The Children, Education and Home Affairs Scrutiny Panel

Deputy Catherine Curtis Chair,

**What, if anything, could improve children and young people's access to primary healthcare in Jersey?**

The seven interlinked Common Strategic Priorities are the legally-required statement of the shared policy of the Council of Ministers. FNHC have identified statements within these priorities that could influence the access of children to community health (primary health care) services in Jersey.

(The Italic narrative identifies key C &YP priorities from the Common Strategic Priorities (CSP) and FNHC comments to these are in blue.)

*CHILDREN & FAMILIES priorities*

*all children and young people to have the best start in life, recognising that the early years have a lasting impact, and that being loved, being listened to, and receiving a good, rounded education are essential to future life chances.*

To achieve this Jersey needs to have clarity about what the *Best Start* actually means and includes… this will vary widely for say disabled children, children who are looked after, children living in poverty etc. etc. There is no mention of the importance of health and reviews of the children's health and development within the CSP statement above, it focuses on education. Providing the *best start in life* and a *rounded education* can only be fully achieved if the child's health needs are fully assessed and supported…this is clearly evidenced in child development and health outcomes research, yet this is not mentioned in the CSP?

We support increased engagement with children and young people to understand all their needs in more detail and to link this with Jersey based, evidence based research programmes to:

1) Scrutinise service provision…is it in line with actual needs?

2) How accessible are the services to the C and YP?

3) What are the reported outcomes of the services provided?

4) Provide improved understanding about health and development benefits for all children on Jersey.

We currently have minimal actual evidence to support ease of accessibility to community health (primary health care) services in Jersey. Until we have this we should not invest in large scale projects that do not have measurable benchmarked outcomes.

*Children in the care of the Minister and care leavers are a priority*.

How will these children be prioritised? Currently they have access to community health (primary health care) services but judging by the pattern of their use the children who are looked after (CLA) are not finding them useful as they often by-pass the service(s) The health outcomes for these children are not currently good *or best start.* CLA should have expedited access for referrals to other services and free access to GPs.

A specific focus should be on children placed 'off island' and the access they have to health and other services within the jurisdiction they have been placed by Jersey. The outcomes for these children is not always visible and can be poorer than planned.

We will invest also in children and young people's mental health services, increasing capacity to reduce waiting times and introducing an early intervention service

We don't currently have a good understanding of differences in health risks and outcomes by different factors that impact on inequalities, such as ethnicity, first language spoken, material resources or access to social security and housing. Mental health and wellbeing has been impacted by the pandemic, in particular for children and young people, who report high levels of self-harm and anxiety. Community health research to identify gaps in access to service, best practice and early intervention is required to understand issues particular to C& YP in Jersey. Small pilot projects that are co-produced with the children can be a useful way to start but these should not be separated from physical health services. Services need to be as integrated as possible to support improved accessibility and reduce stigma.

HEALTH & WELLBEING

*We strongly believe that listening to patients and their families, to our staff, and to our GP, pharmacy, dental and care sector partners is key to shaping future services and improving health outcomes.*

It will be essential to work in partnership to ensure this is priority is achieved. The priority will be supported if we develop meaningful measures for health outcomes and ensure that community services are invested in, understood, and measured appropriately. By listening and conducting research into our services we should develop an improved understanding of actual needs and service accessibility issues.

*We will bring forward an affordable and appropriate solution for our future hospital facilities, and we will embed quality improvement in healthcare services while modernising our care model to ensure we are providing the best care in the right places*.

The spending need for the new hospital will be determined by the model of care agreed for Jersey community health services (primary health care). It is very expensive to do this the other way around as you build unnecessary acute care capacity. This affects accessibility of community health services (primary health care) in a very significant way as it utilises resources that could be used to improve access to services, new preventative health measures and earlier interventions to avoid hospital admissions.

Decisions need to be made on how we measure quality improvements in health care, currently benchmarking and trend analysis is not completed in Jersey health services whereas this data could be easily used to provide targets and improve outcomes.

Children and young people themselves have asked for a greater emphasis on health prevention across a range of topics. We need a foundation of preventative approaches within the Jersey Care Model ambitions and these should be determined by the C&YP and the health services in the community …not only determined by acute care provision in the hospital, as has been the case. By addressing health prevention, it is possible to reduce the future health needs of the C & YP. Universal access to health promotion campaigns regarding, alcohol intake; smoking and obesity are three key areas to address.

*… and working in partnership across the community and Government to reduce health inequalities for all improving health and care outcomes*.

We know through a significant volume of independent international research that children and young people living in poorer households are much more likely to be living with physical health conditions such as asthma, epilepsy etc. and to experience more emotional and mental health difficulties, for example with addiction to alcohol. (Reference Watt T, Raymond A 2022. Quantifying health inequalities…The Health Foundation). Much research also indicates significant ethnic disparities in diagnosed illness. This indicates that these children require greater to services than the majority and access to community health services for disadvantaged C&YP needs to be positively supported in every way. FNHC support a Health in All Policies approach to improving access to healthcare in the community for C&YP.

Jersey's Public Finances Law 2019 requires the Council of Ministers to take into account the "sustainable wellbeing" of current and future generations when they develop the Government Plan. Jersey is also a signatory to the United Nations Convention on the Rights of the Child. As a result there are many things for Jersey to be proud of, examples include, a very high rates of C&YP immunisation against infectious disease; good rates of breastfeeding at 6-8 weeks and a high-quality children's public health nursing services. This supports the theory that there is good access to some services but there is still very limited access for others, such as the treatment of mental health issues. There is a significant requirement to better understand the health needs of Jersey's children and to quickly respond by commissioning services to address them.

Jersey is a signatory to the United Nations Convention on the Rights of the Child but it contravenes this in terms of access to primary care for some children. Articles 6, 18, 24 and 26 of the UNCRC all address the right of the child to best possible health, what is best for the child's development etc. The Jersey Health Access Scheme via Income Support funds some GP / dentistry access for some Jersey children but not all children in need receive this…residency test, only to age of 17 years etc. It could be argued therefore that these children are not receiving their full rights of access to health care in line with those outlined in the UNCRC and it could be argued that this supports ongoing inequity in health outcomes for them.

In addition to this …there are long waits for dental services for children and 1 in 5 children could make significant improvements to dental hygiene.

There is also highlighted concern for time-pressed families just above the income support threshold (or who are not eligible for financial support), who are faced with increasing costs of living and, in some cases, a lack of suitable housing. Improvements in these areas would make Jersey a fairer, safer and healthier place for the offspring of parents who do the jobs on which the Island relies.

High quality, accessible primary care, vaccination, effective screening programmes, health protection and high-quality health promotion - rooted in community *average* data for the Island are often quite positive, the *difference* in health risks and outcomes in various groups (such as those from ethnic minorities or who have fewer resources) are not currently well understood.

*This includes promoting healthy lifestyles, with increased access to healthy nutritious foods, opportunities to stop smoking, and ways to be physically active*

Universal access for C &YP to participate in physical activity wherever they live in Jersey is crucial, so an indirect but an important consideration for the health of children in Jersey. This goes hand in

hand with the need for a health commissioned service response to the weight and measurement programme outcomes - for many years this programme has been delivered by the school nurses and has provided evidence of a concerning level of childhood obesity in Jersey. This will affect the future health of the children if it is not addressed and improved access to paediatric dietetics (currently not available in Jersey) is an important access gap in community health service provision.

The workforce that delivers the universally provided Healthy Child Programme across Jersey (Health Visitors and School Nurses) is a community health care work force that cannot currently be trained on island… …we desperately need to develop this education on island to support service provision. Limited provision, particularly of Health Visitors is restricting services and access for children (and their families) to receive needed support. We should be providing 6-8 postgraduate (nursing) community health qualifications each year for the next 5 years in order to address the level of need for Jersey. (This includes the requirement for adult community nurses).

Community health services should be central to the future plans for the health and care system in Jersey. This diverse sector covers a wide range of services and the community health services play a key role in keeping people well, treating and managing acute illness and long-term conditions, and supporting people to live independently in their own homes. Analysis and synthesis of data and evidence into actionable opportunities for improvement in areas fundamental to good health and wellbeing, such as equitable access is central to the success of our service outcomes for all islanders.

The principles of partnership working and making best use of existing assets are all core to our success, but despite the vital contribution, community health services are poorly understood compared to other parts of the health service.