STANDING COMMITTEE
OF
TYNWALD COURT
OFFICIAL REPORT

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PROCEEDINGS
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SOCIAL AFFAIRS POLICY REVIEW COMMITTEE

DEPARTMENT OF HEALTH AND SOCIAL CARE

HANSARD

Douglas, Monday, 8th May 2017

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Members Present:

Chairman: Mr D C Cretney MLC
Mr D J Ashford MHK
Mr M J Perkins MHK

Clerk:
Mr J D C King

Assistant Clerk:
Mr A McQuarrie

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Standing Committee of Tynwald on Social Affairs Policy Review

Department of Health and Social Care

The Committee sat in public at 2.30 p.m.
in the Legislative Council Chamber,
Legislative Buildings, Douglas

[MR CRETNEY *in the Chair*]

Procedural

The Chairman (Mr Cretney): Welcome to this public meeting of the Social Affairs Policy Review Committee which is a Standing Committee of Tynwald. I am David Cretney MLC and I chair this Committee. With me are Mr David Ashford MHK and Mr Martyn Perkins MHK.

If we could all ensure our mobile phones are off or on silent so that we do not have any interruptions, and I will be ensuring that we do not have two people speaking at once.

The Social Affairs Policy Review Committee is one of three Standing Committees of Tynwald Court established in October 2011 with a wide scrutiny remit. We have three Departments to cover: Education and Children, Health and Social Care, and Home Affairs.

Today we hear from the Department of Health and Social Care.

EVIDENCE OF
Hon. K Beecroft, Minister and
Dr M Couch, Chief Executive,
Department of Health and Social Care

Q1. The Chairman: I would like to begin by asking each of you to state your name and job title, and how long you have been in that role.

The Minister for Health and Social Care (Mrs Beecroft): Kate Beecroft MHK, Minister for Health and Social Care; I have been in this role for approximately six months.

Dr Couch: Malcolm Couch, Chief Executive; in post since the end of June 2015.

Q2. The Chairman: Thank you.

We last heard from your Department on 27th June 2016. Would you like to make any opening statement on how things have been going since then?

The Minister: Obviously, we have had a general election, I have been appointed Minister and we have been continuing the work that was started with the five-year strategy for Health and Social Care. Obviously, the work and the Programme for Government has taken up a lot of time since the general election, because it is the first time one has ever been produced, certainly in this detail. It has had a lot of the focus of the attention, but at the same time as all the work streams that are going on on the different strategies and trying to dovetail them into it.

Q3. The Chairman: Malcolm, anything you …?

Tynwald, in April, approved amendments to the Programme for Government. We were told that this was to bring the Programme for Government more into line with the five-year Health Strategy. When was the five-year Health Strategy produced?

The Minister: When was it produced?

Dr Couch: The strategy was taken to Tynwald in October 2015 and supported unanimously.

Q4. The Chairman: Why was the 2017 Programme for Government not aligned to the five-year Health Strategy all along?

The Minister: Some of them seem to be a bit too high level. They have not disappeared, the ones that were in there originally, but they just dovetail better into the existing strategies with having slight amendments and moving them to other areas.

Q5. The Chairman: By the way, the members will jump in as and when wherever they wish.

I think we will perhaps go on to mental health. It is Mental Health Awareness Week this week. I see the Department is doing things.

As you know, we have announced an inquiry on Mental Health Services. We received a submission from the Department on 23rd February, so thank you for that. We have also received a number of submissions from other individuals and organisations which we are still studying. We will have further questions in the future about that, obviously, but for today, just a few questions arising from your February submission.

You told us on 23rd February 2017 that the new Manannan Court was due to become operational on 28th March 2017. Is that the case?

The Minister: It is fully operational now, as far as I am aware.

Dr Couch: It is, yes.

The Chairman: Good.

Q6. Mr Ashford: Can I just ask: have there been any teething problems with it at all, or has everything run according to plan?

Dr Couch: I have had no reports of any problems at all, Mr Ashford.

The Minister: I have not either.

Q7. The Chairman: Good.

You told us on 23rd February 2017 that you were redesigning an end-to-end pathway on eating disorders, and this was due for completion by the end of March 2017. Has that been completed?

Dr Couch: I think largely it has, yes. I think one of the issues was that we had some gaps in terms of the professionals we had available. So that has been put in place.

Then, in actual fact, I think Manannan Court's opening gives us a better opportunity to give close care to people with eating disorders, because I think as the Committee is probably aware, a number of especially young people had been sent to placements outside the Isle of Man and we can now, we think, care for them at home.

Q8. Mr Perkins: Are you hoping for a good response to the Island's Mental Health Awareness Week – that part of the plan?

The Minister: I hope so and it is also to raise attention in all the different workshops that are going on around the Island. I do not think that mental health has been given the focus that it has needed in the past, and we would really like to try and improve that and make sure that it is on the same level as physical health.

Mr Perkins: It looks a fairly good programme actually. I have just had a quick look at it. So yes, it is good.

The Minister: It does, doesn't it? Yes, excellent.

Q9. The Chairman: Good.
You told us on 23rd February 2017 that from the start of the new financial year, the Mental Health Service was seeking to employ a full-time clinical pharmacist. Has this been done?

Dr Couch: I understand that, yes, that person is in place because I think I met them the week before last.

Q10. The Chairman: Okay. You think you did?

Dr Couch: I met a pharmacist who was doing some reviews of mental health medication. I think it is that person.

Q11. The Chairman: Okay, that is fine. If it is not, perhaps you could let us know?

Dr Couch: I will do. I will check.

Q12. The Chairman: You told us on 23rd February 2017 that access had been enabled to the mental health electronic patient record within the prison for visiting GPs. Training was scheduled for March. Has the training been completed and is the system delivering what you expected?

Dr Couch: So far as I am aware, the answer is yes to both questions.

Q13. The Chairman: Good. How long did we have down for this meeting this afternoon? *(Laughter)*

Mr Perkins: All the answers are yes!

Q14. The Chairman: We will now move onto complaints procedures for all DHSC services. We have been told by the Isle of Man Health and Care Association that they receive very few complaints from clients involved with Mental Health Services. Does this mean that services are doing well or does it mean that people do not know how to complain?

The Minister: That is a good question, isn't it?
We certainly hope that we can highlight that if people have a complaint, the process that they should follow and anybody who writes in with any complaint – I certainly ask them, 'Is this a formal complaint?' and if so I pass it on, and I send the brochure that actually highlights the paths that they can take and the avenues open to them and the fact that they can get independent support to take a complaint through the process.

Q15. Mr Ashford: Can I just ask: does the Department ever seek any proactive feedback, as in do they go to people who have received mental health treatment and ask what sort of service they received, rather than waiting for them to potentially get in touch with the Department?

Dr Couch: We do. I think that is a combination of my colleagues who will do that on a regular basis and then you have things like the Mental Health Commission who will be out and about and talking to people directly, and to their loved ones, about the quality of care and the different issues that might be arising.

I think for the Department as a whole, it probably is a fair comment to say that we need to take more feedback from the people that we care for and do more with it, and then that is an active aspect of our work.

Q16. The Chairman: Okay.

One for the Minister this time. I note on the Register of Members' Interests you list membership of the Isle of Man Health and Care Association. Could you please indicate what your involvement is in that?

The Minister: I am actually not involved in it at all since I became Minister for the Department. I played no part within the Association. In fact, since I became an MHK I have been very careful not to play an active part in that.

I am member because I believe that the subscriptions go to a very worthwhile cause, but that is as far as it goes.

The Chairman: Right, okay. So you are a member but you are not active.

The Minister: I have got no active part within the organisation.

Q17. The Chairman: Thank you.

Please can you take the opportunity to outline the different complaints procedures which are in place for the services delivered by your Department? This is something that has been raised with us in the past, inasmuch as the Health Services seem to have a good system in place with local resolution etc, but that other areas within the Department did not. Are you making progress to improve that?

The Minister: On a high level, I am aware that there are difficulties and it is a challenge aligning the two – the social care and the health – so that they both give an adequate service as far as complaints are concerned. It is an area that is being worked on. I would certainly hope for improvement with bringing those two functions together and giving adequate process for anybody who wants to make a complaint.

Dr Couch: I think to an extent, Chair, even three years in, we have got that slight hangover from having had two Departments merge, so there was a Social Care stream of legislation and practice and policy, and there was a Health stream. So I think that is gradually coming together and I think with the National Health and Care Service Act of last year, once we get that fully into effect it becomes easier.

I will give you an example. Both Social Care complaints and Health complaints have an independent review body system, so that is beyond me, I suppose, as the senior departmental reviewer. People can go to an independent body for review. It seems that is very vibrant in the health environment and they consider a number of cases each year.

So far as I am aware, I do not think that the Social Care one has gone through a full case at all yet and we need to ask ourselves why that is. It cannot be that there is a lack of complaints.

Sometimes it is about the terms of reference of reviewing bodies and complaints bodies, and making sure that they are crisp and well-drawn up. There is a lot of work to do with that.

Q18. Mr Perkins: Do you think the Public Health Directorate, as a policy forming body, should be within your Department?

The Minister: My personal opinion – and we have not had any discussions within the Department on this – is I feel it should sit better in Cabinet Office, because it is a public health matter. It is not just our Department that it is allianced to.

I would certainly like access to them though, because they do an excellent job, I have to say.

Q19. Mr Perkins: In other words, you think it is constrained because it is sitting within your Department? Am I putting words into your mouth here?

The Minister: No, I do not think so. I think it is just that it has got a broader implication than just for our Department.

Mr Perkins: Okay. Thanks for clarifying that.

Q20. The Chairman: The conversation we have just had, Mr Couch, where you spoke about the differential between the Health and Social Care in terms of complaints – and this is something we have spoken about before – do you have a projected timescale in terms of when the situation may be better, where people with social care complaints will have a formal process that they can follow?

Dr Couch: Maybe there is a slight misunderstanding – probably because I have not made it clear enough; there are established complaints procedures. I think that the observation I made in terms of going to independent review on the social care side is that that does not seem to happen. It is almost like your challenge to me and the Minister a few minutes ago: it may be that we are actually achieving local resolution very well *or* it may be that there is another issue that we have not quite worked out. So I think that is one point I would make.

In terms of the capacity that we have in terms of the policy legislation team and more generally, as we get across to the Attorney General's Chambers with drafters etc, that constrains us in terms of how much we can achieve in any period. So I think at the moment the legislation and policy team are absolutely pushed out on getting together the NHCSA Charter ready to come to Tynwald – the first scheme under the National Health and Care Service Act, which actually activates the Act; and I think that the review of complaints procedures and the unification of complaints procedures is partly involved in that work, but it will also, I think, partly come behind that as the next phase.

Q21. The Chairman: Yes, I understand completely that you can do local resolution. I think what I was talking about was the independent situation. For example, is it suggested that the independent body which looks at Health Service complaints could equally look at complaints to do with Social Services? Is that the intention?

Dr Couch: I see no reason why not. I think that would make a lot of sense and it would give more resilience, because of course you have a body of conveners, as they are called, for each complaints process. If they work together then I think we can cover complaints more fluently and easily. I think to a degree there is some specialisation and that people will focus on areas of particular expertise, but I think unification is probably the way forward.

The Chairman: Thank you.

In November 2016 – this is around adult social care – Tynwald debated the report of the Select Committee on the Funding of Nursing and Residential Care. The Committee concluded that appropriate action is being taken by the Social Policy and Children Sub-Committee of the Council of Ministers, aimed at closing the gap between the maximum amount of benefits payable and the minimum fee payable in the Island for nursing care.

What is the current situation with that?

The Minister: Fairly recently, as I am sure the Chairman is aware, the benefit rate has gone up. It has been increased so that there are more completely covered beds available. Salisbury Street is going to have four beds that are going to be at the benefit rate. So it is increasing that capacity.

Unfortunately, the private sector does not seem to have picked up, as was hoped, in providing nursing care, and it may be something that we have to find another resolution for. *(Interjection)*

I think I said 40. Did I say four?

The Chairman: You did say four and I was going to ask you about that. *(Laughter)*

The Minister: Sorry, 40. (**The Chairman:** Good.) I meant 40.

The Chairman: I am glad you meant 40! *(Laughter)*

The Minister: Yes, because I think there are 28 remaining beds. It is a 68-bed facility anyway.

Q22. The Chairman: There was provision within the budget for a £25 increase, wasn't there? I think what I have suggested during the Budget debate was that the private sector may just simply gobble that up – and that is what has happened, isn't it?

The Minister: I think that is arguable because –

The Chairman: It *is* what has happened.

The Minister: Yes, I am not saying it has not happened; it has gobbled that up. But it is not that the benefit rate, I think, is set too high, because if that were the case, if there was a lot of profit to be made, the private sector would be jumping into that market and opening a lot of beds because they would know they were making a lot of money, and that is not the case.

So we can only assume that they are not happy with the amount of profit that they could make, because it is a big capital outlay and it is a big responsibility. Obviously with regulations and inspections etc, they have got very high standards to meet, so I am sure if they thought there was a lot of profit to be made at those rates beds would be more available in the private sector quite quickly.

Q23. The Clerk: Can I ask: does that mean that not only is the private sector not building new nursing homes, but it is not coming to you and asking you to build facilities which they would then run?

The Minister: Have we had any enquiries?

Dr Couch: No.

Q24. The Clerk: The Select Committee talked a bit about the different models which you could have and one extreme is let the private sector do everything, but I think in the Salisbury

Street case you have adopted a sort of a model where the public sector is going to own the building or at least is building it and the private sector is going to come in and operate it. So do you think that is going to have to be the way it is as the sector expands? Is that going to be the only way to expand it?

The Minister: I think that is a possibility but there is another site where we are looking for planning permission and hoping that the private sector will pick up and develop it. I think you have to have a variety of different ways until you have got the … Each option, I would say, would have a different solution. I do not know if you would agree with that?

Dr Couch: No, I think that is a fair comment. The Government has a land bank and there may be certain sites which are suitable for care homes of various types. I think an example which we will all be aware of is the former prison site. That could be something where Government prepares that, if you will, as the Minister was saying, by getting some form of outlined planning permission and then putting it out almost on a tender basis to the private sector, 'Would you like to develop that site? That would be great for our community.'

The Salisbury Street model, where a developer has built something, Government has then acquired that with the support of Tynwald and then Government leases it to an operator, is a different model. As the Minister was saying, I think a purely private sector model, where a developer acquires a site, builds out and then opens a nursing or care home, is a different model.

I think certainly what we are aware of – and as the Committee is aware of – is that the changing shape of our population in terms of different age groups means that the pressure on residential nursing and elderly mentally infirm for people with dementia-related mental health issues is only going to increase. So our estimation is that within 15-20 years we need to have over 400 more rooms available for people, and I think our challenge as a Department, I think as the Minister alluded to, is how to stimulate probably all of those approaches that I mentioned, because we need to have a number of new facilities opening.

The Minister: I think so. Adding to that, it may be that we have to operate some of the nursing beds as well, because by operating some in the residential side, we have been able to have some influence on the rates charged in the private sector. I am not sure if that is appropriate at the moment, but it could well be in the future.

Dr Couch: There has been a problem, I think, here and in the UK, since the early 2000s when I suppose nursing care – it is in the title, isn't it really? – was seen as part of NHS services, and section 1 of the NHS Act in the UK and here would imply that they should be free of charge. That became increasingly difficult to manage, so the Isle of Man Government, in about 2003, closed its last facility that was designated as a nursing home and left it all to the private sector. That was very similar in all the components of the UK. But as the Minister said, from time to time, I think, we as a Department and Tynwald as a legislature need to reconsider that and find out what the best balance is for the people of the Island.

The Minister: I think some of our integrated care services, where we are trying to put more care back into the community – because people want to stay at home most of the time for as long as they can – (**The Chairman:** Yes.) so hopefully that will take some of the pressure. As well as providing a better service for people, it will take some of the pressure off.

Q25. Mr Perkins: Do you think our problem of bed blocking is the same as the UK, on the same level, or are we better off than the UK?

The Minister: We have certainly got a significant number. I do not know compared to the UK. Do you know how we benchmark against them?

Dr Couch: I am not sure how we benchmark and I do not have today's figures, but certainly there are people who are in Noble's Hospital at the moment who would have been assessed as being more suitable to being in residential and/or nursing care. And because we cannot find a placement, for whatever reason, they remain in Noble's; and the differential in cost – even though we are saying that private sector nursing homes sound expensive at several hundred pounds per week, a bed in Noble's Hospital is several hundred pounds per day.

The Minister: Then we are looking for step-down facilities as well, so that people who are really ready to be discharged from Noble's Hospital but are not quite ready to look after themselves could go into a facility where they just get a bit more TLC and a bit more assistance until they are ready to go home, but they do not actually need a full-blown hospital situation.

Q26. The Chairman: Was that a similar kind of thing to – excuse my ignorance here, I might be completely wrong, but wasn't Ward 20 providing that kind of …?

Dr Couch: No.

Q27. The Chairman: No? It wasn't an in between, rehabilitation …?

Dr Couch: It was, but primarily for stroke patients, so they could be of any age. I think there was a degree of medicine for the elderly there, but it was mainly the stroke rehab unit.

The Chairman: Okay.

The Minister: Yes, because some people do not actually need rehabilitation. They may just need a bit more of a rest before they are ready to go home – that sort of thing as well. It is the caring side sometimes that you need in a step-down facility.

Q28. Mr Ashford: Can I ask what level of concern the Department has in relation to the difference with funding of nursing and residential care, the difference between the benefit amounts that can be claimed and the amount that it is actually costing? Because I am personally, and I am sure that Members are, aware of families that are having to meet the shortfall and it is putting them under pressure to try and actually keep their parents or their relatives in the appropriate nursing care.

So I was just wondering what level of concern the Department has around that and if there are any plans to look at any other structures in the near future?

The Minister: Do families have to pick up …? Presumably if they have assets that is a different matter, but if a person does not have any assets does the family have to pick up the difference?

Dr Couch: Not strictly. I suppose it would –

The Minister: I didn't think so. I thought maybe I was going to get it wrong there. Sorry.

Dr Couch: It will feel like that in the challenge for the family as a whole. It has a high level of concern, I think, for the Department, for Tynwald and for our communities.

One of the things that I have colleagues working with other departmental members on – members as in officers rather than political Members, at this point – is the outcome of the Select Committee on the Funding of Nursing and Residential Care, and you will probably recall that

Tynwald asked the Council of Ministers to report back by July on an initial view on that and then with some definitive answers by next summer. Again, we are reviewing all of the models that have been tried in other countries to try to determine quite what should happen. So you have got means testing approaches, you have got the use of an individual's capital, their home, etc – should it be completely free, should Government do nursing care or not?

So that is all in the mix too, so it has a very high importance and urgency, I would say.

Q29. Mr Ashford: So can I just clarify then: if in the event that someone's assets are spent and they have no assets there is no obligation on the family to pay any difference between what the person is receiving in benefit and what the care charge actually is? Because if that is the case it plays against what I have seen happen to two particular families.

Dr Couch: You will have to forgive me for sounding moderately vague, which is not one of my normal modes.

The benefits system is managed by the Treasury, so that is the Social Security Division, and there are rules related to the benefits that elderly people can draw, which include, so far as I am aware and I am certainly not an expert on this, I think it is a five-year review period from the time of assessment back to look at what the person's capital and income position was in that period.

I think there are certain rules where if it appears that a person has disposed of assets in anticipation of later claiming a benefit for care there can be problems for the family. So it may be that your constituents have faced situations like that and I accept, as I am sure the Minister does, that can be highly emotional, it can be very difficult to manage, but that is the law that we currently have.

Mr Ashford: These were two specific cases where there was no disposal of assets, (***Dr Couch:*** Right.) where the assets have been used against the nursing care, they have actually run out and the families have been told they have got to make up a shortfall.

Dr Couch: That is something we could look into for the Committee, but I think we would have to refer that to our colleagues in the Treasury.

Q30. The Chairman: Doesn't that all indicate that there needs – and I think you have said it already – to be in the future a mix of provision so that people who can afford to pay can afford to pay, but there is going to continue to be a need for people who cannot afford the fees that the private sector are charging?

The Minister: Can I just say that the Salisbury Street model, where you have got 68 beds, all the beds are the same; there is no differential in treatment. It is just under the operating agreement that (**The Chairman:** I know that.) 40 of those beds have to be available at benefit level (**The Chairman:** Yes.) and it is the model that might work well in the future, but we have to see how it works out on this. There is a certain attraction to that model.

Q31. The Chairman: Yes, okay.

In February 2017, you indicated you were seeking planning permission for a new facility on the old Glenside site. How is that getting on?

The Minister: Summerhill View, I think that has gone for planning, hasn't it? Yes.

Dr Couch: It has, yes.

Q32. The Chairman: What is the suggested provision on there?

The Minister: That is a mixture. It is one of the areas where we are saying we are going to have a mixture of care so that if people go in more as sheltered accommodation, but if they worsen they do not actually need to leave the facility. Rather than moving people around it is better to have a mix of availability within the one site.

Dr Couch: The Summerhill View is anticipated to have 60 bedrooms and, again, because I think inevitably with this sort of accommodation for people you have got the older type of accommodation which was built with different regulations and standards. If you went to visit some of our facilities at the moment we try to give the best care we can, but they would look to be small rooms, shared bathrooms, a limited number of bathrooms, right through to Salisbury Street which is state of the art, ready to open, it will feel different.

So with Summerhill View, as that starts to be built and come on stream then I think our plan is to close Reayrt ny Baie and we move into there. But by the time we get to that we will be ready to think about the next one. Cummal Mooar in Ramsey, for example, is probably overdue to be rebuilt. I think it is a building that would be hard to refurbish.

Q33. The Chairman: I think in previous times when you have been before this Committee with the previous Minister, you spoke about there being a number of facilities going to be required in the coming years because of the age demographic – so a very important issue.

Just tidying things up in relation to Salisbury Street care home, has the purchase and everything been completed now? Has that all completed? Okay.

The National Health Service and Care Service Act 2016: has this Act been brought into force yet?

The Minister: Has the Act what, sorry?

The Chairman: Has it been brought into force yet?

The Minister: No, because we are going to be bringing the first scheme forward and that Act itself will not come into force until the first scheme is approved. That is why the Act does not have a lot of detail in, because it is an enabling Act and the scheme that will be coming to Tynwald will be secondary legislation and if that is approved by Tynwald then the Act will come into force.

Q34. The Chairman: That was the next question because we are aware of that process, but a timescale for that?

The Minister: We are hoping to get it out for consultation during the summer so it would be early in the next parliamentary year that it would be coming to Tynwald with a fair wind.

Q35. The Chairman: Okay, thank you.

Children and Families Social Services: in December 2016, Tynwald approved a series of recommendations based on a report produced by our predecessors before the general election. Could you give an update on recommendation 3?

> That the Department of Health and Social Care should undertake public education with the aim of ensuring that the way that social services and related agencies actually behave on the doorstep is adequately communicated so that people can talk about any concerns they might have and feel confident that they are going to receive help.

The Minister: Yes, there is a whole range of information leaflets that have been produced to advise on all sorts of matters – matters of consent and what they can expect from the service – and these are going to be published in the next quarter.

Q36. Mr Perkins: Can I just come in there, Chairman? (**The Chairman:** Yes.) Is this connected with the early intervention scheme? Is that part of this or does that not come under the Health remit? Or is it under the Education remit? I am not sure.

The Minister: The early intervention does sit in that. I am not sure if it is specifically in recommendation 3?

Dr Couch: It is not; (**Mr Perkins:** Right, okay.) that is a programme of work going on elsewhere. You are correct, Mr Perkins, it is a jointly commissioned activity between … to an extent Home Affairs is also involved, but it is mainly ourselves and Education and Children.

Q37. Mr Perkins: Are you funding it from Health funds, or where does the funding come from for that, because I believe it is a very successful scheme and it may be under threat?

Dr Couch: It was initially funded, if I recall correctly, by one of the Reserve Funds on a pilot basis and I think that funding will run out at the end of this calendar year or at the end of this financial year. So there is a lot of work going on to determine how to continue with that because I think all the initial indications are that it is a very successful programme.

Q38. Mr Perkins: So are you getting co-operation from the other Departments that are –?

Dr Couch: Oh absolutely, yes.

Q39. The Chairman: Recommendation 4, that legislation to place the Safeguarding Children Board on a statutory footing should be introduced into the House of Keys before the end of the 2106-17 session. Is that on target?

The Minister: No, because it is still being done at the moment. Drafting instructions are being prepared at the moment and then it will be going to the AG's, but certainly it has got a high priority and we want it implementing as soon as possible.

Q40. Mr Ashford: Do we have any more fixed, firm timescales or –?

The Minister: No, just sometime in this parliamentary year. But it is high up on the agenda and it is actually in the Programme for Government for this year as well, with a deadline.

Dr Couch: We discussed internally whether … I think the initial plan had been within a general Social Care updating Bill/Act to include making the board statutory within that. I think that to meet the will of Tynwald via the Programme for Government, etc. we will create a short Bill simply to push this forward, and I think that should run more smoothly both through Chambers and through Tynwald.

Q41. The Chairman: Okay. In the other recommendations: recommendation 5, that there should be an official independent mechanism or a statutory body for the inspection of Children and Families Social Services. Is that in the same position, where you are still working on it?

The Minister: Yes, the Scottish inspectorate undertook this in 2016 and their report has still to be laid before Tynwald, but it should happen in this session. We would prefer a regulatory framework that would include all services for children, and I would hope that the Social Policy and Children's Committee could scope the requirements of that and agree how it should be accomplished. But yes, it is on its way.

Q42. The Chairman: Okay. How would you describe the working relations between the Children and Families Social Services Division and medical staff at Noble's Hospital?

The Minister: I have not had anything brought to my notice about any relationships between them. Have you?

Dr Couch: I think that they are good; they work well on a day-to-day basis. I think from time to time people from different professional groups have slightly different views about the care plan for particular children, and we will resolve anything like that that comes up.

Since I have been Chief Executive this theme has come up a number of times and in actual fact you could say that, not simply focusing on safeguarding issues for children, it is an issue we see in the Department generally. I think a modern way of working is inter-professional – it probably would have been called 'multi-disciplinary teams' a few years ago – and again that is something we need to push hard on.

I have asked, in terms of our safeguarding work … I think it is a good time to sit the various professionals down because we have nursing staff, we have medical staff, we have social work staff, etc. The Police to an extent are stakeholders in this, Education and Children are stakeholders and sometimes the Probation Service also. So, a sit down to make sure we all know what our terms of reference are, and move on.

And again this is part of, I think, Scotland and the care inspectorate who did the inspection … 'Safeguarding is Everybody's Business' was the theme that the Scottish government have run for several years, which is that basically anybody involved – in this context, children – should be aware that safeguarding is a key part of their work.

Q43. Mr Perkins: Is that as a result of the Burnett investigation, or something you have done off your own bat?

Dr Couch: The investigation for Tynwald of the 10 cases, is that what you are referring to? (**Mr Perkins:** Yes.)

No, it is not, in actual fact. If you go back to our 2015 Strategy, goal 4 is safeguarding; and this is not just for children, we need to bear in mind anybody who might have from time to time a 'reduced capacity', in our jargon, to make decisions about their own care. We have got to make sure as a Department that both they, to the extent that they do have capacity, and all of their loved ones, are feeling safe. So classically it would be children, but also older folk, particularly with dementia-related illnesses, and then those people who have mental illness and who from time to time might find it harder to make decisions about their own care.

So no, that has been running as a very strong stream regardless of the Tynwald-commissioned inquiry.

Q44. Mr Perkins: How is that going? I mean the Burnett Inquiry: has it still got legs or has it disappeared?

Dr Couch: I cannot answer that, Mr Perkins, it is a Tynwald Inquiry.

Mr Perkins: Right, okay.

Q45. The Chairman: We raised this previously with you and you gave the same answer and it certainly is not a matter for the Clerk of Tynwald's Office. So you do not know anything about where the Paul Burnett Inquiry into Mr Karran's original resolution, which was amended ultimately by Mr Malarkey from April 2016 … You do not know where that is up to?

Dr Couch: I can say that I know from personal knowledge that an enormous amount of work has been carried out and that my officers have collaborated with the Inquiry. I know that an independent reviewer was appointed by the independent chair of safeguarding on behalf of Tynwald and that the report needs to come back to Tynwald for you to consider.

Mr Burnett works – in inverted commas, 'works', because he is an independent chair – but he answers to the Chief Secretary. So I am not sure myself what mechanism Tynwald has put in place to call back the report, which is why … I am not in any way trying to hoodwink you, Chair, but I am not sure myself.

Q46. The Clerk: Can I ask, just going back to the legislation to place the safeguarding board on a statutory basis, something which this Committee has been asking about – both your Department and other Departments – for several years. You said you are going to make a small Bill in the interests of getting that through quickly: do you anticipate that legislation will be of practical assistance in helping agencies to work together?

Dr Couch: Yes, and I think that is simply because if the board becomes a creature of statute, so to speak, so it is actually enshrined in law, then Tynwald can vote a budget to it and it becomes its own organisation, if you will. That means that, at the moment where colleagues collaborate – very openly, in actual fact, under the independent chair – it just goes to a different level.

So I do not think that there is any need to facilitate collaborative working because we do it *very* well indeed, but I think to have that legal underpinning has got to be the right thing to do. And of course I think we have to, as a Government as a whole, acknowledge that the first recommendation for this to happen was the Commission of Inquiry in 2006.

Q47. The Clerk: So is there any downside?

Dr Couch: Downside to a statutory board? I cannot anticipate one at this point, no.

The Clerk: Thank you.

Q48. The Chairman: Okay, we will move on now to the workplace capability assessment, Dependability. As you know, we have been looking at what happened with workplace capability assessments over an extended period. We heard evidence earlier this year that Mr John Lancaster has recommended an occupational health-based approach. What work have you done with Treasury on this idea?

The Minister: We have got to go through the report properly yet on this, when we get it. But certainly the occupational health side of things, where it has been mooted that it comes to our Department, I would be in favour of. I think that is the correct place for it to sit.

You know we have health professionals readily at hand if anybody needs to question anything, if they are not sure of anything. Obviously the budget would have to go with that, but we have had conversations and I am certainly hopeful that the resource will come to the Department that will enable us to give a much better service than has previously happened.

Q49. The Chairman: You started off where you were just saying 'when you get to see the report' …

The Minister: Sorry, when we get to see the final suggestion is what I meant, of how it is all going to work. We have seen the report but we have got another report that is going to suggest how it all actually works to implement the recommendations of the report.

Does that make sense?

Q50. Mr Ashford: Just in relation to the implementation, would the Department have any concerns about the workload that it could potentially put on Occupational Health in doing all this?

The Minister: No, the budget would come to the Department with that, which would enable us to employ the necessary staff to carry this out.

Q51. Mr Ashford: But how easy would it be to recruit the staff, because we know from looking at the UK models there is actually a shortage of appropriate staff in occupational health? Do you think it would actually be very easy to recruit additional staff, or could we end up in a situation like the UK has found where there is a shortage in that area and the workloads are outpacing the number of staff available?

The Minister: I must say nobody has brought any concerns about staffing to me directly. I do not know if you have had anything?

Dr Couch: I think in response to Mr Ashford's question, at this point the DHSC could not take on the work and that is because of our current numbers of Occupational Health Service staff and indeed premises. I don't know if you know where Occupational Health is, but it is in a quite compact building behind the Public Health Directorate on the Noble's site.

So if the Minister and the Council of Ministers agree that what was recommended happens, which is that the assessments shift to our Department, that means immediately we need to have more people and possibly different premises. So that is why the Minister is emphasising that the budget Treasury had used to commission the external service would have to be carved out and given to us.

The challenge then, and the implementation: I think you are absolutely right, sir, which is that we would need to work out which premises we would use for the service; obviously people's privacy and dignity and respect etc, have to be managed well, and then looking to find people. We recruited a very good occupational health consultant who started with us last year, and I think it was a challenge to find somebody at that point, but not impossible.

I think what we have found generally, in actual fact, with senior medical staff, in the last six months to a year it has become easier for the Isle of Man services to recruit them, and I think that is because many people feel that England in particular is becoming rather chaotic and what we can offer – this position of stability and extremely good quality of life – is becoming rather attractive.

So I cannot answer the question directly. It will be a challenge finding both medical nursing and ancillary staff for that service, but we will get on to it if it is decided that is the way to go.

Mr Ashford: It would be a balancing act, basically.

Q52. The Clerk: Can I ask, you said that the Occupational Health is already working at capacity: would the same also be true in the specialisms to which Occupational Health might refer people, such as physiotherapy, we were told, and counselling? So it is one thing having an occupational assessment of what this person would need to get back to work, but it is another thing providing what they need which is not just an occupational health assessment, but wouldn't it be other treatments?

Dr Couch: I think that will always be a challenge and I think increasingly we are starting to consider – and this is on very strong guidance from the Minister – thinking about what the needs are for particular conditions, let's say, and then building the services around them. That in many ways has not been the way that many Government services in the Isle of Man have ever been designed in the past.

So I think you are right, there is a potential. However, you would argue that at this point with the externalised assessment service and a number of people being reviewed on an annual basis – or whether that is in abeyance now, I can't remember – some of them would have been passed on to services.

So the fact it might come to Occupational Health *in itself* would not necessarily increase the load, because we have been doing the assessments as a Government for a while.

The Minister: If I could add, one of my priorities as well when I became Health Minister was actually to find a way of providing a service for ME sufferers, and that is certainly one of the elements where the assessments taken by Dependability gave no allowance for any fluctuating conditions such as that. So if we can put a service in for that, it is one service that we would be providing that they could be recommended to go to the service to hopefully prove that maybe they can do some work, even if it is only part-time – maybe even with some charities just to keep morale up, I suppose.

But certainly we have to rise to the challenge because the way Dependability carried out those assessments was not always what one would desire.

Q53. The Chairman: Nicely put.

Nursery provision: as you know, Tynwald has asked us to investigate the provision of nursery places for two- to three-year-olds. Prof. Barr told us on 10th April that the Department of Education and Children was looking to work more effectively with Social Care on this.

Can you give us an update on any work that is going on in the Department of Health and Social Care related to this topic?

The Minister: Actually, the Department of Education and Children is taking the lead on this and it is still at its very early stages. They have spoken with our Registration and Inspection Unit but they are talking about a five-year plan for this.

That is as far as I am aware; I don't know if you have got anything that you know any further?

Dr Couch: No, I am sorry, it is exactly the same as the Minister said. We would not be, I don't think, involved directly in the provision of that sort of service. To a degree we would inspect it, as we do with pre-school education at this point. And yes, the hailing frequencies are open and we are talking to DEC about it.

Q54. Mr Ashford: Do you feel there is a disjointing of responsibility in this area? Obviously it falls over two Departments and you have got DEC that says from pre-school age and above they have responsibility. But the suggestion seemed to be for the younger children the responsibility rested with you in DHSC. So do you feel there is too much of a crossover between the two Departments?

I would give the same example as I gave when we took evidence from Education and Children when I pointed out that the name of the Department was Education *and* Children. So should the responsibility rest with that Department rather than with yourselves?

The Minister: I think – and it is a personal view – to my way of looking at it, it is right that one Department provides and the other Department is the regulation and inspection of that, otherwise you have got a clear conflict of interest.

Q55. Mr Perkins: Picking up on the community health hubs, what progress has been made in that direction and when do you think you may have them operational?

The Minister: As far as I am aware – and I am sure Mr Couch will correct me if I am wrong – at the moment we are looking first of all at a … it is not really a hub, they are calling it a 'virtual

hub'; it is really more like a telephone signposting system where people can ring up and they will be signposted to all the various things, but all the information will be in one area.

Physical hubs: I do not think the one in the south that was a pilot scheme has actually ended yet and the others are on hold at the moment, as far as I am aware?

Dr Couch: Yes, there has been a collaboration between local authorities and some charities in the south of the Island of trying to collaborate very effectively together to give services to people. We wanted to get the feedback from that and I think that was scheduled to end at the end of this last financial year.

So I think what DHSC needs to do is to make clear – and this might sound a little bit silly in some ways – but 'integrated care' means different things to different people. I think the Department needs to settle on a definition and say this is what we will develop. It is essentially the second goal of our strategy, which is to provide care at home or close to where people live, which is the idea of regionalising in some way either the services which could be the virtual, as the Minister said, or physical, which could be in buildings like Ramsey Cottage. I think that is the thing to determine next.

So how do we want to care for people best? And then the two questions that come from that are: will that be simply from a centre radiating throughout the Island or from multiple smaller centres? We are certainly aware that people in the northern communities love their Cottage Hospital and that could easily be a model, but then that triggers an extra question for us which is premises, and what type of premises, and seeking the approval of Treasury and Tynwald for capital expenditure to build those premises.

So I think that is a little bit further down the line.

The Minister: Can I just say as well though in fairness, Treasury is being extremely supportive. They acknowledge that for some of the services we want to move out into the community you are going to have a degree of parallel running while that transition takes place. They have been very supportive and are saying if we bring the business case to show that the end result is going to give a better service, and hopefully run more efficiently as well, they are more than prepared to look at it.

Q56. The Chairman: I think one of the things in life is that we should try and learn from history and when Mental Health Services moved – in the UK in particular – from the existing model to people living in ordinary houses in ordinary streets, which was the line that was … it was felt that was going to save money. Do you think this proposal in terms of people staying in their own houses longer is going to save money, or do you think it is a better service for the people who stay in their own houses longer and needs to be adequately funded?

The Minister: As far as mental health goes, I think it depends on the severity of that. I think everybody, whether it is mental or physical, if they want to stay in their own homes and are capable of that then they should be supported to do that.

I do not think you always save a huge amount of money but it transfers some of the care to where it should be to give the better service, and also frees up places like Noble's to give the service to the people who do need that acute setting, so that they are not waiting too long for that either.

But the whole thing for me, is most certainly about providing a better service for people in the most efficient way we can. I think there is no doubt that I have said I have not gone into the Department just to watch the money. I want to improve the services and I have my own priorities in that regard. So that means we have actually got to find more efficiency savings than the £10 million that we need now to come in on budget over this next year to fulfil the aims that *I* want as well, and that I have pledged to people when I came into the Department.

My focus is that we have got to balance the budget, but it really is about improving the services for people.

Q57. The Chairman: So what are your proposals for further savings?

The Minister: We are looking at everything, there is going to be no stone left unturned as far as I am concerned. Things like telehealth: the people complain sometimes about having to go away all the time for follow-ups that seem absolutely unnecessary. I know of certain cases that have been uncovered when an audit has been delivered where they are going over multiple times.

So we need clear contracts with the providers of those services, saying that we will fund for that operation or that procedure, or whatever it is, and so many follow-ups, but that is it. If people actually need more that is fine, but the consultant – the provider – at the other end will have to give us clear reasons as to why he keeps calling people back, because that sort of thing costs an awful lot of money and people do not want it. They do not want to keep getting called back for a 10-minute consultation (**The Chairman:** Yes, absolutely.) to say, 'How are you feeling?'

If it is necessary, some of that can be done by telemedicine or it could be done locally. So we are looking at all sorts of avenues.

Q58. The Chairman: So that is one avenue.

The Minister: That is one avenue. The other that I am looking at is the prescription charges and the exemptions. That is another one where we are looking for more fairness within the system and obviously for it to raise more money. I am not going to deny that. But I want to spend some of the money that is saved on providing a proper thrombolysis service which we do not have. It really depends when you have a stroke as to the appropriate treatment that you get or not, and that is not acceptable in my book. We need to find the money for that and, as I say, that is one of the ways I will be finding the money to fund that.

Q59. The Chairman: So has the Department, as a Department, discussed prescription charges, and have they come to any conclusion?

The Minister: The prescription charges have been discussed and the details are obviously yet to be finalised, but it will be within the scheme that will be going out for consultation in the summer and then eventually to Tynwald as secondary legislation.

Q60. The Chairman: Last week you published waiting time information for October to December 2016. Quite a lot of categories seem to show a worsening position. How confident are you that you can turn this round?

The Minister: Do you have a specific one that you are saying was worsening? The only ones I came across were actually just a couple of percent.

Q61. Mr Perkins: The one I have had from a number of constituents is that there are a lot of people waiting for MRI scans. (***The Minister:*** Yes.) Obviously the serious ones get done quickly, but the less serious ones tend to be at the back of the queue and they still cannot see themselves progressing up the queue. How can we address that?

The Minister: That is one area where we can again use this innovative telehealth stuff because it is about the diagnostics of the scans once they have been taken. We can employ more radiologists if necessary, but then it would be the interpreting of those scans when they are completed. But that can actually be done remotely – you can send them to different

specialist centres depending on what is being looked at. It could well improve the service; it could speed it up and hopefully really reduce that waiting list.

Do you have anything else on that one?

Q62. Mr Perkins: Is a machine being run 24 hours? In industry you would run a machine 24 hours a day if it was a critical machine.

The Minister: But at the moment there is no point running it because we have not got the diagnostics to go with it. That is the bit –

Mr Perkins: That is what I am getting at; yes, it is the diagnostics that are the problem –

The Minister: We are looking at a contract with different centres so that different ones could be sent to them for the diagnostic facility and that will really speed things up and cut down the waiting times. So there are a lot of initiatives going on in that regard at the moment.

Mr Perkins: I am glad to hear it; that's good.

Q63. The Chairman: When the British-Irish Council was set up, the Isle of Man was going to lead in telemedicine. How are we getting on with that?

The Minister: We have actually formed a strategy group going over Economic Development and Health to try and drive some of that forward. I know it is a great focus within the Department as well, but I found that when I first became Minister I was being approached by quite a number of people trying to tell me all about these fantastic things that they could do – and I have to say that they all sounded wonderful. But I have got no way of knowing whether they were a good idea or not. And even if they were a good idea but not for us, I thought it was something that Economic Development could be missing out on; and *vice versa*, people could be going to them with a good idea that did not fit with them and we were not necessarily getting to know of it.

So we have got this strategy group now that goes across both Departments and the information from that will then get fed up to the departmental meetings. So hopefully we will not miss anything innovative and helpful from that way. And I cannot remember who is leading the digital stuff and the telehealth stuff in the Department –

Dr Couch: Well, it is a combination. There are *many* officers looking at it and I think we will find steadily now we are getting into our stride with the strategy – with the digital strategy and even with the mental health strategy to an extent – and we will see more and more things come online.

Q64. The Chairman: Yes, I was going to ask you about the Digital Strategy, which is very important. For too long it appeared that too much in terms of the Health Services and Social Security was paper-based. So you are making progress in relation to that?

Dr Couch: Yes, we are. And to give you an immediate example, I spent time with our Dietetics Team this morning and went on some of the wards with two of the dieticians. It is actually astounding if you look at … let's say somebody has been poorly for a while and you look at their hospital paper record file, it can be 6 to 8 inches thick with multiple dividers, etc. I think to navigate through that is a challenge, as they are falling apart, etc.

So we have now started the programme and we are picking particular types of record which are all being scanned. The old paper files are being scanned and that can then be pulled straight up on to the computer screen as a digitised page copy. That will move throughout all of our

records and in terms of linear metres we have got kilometres and kilometres of records. Once we get to that point it gets far easier and it takes the clutter away from wards and from clinics.

So that programme is underway and the scanning has started. It will take 18 months to two years to complete all of that, but little by little we are getting there. I think as many people would realise, with Health and Care Services it is very difficult to do a big bang and change something to a very large degree, so we are coming on things steadily and training our colleagues and making sure that everything works – ironing out the snags as we go along with the smaller pilots until we get things better. I think the Digital Strategy is a superb example of well-managed programmes.

The Minister: I think on the digital side and something that has fairly recently come across the radar, is a system used by the Golden Jubilee Trust up in Scotland. They have actually got two systems, one for the human resource side and the other for, I suppose, monitoring of everything that is happening within the hospital. It was quite fascinating. Some of our officers went up to Scotland and had a look and then they came over and gave us a presentation, and there are screens on the side of the wards as you go in that tell you all the statistical stuff about that ward.

All the nurses have an iPad and they put the information directly into that, and that is then accessible for anybody who has access to it. Somebody could actually be sitting on a beach in Antigua – the likes of Malcolm when he is on holiday – he could be drilling down then to see … because things get flagged up on it that there is a problem in a certain area and you can drill down to find out what was the problem and has it been sorted and who did what to rectify it.

It was quite inspiring. So I do not know if that is going to come to anything, but it is certainly something that we are having a good look at, because it really sounds transformational, to be honest. Everybody who saw it and went on that visit and saw the presentation was really quite enthused and buoyant after it. So fingers crossed.

Dr Couch: It is the harnessing of technology.

For example, I think we are almost complete with our deployment now of a system called Patient Track. Essentially, that is some proprietary algorithms, if you will, behind the boxes with the blinking lights. But essentially my nursing colleagues will type in the observations on particular people in the Hospital and the algorithms think about them, and they do assessments of whether there are early warning signs of something going wrong. For example, it can say whether somebody has lost too much weight, or if their weight is lost over a period it can say whether they are getting the early signs of sepsis, etc. Once we get that system fully activated it – itself, the system, which sounds a little bit like artificial intelligence, and I suppose it is – can bleep the doctors to come to particular patients.

So, again, little by little we are going to see more and more of that, I think, and that will make the Hospital run more smoothly. I think it will improve the safety environment for our patients who we look after and things will be better.

Then in a way it comes back to your question about integrated care: does that save money? Not necessarily, but I think the Isle of Man Government generally has been thinking about sustainability for a while now and I think if we get all of these innovations in place we will have a better idea of what our forward costs will be. I mean at the moment if you look at the graphs from your side it seems to be going ever like that. Obviously we want to bring it down. I think the cost of health and care may go up over the years but we have got to keep the lid more on it and these innovations will help with that.

Mr Perkins: It will certainly help with epidemiology anyway. You can actually predict what diseases will be coming up; I think that is a very good idea if we can do that. Sorry, Chairman.

Q65. The Chairman: No, it is all right. I was just going to ask Mrs Beecroft when Mr Couch is on the beach in Antigua, which beach in particular she would be on! *(Laughter)* Peel? Port Erin?

The Minister: Definitely a cooler beach. I do not do the sun very well. My skin goes bright red and falls off!

The Chairman: Tell me about it!

Q66. Mr Perkins: Actually on a serious note though, one of the questions that sprung to my mind is how is your working relationship? It seems pretty good here. You have got a good rapport.

The Minister: Yes, I mean all the departmental Members – myself, Mr Couch and all the other officers – we are really just working as a team to try to get these things done. We know we have got a huge challenge ahead of us but we are determined to rise to that challenge.

Mr Perkins: Thank you.

Q67. The Chairman: Okay. One of the things you have been challenged on in the House of Keys – and I am not sure about Tynwald, I think Tynwald probably as well – is the patient transfer issue. How are things with that now?

The Minister: We are still receiving complaints, obviously.

Interestingly, I received one, I think it was last week. It was quite a long letter from a lady and it started off about the ComCabs and I honestly thought it was just going to be a complaint about them, and it was quite a lengthy one, and it got to the end of that day and she said she could not praise them highly enough. She said they were lovely, they were respectful, they were kind, and then she said, 'And then I got to the Isle of Man and the cab I got here was just terrible going back to Ramsey'. She could smell smoke in it; it was very uncomfortable, etc.

I thought it does just shine a different perspective on things, doesn't it? I think we have to get better at communicating and we are asking the users to actually communicate with us, because we do not necessarily know if they have got a mobility problem. If you are going away for a procedure on your eyes the consultant who sent you for that is not going to say, 'Oh and by the way, she has got a dodgy hip so needs whatever type of vehicle.' We are really asking the public to tell us when they go through the patient transfer system and the officers there have been told to ask them if they have any specific needs, because we will cater for them, but if we do not know about them then we cannot.

I know myself when I had the operation on my leg in December I found it very difficult to get in and out of an ordinary car and the black cabs were actually much easier for me, but with some things it is the other way around. But we do not have a crystal ball and we really do mean it: people have to tell us and then we will ensure that the correct vehicle for their needs is provided.

Mr Perkins: Actually we have got a – Sorry, David, go on.

Q68. Mr Ashford: Just following directly on from that, just raising the case of my constituent who had been in contact with you. I believe he has written to you a couple of times now.

One experience he has had is when booking with Patient Transfers he actually has raised the fact that he has got an issue with the black cabs and he says the feedback he has had is they say it is not their role to be dictating what type of vehicle picks them up; they are simply booking the appointment with ComCabs. Sure enough, the last time he turned up he yet again had a black cab.

The Minister: And yet he had told Patient Transfers?

Mr Ashford: Yet he had informed Patient Transfers when he rang that he had nerve damage that meant that he could not get into the cab.

The Minister: After this session, if you could give us a note of that person we will look into that, because that should not be happening.

Q69. Mr Ashford: Yes. But also one of the things I was going to ask is: does the Department, or is it their intention to, actually proactively seek feedback from patients and escorts once they have been over, because that will give a much better picture one way or the other – we do not know until it is done – of the overall experience?

The Minister: Yes, now we have had a full month of it, we are actually going to have a random telephone conversation with people to gather their feedback, exactly as you said, because we do want to make sure the service is the best that we can offer and that people are satisfied with it.

Q70. Mr Perkins: Is there any mileage in having a competition over here to get a preferred supplier of the taxi companies?

The Minister: Who pick them up from Ronaldsway here?

Mr Perkins: Who looks after them at this end, yes.

The Minister: I do not know. Malcolm?

Q71. The Chairman: But that is not something that is provided by the Department, is it? That is something that people do themselves, isn't it – the taxi to the Airport?

Dr Couch: It is a mixture, Chair. (**The Chairman:** Is it? Right.) Sometimes people will get themselves to the Airport, sometimes we will support them.

The Chairman: Okay. So then that may well be …

Mr Perkins: What is good for the goose is good for the gander, isn't it, on both sides of the water? Yes. It would certainly raise the standards of some of the cabs, I would venture to suggest.

The Minister: I certainly passed that letter onto the commissioning team for them to take notice of.

Q72. Mr Perkins: While we are on that, has there been any movement on the quiet rooms at the Airport that has been put forward?

The Minister: As far as I am aware areas have been located at both airports, haven't they? I am not quite sure where they are up to because it is a charity.

Q73. Mr Perkins: Yes, locating is one thing, but actually getting them up and running is something extra, isn't it?

The Minister: Yes, but that is a charity, it is not the Department.

Q74. Mr Perkins: I would imagine that came under Ann Reynolds and the Airport?

The Minister: Yes, I am sure we will hear about it when they are ready to go.

Dr Couch: Yes, our Commissioning Director has been working with them on that so we can get an update for the Committee if you wish.

The Minister: Yes.

Q75. Mr Perkins: So it is not far off then, if it is not up and running yet?

The Minister: I wouldn't have thought so, no, (**Mr Perkins:** No, okay.) because they have been liaising with the Department over the brochures and signage and stuff like that. So it is definitely progressing.

Mr Perkins: Thank you.

Q76. The Chairman: I am going to throw a random one in here and I apologise. Prior to your appointment, Mr Couch, there was an inquiry into services provided in New Zealand. Has anything concrete been able to be demonstrated that benefited from that in terms of improvements to the Health Service here?

Dr Couch: I think the background to that visit and those studies was the preparation of the strategy that went to Tynwald in October 2015, as we mentioned earlier, and I think that my predecessor/predecessors and Mrs Beecroft's predecessor as Minister, now the Chief Minister, were gathering information to decide how best to structure the Isle of Man strategy.

Q77. The Chairman: Before that?

Dr Couch: Yes, so I am as sure as I can be that the information that was gathered was considered very carefully and some of it was blended into what became the strategy. So I think that is probably as far as I can go with that, but I do not think any of the work was wasted as such. We needed to gather information and, as I think probably we are all aware, sometimes we can do book learning, if that is the right word, and sometimes it is better to go and see and talk to people about what they are actually doing.

The Chairman: Okay, I think we are probably getting towards the end. Anything else?

Q78. Mr Perkins: One more round from me, if I may, Mr Chairman? (**The Chairman:** Please.)
I asked you a question in the House about ME, if you remember back to that. How has that gone? Have we got a specialist in place and how has the diagnosis and treatment of ME provision gone forward?

The Minister: No, we have not. As I said, I need to find the money first to provide for that service. I cannot remember the lady's name but there is an expert coming over shortly, isn't there?

Dr Couch: I am not sure of the name, no.

The Minister: No, the name escapes me. I am rubbish with names, I apologise … who is coming over to the Island in the near future and I will be meeting with her. Is she giving some talks as well? I cannot remember the details of it.

Q79. Mr Perkins: I think it is a special week coming up? Yes.

The Minister: Yes, I cannot remember the details of exactly what she is doing, but we would be happy to provide them, or I will personally if my memory stops failing me.

Mr Perkins: Right, thank you.

Q80.The Chairman: Anything else from you, David?
Anything else you would like to offer or do you think we have covered everything?

The Minister: I do not think so. I suppose, if I may, just throw one in. It was a pipe dream almost, but it looks like it is finding favour – the idea of a dementia village on the Isle of Man.

I think the first one was in Holland and they were actually building one in Rome following that; there are now a number in the north-west and some in Ireland. I think that we are ideally placed to at least give it a good look at to see if we can make it work here. It is something that we never know if it is going to affect us or not and if we can enable people with dementia to lead a better, happier, more healthy life, I think then it is something we should certainly be considering – just as a personal add-on to it all.

Mr Perkins: Good. Excellent.

The Chairman: I will finish off with a personal one as well. I do apologise that because I am so very ill with man flu at the moment, I might not have been a hundred per cent today, but you certainly have. Thank you very much for all the questions you have answered from the Committee and we would like to thank you for that and wish you all the best of luck with the future and we look forward to speaking to you in due course.

We will now sit in private. Thank you.

The Minister: Thank you very much.

The Committee adjourned at 3.44 p.m.