REPLY BY THE PRESIDENT OF
THE COMMITTEE FOR HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY DEPUTY INDER PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE

The President made reference to the Phase 2 of the Princess Elizabeth Hospital build. Questions arising from the statement:

1. **Could the President confirm that the requirement for extra staffing will be around 180?**

The staffing level required by 2030, according to the modelling used within the Outline Business Case, shows an increase in the number of staff needed by approximately 185.

Please note that even without the development of Phase 2, the expected increase in staffing required to cope with the demand pressures is modelled at 92. This is just to cope with the increasing demand for services and staff will need to manage within infrastructure that is not built to service such an increase in demand. This will result in significantly increased risks and an unacceptable working environment.

As the increase in demand is a certainty, if we do not build Phase 2, this need will have to be met using off-Island providers, where we are able to access capacity in this post pandemic world. This alternative has been modelled to result in almost the same revenue costs when including the additional loss in private income that could be generated within a new private ward under Phase 2 plans. It is also not possible to assume that everyone who needs care can receive this in an off-Island setting. There are significant benefits to the individual and their families of care being provided as close to home as possible, where reasonable.

2. **Could he confirm that the recurring revenue costs will be in the order of £9m/annum?**

The total additional revenue cost for the 185 additional staff will be in the region of £9-10m per annum.

At the end of his statement he said 'the elephant without a room' is accommodation for key workers.

3. **Could he provide details of where these 180 staff are going to live and identify the sites and when they will be complete?**

The Committee *for* Health & Social Care is not responsible for housing matters and where staff live is essentially outside of its control.

However, the Committee is aware that work is progressing via the Affordable Housing Development Programme in respect of additional new accommodation for key workers. The first of these will be the Domaine des Moulins site which is the former CI Tyres site and plans are in place for approximately 54 units of accommodation to be completed during

early 2026. This will be before the completion of the 'Our Hospital Modernisation' Programme Phase 2 development.

There are also plans to build some key worker accommodation for families on Fontaine Vinery and Parc Le Lacheur (formerly known as Kenilworth Vinery), which will be developed in phases between 2025-2030. These sites are for mixed affordable housing and the precise number of units for keyworkers is yet to be determined. The acquisition of another site in an ideal location for key worker accommodation is in progress, but can't be named yet, for which commercial negotiations are nearing completion.

It is understood that additional land and funding will need to be secured if government is to fully meet the identified need for key worker accommodation, which has to be balanced with the needs for other types of affordable housing (social rental, partial ownership and specialised).

On a more general note, in agreeing a new States Strategic Housing Indicator (SSHI) in February 2023, the States of Deliberation has acknowledged that there is a need for additional units to be provided on the Island and has set a target for doing so. In addition to those sites mentioned above, through the Island Development Plan, there are a number of sites of significant size that have the potential to deliver the accommodation needed. Indeed, the States last year resolved to support a strategic objective of an average net migration level of +300 per year over the next thirty years. Some of these people will be key workers and some of them will work in health and social care, but all of them will need somewhere to live. **The community also needs a well-resourced health service.**

Furthermore, as is already well-documented, a suitable site has been identified on the PEH campus, in the field known as 'Le Bordage Seath', which could be developed to provide a significant number of units for key worker accommodation. This would more than support the additional staff required for Phase 2 (but please also refer to the further explanation provided in response to Q4).

Significant information by way of background to the need for key worker accommodation is provided in the information supporting the Requête – Additional Key Worker Housing available on www.gov.gg - Additional Key Worker Housing (July 2022), and in the associated letters of comment.

4. Would he agree that if accommodation has not been identified or indeed built, the Committee is going to struggle to run Phase 2?

As at present, the availability of accommodation is an important factor in ensuring there are staff in place to support key services across all sectors, not just in health and social care. If accommodation is not delivered as necessary then services across the States, not just for the running of Phase 2, will struggle.

The Committee would also make three further points with regard to recruitment:

(i) The new facilities to be offered by Phase 2 can play a key part in attracting suitable professionals to move to the Island, as has been the experience with Phase 1;

(ii) However, not all staff will be recruited from off-Island. A range of skills are required to support the facilities offered by Phase 2. HSC, with the support of others, continues to invest in a number of 'grow your own' initiatives to support the local work force to train in essential roles; and

(iii) not all staff will require key worker accommodation as some will be able to afford housing at market rates.

Of equal importance is to recognise that while there is a shortage of suitable accommodation, affordability of housing is also challenging for Islanders – not just those working in the health and social care sector – and we must seek to ensure the wider environment allows the Island to remain viable for the younger generations. This is an issue for the wider States and for many different Committee mandates.

It is therefore clear that accommodation is needed therefore not just to support Phase 2 of Our Hospital Modernisation, but also to support the long-term strategic aims of the States.

He stated that the completion of Phase 2 would bring an extra £1.5m revenue a year from private health patients.

5. Does that £1.5m expected revenue nett of the £9m for the extra 180 staff?

The model is currently projecting a net increase in private patient income of £1.3m per annum to be reinvested on-island into health and care services, and to help to reduce the net cost of those services.

If the additional private revenue were to be used to fund the increased staffing levels associated with the Phase 2 facilities, the additional expected staff cost would therefore be reduced by £1.3m per annum.

The Committee has made much of the extra private work that could be conducted through the new facilities:

6. Would the Committee agree that those of us who cannot afford private healthcare are funding and, in part, the build of private medical facilities?

That is correct in terms of up-front funding. However, as at present, it is the revenue from private patients that is reinvested into our health and social care services to support all of us who do not use the private offering. Each year it is expected that we will receive the benefit of £1.3m income generated. This means that within a fairly short timeframe, the additional income raised will cover the cost of these new facilities.

7. If surgeons elect to conduct more private work, will the waiting lists become even longer as surgeons move to the more profitable work?

Within the Secondary Healthcare Contract with the Medical Specialist Group our consultants prioritise non-private patients. The vast majority of their time is consumed in delivering this service for contract patients. They do also offer private services but this is in addition to and not to the detriment of the service they offer under our secondary healthcare contract.

The fact that consultants working in highly specialist roles are able to carry out a limited amount of private work provides an incentive from a recruitment and retention perspective; it maintains a wider range of skills on-Island and therefore also reduces the number of cases that are sent off-Island for care. From a fiscal perspective, incentivising those with private health insurance or with the financial means to pay for treatment on a private basis means that the care they need is not paid for by the taxpayer. Private income offsets part of the facility costs and is therefore an essential part of a sustainable future health offering.

Date of receipt of questions: 24th May 2023
Date of response: 8th June 2023