a maximum of 2 per cent in real

terms over and above increases which are required for pay awards, inflation and capital servicing:"

and

"To attempt to limit the number of staff employed by the Committee to its present total establishment of 1,754 F.T.E. posts."

(P.76/1987, page 34, para.8.1.(a) and (b)).

3.2 **Revenue**

3.2.1. Given the circumstances described in section 2 of this report relating to increased demands and expectations, together with the effects of outstanding clinical manpower studies, the Committee has not found it possible to contain expenditure within original targets. Increased expenditure during 1988 (other than pay awards, inflation and capital servicing increases) will amount to £975,000, representing growth in real terms of approximately 3 per cent. The additional expenditure has been on items already debated and approved by the States and they are listed below -

	£
Grants to United Kingdom Hospitals/Research Trust	300,000
Additional residents in private old peoples homes, increased rates of payment	350,000
Nursing appointments resulting from manpower study	280,000
Net cost of increased patients treated in the General Hospital	45,000
Total	£975,000

3.2.2. The 1989 revenue budget requested by the Committee included provision for funding certain developments which are summarised in an Appendix to this report. They include improvements to the Accident and Emergency Department, operating theatres and Community Health Services. Understandably, the Finance and Economics Committee deferred consideration of the manpower consequences of these developments until such time as the approval of the Establishment Committee and States had been obtained. If the States endorse this report the Committee intend to seek funding of £561,300 at the April 1989 Supply Day. Based on the total probable gross expenditure for 1988 (£41.197 million) the net growth in 1989 will amount to 2 per cent, taking into account growth already included in the 1989 budget and the anticipated April supply day.

3.2.3. The major impact of commissioning Phase III (para. 2.1.8.) of the General Hospital development will occur during 1990 when the full year costs will be faced for the first time. If improvements in other services are to continue, then gross expenditure in real terms will increase by a further 3.5 per cent gross in 1990. A detailed report in support of the Committee's 1990 request will be submitted to the States in mid 1989, however an additional 3.5 per cent growth based on the current gross expenditure budget for 1989 (£42.086 million) amounts to £1.473 million. This figure will need to be increased subject to supply day requests during 1989. The percentage net growth required from general revenue is not yet known, as detailed plans to generate increased income are currently being considered.

3.2.4. During the years 1991 and 1992 the Committee does not expect to request growth from the States' general revenue in excess of 2 per cent over and above increases for inflation, pay awards and capital servicing.

3.2.5. These financial projections are based on the best information currently available; however health care is an extremely dynamic public service and the Committee's ability

to contain expenditure within financial targets may be affected by the following -

(a) a significant imbalance occurring in relation to the United Kingdom reciprocal health agreement;

(b) sudden unexpected changes in epidemiology, for example, a marked increase in the number of people acquiring AIDS;

(c) revolutionary changes in medical treatment/ technology which the States may wish to be immediately available locally;

(d) decisions of the States to make direct grants/ex gratia payments to United Kingdom hospitals.

In this respect the Public Health Committee is prepared to report back to the States on an annual basis.

3.3 **Manpower**

3.3.1. At the time of its Report to the States in June 1987, the Public Health Committee requested a manpower ceiling of 1,754 full-time posts. It was reported that efficiency studies had produced reductions in the work force, such that, by the end of 1986, it was approximately 70 posts below the total.

3.3.2. Following approval of the Committee's development plans by the States, a manpower plan was produced which ensured that developments during 1988 were provided for within its current establishment. By the end of the year it is estimated that the number of full-time staff employed will be approximately 1,744.

3.3.3. The development plan for 1989 will give rise to the need to employ a further 75 staff, requiring an increase of 65 posts to the Committee's manpower establishment. Details of these additional posts are included in the Appendix to this report.

3.3.4. Concerted effort has been made by the Committee to reduce manpower in non-clinical areas, although it must be appreciated that support staff, for example domestics, engineers, catering staff, laundry workers and clerks are essential and valuable members of the health care team. As the demands and range of buildings and facilities increase, additional support staff will inevitably be required. Although a number of efficiency reviews are still in progress, in conjunction with officers of the States Personnel Department, the Committee concludes that there is little scope for any further significant reduction without a reduction in the quality of service. However the Committee will strive to improve the efficiency and quality of such services.

3.3.5. One final area of manpower which should be mentioned is of course recruitment and training of locally resident nursing students. Following changes in the United Kingdom in nurse training, the Committee has been successful in negotiating an agreement for a jointly planned general registration course with the Southampton Health Authority. This will secure training facilities for local people which have been available in the Island for over 60 years.

4. CONCLUSIONS

4.1. The States are asked to acknowledge that during the last 12, eventful months the Committee has not extended its brief but has implemented policies which were approved in 1987.

4.2. The Committee has taken every reasonable step to contain increased revenue expenditure and manpower growth; it is however necessary to review the revenue and manpower targets set by the previous Committee for the following reasons -

(a) demands for health care and the expectations of the public have, as stated in the report, increased beyond

those which could have been reasonably anticipated in 1987;

(b) there is a need to maintain impetus in the mental health and the community care developments, whilst at the same time introduce those remaining acute services within Phases II and III of the General Hospital;

(c) there is a need to continue to develop a comprehensive local health service without over reliance on the United Kingdom, in order to protect the integrity of the recripocal health agreement and continue to have the facility to refer patients to mainland hospitals in certain instances.

4.3. The Committee accepts the challenge to conduct its affairs within finite resources and of course will be directed by the States. However the States are asked to note that there is no contingency provision within the Committee's allocated budget, nor adequate facility to transfer resources between block votes and the Committee must reserve the right either to return to the States on Supply Days, or alternatively, be supported in resisting requests for increased or improved services should circumstances suddenly change.

4.4. Finally, the Committee wishes to commend and endorse the comments made by former Senator Mrs. Gwyneth Huelin, O.B.E., in her 'foreword' to a previous Public Health Committee's report on the state of health care services in the Island (P.105/1981) which applies equally today -

> "I would take this opportunity to record my appreciation of the excellent teamwork which exists within the Health Care Service, both hospital and community. Whatever the standard of the facilities, the people who diagnose and treat illness and disease - the doctors, nurses and other professionals, determine the quality of the service. Dedication to duty and

compassion override all other requirements and I know that those who suffer illness can be confident in the knowledge that the teamwork and professional care and understanding in all the Island's hospitals and health service are second to none. Dedication does not end there for the technicians, engineers, catering staff, manual and administrative staff support the health care professions at all times of the day and night.

My Committee remains convinced that the Health Service must be permitted to grow at a reasonable rate despite the climate of the day. Standards would inevitably decline if a reasonable and responsible element of expansion is not permitted, however, decisions may need to be taken in the future about the financing of the service if this is to be achieved."

NOTE: References to P.76/1987 apply to the report which accompanied that proposition.

January, 1989.

APPENDIX.

SUMMARISED 1989 GROWTH PLAN

		Posts
A	ACUTE GENERAL SERVICES	
i.	**Accident and Emergency Department**	
	Nurses	3
	Doctor-registrar	1
ii.	**Operating theatres**	
	Nurses	8.6
	Doctors-anaesthetists	2
	domestics, porters, C.S.S.D.	7.5
iii.	**Radiology/scanning**	
	Radiographers	2
	Helper	1
iv.	**Pathology**	
	Doctor-consultant microbiologist	1
	Trainee medical laboratory scientific officers	1.5
v.	**Other medical staff developments**	
	Consultant anaesthetist	0.4
	Registrar general surgery	1
	Senior house officers-obstetrician/gynaecology, orthopaedics and general surgery	3

As a result of changes in the School of Nursing, which has given rise to a reduction in the number of student nurses, a further 9 replacement nurses are required, which are already financed.

COST £328,000 41 F.T.E. posts.

		Posts
B	MENTAL HEALTH SERVICES	
i.	Upgrading/improvements at St. Saviour's Hospital Nurses	16
ii.	Mental Handicap Community Support Team	1
iii	Elderly Mentally Infirm Community Support Team	2.25
	COST £143,800 19.25 F.T.E. posts	
C	ELDERLY SERVICES	
	Community Support Team	2.75
	COST £55,300 2.75 F.T.E. posts	
D	PUBLIC HEALTH SERVICES	
i.	Health education/prevention	1
ii.	Environmental health	1
	COST £34,200 2 F.T.E. posts	

SUMMARY	£	Posts
Acute General Services	328,000	41.00
Mental Health Services	143,800	19.25
Elderly Services	55,300	2.75
Public Health Services	34,200	2.00
	561,300	65.00