S.P. 34/26

St Helena Government

ST HELENA GOVERNMENT

PROCEEDINGS OF MINISTERS QUESTION TIME

TUESDAY, 4 NOVEMBER 2025

FIRST MEETING

LAID UPON THE TABLE 17 JULY 2026

ST. HELENA

LEGISLATIVE COUNCIL

THE SPEAKER

The Honourable Mrs Maureen Thompson

EX-OFFICIO MEMBER

The Honourable Attorney General - Mr Andrew Duncan

ELECTED MEMBERS

The Honourable Dr Rebecca Elizabeth Cairns-Wicks - Chief Minister
The Honourable Gillian Ann Brooks - Minister for Safety, Security and Home Affairs
The Honourable Martin Dave Henry - Minister for Health and Social Care
The Honourable Andrew James Turner - Minister for Education, Skills and Employment
The Honourable Clint Richard Beard
The Honourable Ronald Arthur Coleman
The Honourable Dr Corinda Sebastiana Stuart Essex
The Honourable Denis Karl Leo
The Honourable Robert Charles Midwinter
The Honourable Derek Franklin Thomas
The Honourable Julie Dorne Thomas

OVERSEAS

The Honourable Karl Gavin Thrower - Minister for Economic Development and Environment, Natural Resources and Planning

Legislative Council Office Assistant **Miss Morgan Thomas-Henry**

PROCEEDINGS OF MINISTERS QUESTION TIME

Tuesday, 4th November 2025

The Council met at 10.00 am
In the Council Chamber, The Castle, Jamestown

(The Honourable Speaker in the Chair)

ORDER OF THE DAY

1. FORMAL ENTRY OF THE SPEAKER

2. ADDRESS BY THE SPEAKER

Honourable Members, gentlemen and listening public, good morning and welcome to our very first Minister's Question Time since the General Election. For apologies, I should make reference to the fact that Minister Thrower is still overseas attending the Utility Scale Renewable Energy Workshop. I would also like to say thank you to SAMS for making it possible for members of the public to listen to this question time this morning. Honourable Members as you are aware, the chosen subject for this Minister's Question Time is Health and Social Care, Portfolio Strategy and Delivery Plan April 2025 to March 2028. This being the case, all questions will be directed to Minister Martin Henry, Minister for Health and Social Care. The questions will be selected at random, and it is hoped that all Honourable Members will have the opportunity to ask their question. That being said, please bear in mind that accordance to Standing Orders, Order nine, Rule 4b, this meeting will not exceed one hour from the first question being asked. Our timekeeper as well as our Clerk for this morning is Miss Morgan Thomas-Henry. Morgan, can we have the first question please?

3. QUESTIONS

Question No. 1 - The Honourable Ronald Coleman

Madam Speaker -
The Honourable Ronald Coleman.

The Honourable Ronald Coleman -

Thank you Madam Speaker. Will the Honourable Minister for Health and Social Care inform this Council, given the ageing population, how the portfolio is addressing the increased demand for residential and domiciliary care and what support is also being provided for home adaptations to enable independent living?

Madam Speaker -
The Honourable Minister Henry.

The Honourable Martin Henry -
Thank you Madam Speaker, and I'd like to thank the Honourable Member for his question. So just before I start to answer and drill down into this particular element, I'd just like to remind Members that we have already completed within house, an Aging Demographic Policy, and some of the elements from that Policy has been we are now implementing, but I have also recommended, and it's also been accepted, that the Aging Demographic Policy will be a National Policy, because the impacts of the aging demographic has its impact throughout our society. So, it's a piece I attend to, and then there's a piece that will go beyond that. However, in terms of trying to meet the community's needs as we stand, we all know that we want to well and from a health perspective, we want people to live in their homes for as long as possible, but there are limitations to how long that possibly can be, and it will depend on the client itself. But just to remind people that it is limited by budget and staffing resource, and the demand has now, in my opinion, started to outstrip what we can offer. Each package, though that we do is constantly being reviewed, just to make sure that we are providing the best possible care for the value. So, if I move on then to the home adaptations I have mentioned once before as well, unfortunately that was taken out last year just because we had to decrease our budget in line with trying to balance the budget. There is a push this year, and if we do get the money, we will try to put that back in. However, I have also mentioned on a number of occasions though I will want to design a Policy around how we deliver those adaptations, because I got no issues, dare I say, with adaptations, which is something simple, like putting a handrail in, et cetera, but we have to remember when we start to make changes, like putting in whole showers and sometimes access etc, these come to five to ten thousand pounds etc, we are increasing the value of that home. And what I want to do is just give an example, because we have to be well aware of this. If we do say, for instance, put in such a value into a home, and the member unfortunately deteriorates, and then in six months' time, we then have to try absorb that member within our Community Care Complex, we have then put a high value into the home and now being expected to support that member in the Community Care Complex. So, I totally agree that we should try as much as possible to support members to live in their homes for as long as possible. We will try put that back in this time in terms of budget, but the reality is we have to be very careful about the volume and amounts we spend, because as a Government, we have to act fairly as well across the board. Thank you, Madam Speaker.

Madam Speaker -
The Honourable Ronald Coleman.

The Honourable Ronald Coleman -

Thank you, Madam Speaker. Can I just ask the Minister from residential perspective, how long has this been known that the demand is continuously outweighing the provision?

The Honourable Martin Henry -
Thank you, Madam Speaker. I am sure that this has been known well beyond the time of this Council and the Council before than the one before that. The plans that I have if I can briefly remember, I did look at the plans for the CCC, and I know Dr Essex will come in and say that was not the CCC that was planned for because, and this is true, the plans for the CCC was based on about twenty years ago, knowing that the aging demographic was going to reach such volumes. Unfortunately, due to budget cuts with the CCC, it took out about fifteen to twenty beds just there alone. So, it has been known, however, even when I joined Council for the first time, we were already at crisis point. So, we were crisis point when I started four years ago, and now we are trying to rectify that by looking at what we can do from a policy perspective and as I said earlier, the Aging Demographic Policy is of such importance that it will be a National Policy that Ann Muir will pick up, and we will deal with it as a Government in its entirety.

Madam Speaker -
Thank you Honourable Minister. Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you Madam Speaker. I note that the Minister made reference to the Aging Demographic Policy, and it being a National Policy. Is there any timeline Minister as to when that would potentially become available because obviously as you've just highlighted, the ageing demographic is of a serious concern for the Island, thank you.

Madam Speaker -
Honourable Martin Henry.

The Honourable Martin Henry -
Thank you Madam Speaker, and I'd like to thank the Honourable Member for her question. No, I have not managed to speak to Anne. I do have some of the fallouts from what we did from the Aging Demographic Policy, but that's to answer a few other questions along the way. So, there is elements of the Aging Demographic Policy that we have already started to work with from a Health and Social Care perspective. Thank you.

Madam Speaker -
Thank you Minister Henry. Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you Madam Speaker, and then you also mentioned the home adaptations Minister, and as you rightly said, it was removed last year, but you would like to have it reinstated and this obviously you don't know yet if you're going to get the funds for it, but in a proactive way, is the Policy being looked at now so that we, if successful, that we can roll that out as soon as we possibly can?

Madam Speaker -
Honourable Minister Henry.

The Honourable Martin Henry -
Thank you Madam Speaker, and I thank the Honourable Member for her question. No, I haven't looked at it yet, I haven't started it yet, but it isn't such a long Policy, I would say it should just be focused on the fairness of the government when putting funds into private residencies etc. So, it's more around how we can deliver that in a fair process. Thank you.

Madam Speaker -
Thank you Honourable Mr Henry. Honourable Clint Beard.

The Honourable Clint Beard -
Thank you Madam Speaker. Will the Minister just advise how communication around the process and inquiries is done to individuals over the island? How is communication done, or inquiries into possible the provision of independent living and the adaptions. How can people inquire about that? Or is there any communication around that?

Madam Speaker -
Honourable Minister Henry.

The Honourable Martin Henry -
I'd like to thank the Honourable Member for his question Madam Speaker. I'm not quite sure what he means by the fact that how is communication done again in answering other questions around social care, what I will note is that most members who require home adaptations are also visited by domiciliary care and our community nurses, and because Health and Social Care is now part of a one system, it produces a more fluent dare I say fluency between both Health and Social Care, which wasn't the case if I speak to members from the past. So information now is being passed between both areas so if someone requires, for instance, extra needs, that information comes into domiciliary care, domiciliary care then should be informing the community nurses, etc. So that is how that information should be flowing through. I am not overly aware of how exactly that communication is being held and dare I say Madam Speaker, I just wonder if that is a strategic question we are talking about the Strategy and Delivery Plan. Thank you.

Madam Speaker -
Thank you Minister Henry. Next question please.

Question No. 2 - The Honourable Denis Leo

The Honourable Denis Leo -
Thank you Madam Speaker. Will the Honourable Minister for Health and Social Care inform this Council, given that mental health services on St Helena are consistently delivered by both local professionals and

system, we want to develop that scheme, and we want to open it up to social care as well. So, what we are planning to do is use this particular Board as a platform to be able to bring through some of those elements and sitting behind us, I think all you'll know, Dr Ian, Professor Ian Cummings, he is also helping us to develop further pathways with Kiel University, and looking at potentially being able to upskill and qualify our staff further so the Board sits at the centre of that education process, Councillor. Thank you, Madam Speaker

Madam Speaker -
Thank you Honourable Minister Henry. The Honourable Dr Corinda Essex.

The Honourable Dr Corinda Essex -
I thank the Honourable Minister for his response. What is the composition of the Board, I know he said he sits on it, but who are the other members please, by designation, not by name.

The Honourable Martin Henry -
Now you asking me something. Sorry, I can't remember I am thinking about the names around the table. So, it is me, and the Senior Nursing Officer, it is also the Senior Development Nurse, Midwife, and then there's three other nursing staff members, that was the composition. However, how we look at this going forward and trying to include a social care element so it is actually up for grabs at the moment in terms of being able to restructure it so we deliver base qualifications across the service and then support people who want to do advanced qualifications above that through this particular angle. The other thing, which is important, which we would love to get back to, is to be able to do that local Nurse qualification that was so important to developing many of the qualified and senior nurses we have now, which is, you know key to delivering some of our services. So, it is more difficult, we have less people, we have less people interested, but at the same time, having the offering there is just as important.

Madam Speaker -
The Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you Madam Speaker, obviously this is all positive news. I just wanted to know if this the reinstatement of the Nurses and Midwives Board would also help Minister with any interaction with other health services, either in the UK or in the other overseas territories. Will that help with that interaction as well?

Madam Speaker -
The Honourable Minister Henry.

The Honourable Martin Henry -
Thank you Madam Speaker. I thank the Honourable Member for her question in terms of the interaction with other overseas territories, I think I like to answer the question, but it may be beyond this Board. I think it is important, though I am currently trying to establish such a relationship with Montserrat, and we are

working quite closely on how we can move forward with that. I think it's just really important that we know how other health services are delivered in other Overseas Territories. Given that we are all British Overseas Territories, we all have different Constitutions, but we should still also champion that we deliver services of a stature that is of reasonable needs to our population. So being able to look at what other Overseas Territories deliver and what they don't, because that's an important one as well, compared to what we do and don't, if we join forces potentially we should be we could create a stronger platform for when we approach the UK Government, with moving ourselves forward, but there are other territories who actually rely on private health care, etc, as part of their GDP so they make a lot of money on private health care and dare I say, there are other territories that pay that members pay for treatments such as cancer, and so we have to be very careful how we tread the thin line, because what we don't want is services to be reduced in some areas, but it is within my remit that we form a tighter group and push for a standardisation in some of those services. Thank you, Madam Speaker.

Madam Speaker -
Thank you Minister Henry. Next question please.

Question No. 5 - The Honourable Julie Thomas

Madam Speaker -
The Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you Madam Speaker. Will the Honourable Minister for Health and Social Care inform this Council, noting that the sum of £1.65 million was allocated from the British Indian Ocean Territories (BIOT) agreement with the UK Government, with the stated objective of reducing and ultimately clearing the backlog of overseas medical referrals within a one-year period, whether that objective has in fact been achieved, given that the one-year anniversary has now elapsed?

Madam Speaker -
Honourable Minister Henry.

The Honourable Martin Henry -
Thank you Madam Speaker, and I'd like to thank the Honourable Member for a very important question, you know, and there are other elements of that BIOT funding is just as important, and hence the reason I'm standing here today in a lot of the cases. So just to be quite clear, we decided to move that number to 18 months only because it helped us strategically by sending up large number of patients, our South African provider had to be able to manage those patients, and as well as the extra care that sometimes was needed when patients came back, however, the majority, I mean, the vast majority have been seen to, and actually, the funding that is left over is now supporting the budget needs for this year, because we potentially will go over budget this year with the same allocation, so the funding potentially will last us over two financial years. So, what I've got here, I did ask how many patients, and 55 patients have been seen under that particular funding remit. But I also would like to add that machinery, etc, and the things we bought from

that same funding. You know, people with all of those new hearing aids that was bought from this funding as well, and if we think about preventative care, you know that's part of a preventative package. We also bought a piece, I have been told now that I can actually buy these pieces equipment, because they have set with various elements in SHG for far too long, as per usual, but we now can buy the two elements, which I approve. One, don't ask me the names of these, these pieces of machinery, but one will help to perform cataract and lens, being able to change lenses on St Helena, which is something very important, especially with a nation of people with complexities like diabetes, and the second is to be able to perform an urology process, which I know there's a quite a few numbers, quite a few people am currently waiting on, but I can now say that those two pieces of equipment have gone out to be purchased, but it's all part of that same funding, so we utilise that to do both things to bring down the list, but also to provide long term care on the Island which go beyond the outcomes of that funding. Thank you.

Madam Speaker -
Thank you. Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you, Madam Speaker and I thank the Minister for your response. Can I just clarify though Minister is the £1.65 million that was specific for the backlog, are you referring to that being utilised to assist with the preventative care, or is that the additional £1.5m that was given to Health to assist with preventative care? Then I know how to frame my next question.

Madam Speaker -
Thank you. Honourable Martin Henry.

The Honourable Martin Henry -
Okay, I can assist by actually saying both, because it is preventative care, but to stop people going to South Africa to get, for instance, some of the treatment that we have now perform on Island, it also reduces the waiting the backlog, so it kind of crosses over both, but it did come out of this particular budget line, which is about reducing the backlog.

Madam Speaker -
Thank you. Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you Madam Speaker, and thanks for the clarity. My memory doesn't serve me quite so well Minister with regards to how many was on that list from the backlog when we started, but I think 55 patients is about right. Somewhere in my memory, I remember 60, so noting that I know you've extended the time period to 18 months you said, and it was a strategic decision, but can you advise whether there is evidence of a new or emerging backlog of overseas Medical Referrals for this current financial year, and whether sufficient provision has been made within the existing budget to address this in accordance with the objectives of your 2025/2028 strategy.

Madam Speaker -
Thank you. Honourable Martin Henry.

The Honourable Martin Henry -
Thank you Madam Speaker and I'd like to thank the Honourable Member for a very important question and very important piece of information I would like to get out there. So first and foremost, like I just finished saying, the leftover funding from reducing that that number will potentially support the patients this year. However, next year, it comes to an end, and yes a backlog will accumulate, remembering that the 1.7 million pounds we get for OMR is only now being used, and is only enough to cater for emergencies, which is priority one, or like we like to say, red patients. The issue with catering as such is that sometimes, you know, you can deal with a smaller issue downstream, and it then stops that larger element, or the need for more intervention, should I say. However, as you quite rightly pointed out, that budget line has never been enough. We have overspent for the first four years that I have been the Minister of Health and Social Care. We overspent the first two years and the second years were supported by the buyout funding. So, it is an unreal situation at the moment, and this government next year, if we don't get extra support, are going to face the real circumstances of once again, accumulating that waiting list. If we cannot find or find more funds to put towards this particular budget line. What it works out to, even if we be really tight, is about £700,000 more in my opinion, just looking at where we've been, my team will say a million to 2 million. But I think we could possibly, at least continuously move people under that red list and people who are on that amber list, so that we should be able to do that. I just want to add something extra to that though, a lot of the waiting lists over the last couple of years have all been Orthopaedics as well, because of the issues we have with Orthopaedics, now we are performing Orthopaedics on the Island. We're going back to the larger stuff, you know, we're doing hip we're looking at knee replacements, etc so that should stop that list from over accumulating like it was, or at least it won't go to the level as it was over such a short time period. So again, it's about trying to bring the service back to St Helena to reduce that the same thing with urology, which is what we're trying to sort out over the next couple of months. Thank you, Madam Speaker.

Madam Speaker -
Thank you. Honourable Julie Thomas.

The Honourable Julie Thomas -
Thank you Madam Speaker, and I think it's the final question from me, because the Minister has made reference to what kind of pressure I guess it would place on a budget for next year if additional funding isn't put up, and I note from your strategy Minister that the projected budget for the Health and Social Care over the next three years remains static in its entirety. So can the Honourable Minister clarify whether this represents a realistic fiscal projection, and from what you've just said, I don't think it does in light of rising costs and service demand. So will you Minister be putting forward a cost to the Chief Minister for when she departs for JMC, so that the Minister, our UK Minister, doesn't lose sight of the fact that although BIOT was very helpful to us, we need his continued support. Thank you.

Madam Speaker -
Thank you. Honourable Martin Henry.

The Honourable Martin Henry -

Thank you Madam Speaker. I'd like to thank the Honourable member for her question, and the resounding answer is definitely yes and yes, it remains static in the Strategy, as it will remain static in most strategies, because we don't know what budget lines we will get, and if I use my same old statement that I make quite often, it's a round hole, square peg format. Okay, where our teams have to squeeze our potential services within budget lines. This is not unique to St Helena, I know it happens elsewhere unfortunately St Helena has been doing it for quite some time now, and we are reaching that place with the aging demographic placing such high demand on that service as well as the results of an unhealthy population placing lots of demand on very expensive tertiary services. That combination is something that is going to really, really put Health and Social Care over this four year period, if we don't get an extra budget in a bit of a dilemma on what do we do with potential papers, looking at how do we fund and potentially looking at if there is funds available, and if people can support themselves as well, it will come to a stage if we maintain these budget lines, were these types of options will have to be presented, because I will have no choice but first and foremost, as a Government and as a Council, we need to approach the UK Government to try support us with our current needs based on what we consider to be reasonable needs, thank you Madam Speaker.

Madam Speaker -

Thank you. Just a reminder, we've had thirty-six minutes already. Honourable Dr Corinda Essex.

The Honourable Dr Corinda Essex -

Thank you Madam Speaker. Can the Minister state what measures are in place to reduce the risk to SHG of litigation if more clinical procedures are carried out locally.

Madam Speaker -

Thank you. Honourable Martin Henry.

The Honourable Martin Henry -

Thank you Madam Speaker, and I most certainly can in the case of orthopaedics, as we've just, we've talking about almost four years to reintroduce that, four to five years to reintroduce that service, in fact, I think it may be a bit longer than that. So as Members will now know whether you see our orthopaedic surgeon on island or in South Africa it is the same person, they are well equipped with understanding St Helena, they all came with their assistants and looked at our surgery etc, to ensure that they could operate in accordance to their own profession. These members now are, so we contract them in and they come with their own insurances, etc. they are independent members, and in South Africa, they work under the same sort of principles, where the hospital in terms of a structure, and the doctors that work in it isn't like a national service they are contracted in and the hospital is insured independently and the physician is insured independently, so they have, so if we unfortunately end up in a place where we are accused of malpractice etc, we should have a much better underlying system that shows that the doctor that come, the specialist that comes is qualified and has all of the right elements and that they were satisfied operating in the environment that that we provide. There have been specialists that come or specialists that cancelled coming

after we went into litigation because the environment themselves did not fit the criteria they needed in their opinion. Thank you Madam.

Madam Speaker -
Thank you Mr Henry. The Honourable Dr Corinda Essex.

The Honourable Dr Corinda Essex -
Will the Honourable Minister confirm similar arrangements will be put in place with regard to the operations for cataract and lens replacement, etc?

Madam Speaker -
Honourable Minister Henry.

The Honourable Martin Henry -
Thank you Madam Speaker. They are all specialists that come in under the same or similar arrangement, and they also bring their own specialist equipment now, so for orthopaedics, we bring in a person with their equipment, with the hip joint replacements, etc so the whole, all of it is captured within the service that they deliver to St Helena rather than St Helena being part of delivering that service, we just provide the facilities so that supports, you know litigation etc, going forward. However, it isn't bulletproof, you know in terms of operations and health care it is very complex, and not every operation is successful regardless of how major or minor it is that's the nature of the service.

Madam Speaker -
Thank you Honourable Minister Henry. Honourable Robert Midwinter.

The Honourable Robert Midwinter -
Thank you Madam Speaker. Madam Speaker in the Honourable Minister's response to my Honourable friend Julie Thomas, he did say that equipment had been procured from the £1.5 million, which is separate to the £1.6 million under the BIOT funding, and that's specifically for preventive care which relates to the original question that I asked the Minister, so can he just for clarity's sake, say whether the £1.5 million has now been fully committed.

Madam Speaker -
Honourable Minister Henry.

The Honourable Martin Henry -
Sorry my Honourable friend, you're talking about the actual preventative, all of that funding has not been committed we are at the initial stage, the health promoter and my SMO is currently on a diabetes conference supporting the launch of that programme. The reality is right now is that a lot of the stuff that is happening is behind the scenes stuff and very important behind the scenes stuff, for instance, we have to be able to track our patients and our systems as a lot of the government IT systems are outdated and will require significant updates. We are doing that in the background and the most important element that we are trying

Madam Speaker –
The Honourable Derek Thomas.

The Honourable Derek Thomas -
Thank you, Madam Speaker. Will the Honourable Minister for Health and Social Care outline what measures are being considered to increase the financial support for full-time home carers, in light of rising service demand and limited capacity within residential care facilities?

Madam Speaker -
Thank you. Honourable Minister Henry.

The Honourable Martin Henry -
Thank you, ma'am and I'd like to thank the Honourable Member for his important question as well and just to say, from the outset, this is a particular angle, but it is one of a few angles. So for instance, the Policy that looked at the Aging Demographic and the outcome is quite obvious, is that we need to go for an EDIP Programme, but we had to decide which or what facility we will attach to that Programme. So, but the immediate response is that we have, for instance, physiotherapy up in our care setting, we could take on three, three more members right now, if we can find another location for that and I think everyone knows that that's quite a hot topic right now, and but secondly and over and above that, we would have to look at increasing the needs there. We also have to look at providing more domiciliary care, because not everyone requires that, that full need. So, I will answer your question, my Honourable friend, but at this it is part of the holistic approach, it's not just one approach in terms of what you've asked in 2023 the Carers Allowance Policy was reviewed and it will be continued to be reviewed annually. I am sure, yes, there were increases made at that time. I can't tell you the increases, but I know there was increases made in 2023 but I can look back and find it, and it is, but just like everything I've mentioned today, it is all within the limitations of our recurring budget, and I would love to be able to raise the pays of the particular members in the community that support our elderly community and the loved ones across the board, not just carers in these settings, but it is limited by that annual budget and that service, and these particular services, as you all often know, quite a few of you all have been around the Table, I have to continuously come back to Legislative Council for a Supplementary because we have overspent because of that high demand. It is clear that the budget lines necessary for supporting are increasing elderly members in the community is not enough that, that is absolutely clear. Thank you. Madam Speaker.

Madam Speaker -
Thank you. Honourable Members, we got six minutes, if someone got a quick question for a quick answer. The Honourable Derek Thomas.

The Honourable Derek Thomas -
Madam Speaker, Madam Speaker is the Honourable Minister of Health and Care, aware that in many cases carers have to provide 24-hour care seven days a week, and their payment is £80 a week.

Madam Speaker -

Honourable Minister Henry.

The Honourable Martin Henry -
Thank you Madam Speaker, with the payment side, I was off the impression that the payments is subject to the care that is being provided. So, I didn't know that there was a standardised payment across the board, but I stand to be corrected. In terms of the 24/7 care this comes back to and something my Honourable friend, Dr Essex has questioned in the past, which is the respite care, the respite care, we really need to get that, that that going again. However, because my numbers are stretched in terms of providing domiciliary care etc, putting on respite care also means that I have to provide more people. Let's face it, the Strategy behind Health and Social Care Strategy is first and foremost, to stabilise the system, before I can start looking at some of the more upstream stuff in the strategy. It is about stabilisation with the numbers we require to date. Thank you Madam Speaker.

Madam Speaker -
Thank you. Honourable Derek Thomas.

The Honourable Derek Thomas -
Thank you, Madam Speaker. Will the Honourable Minister give an undertaking to look at the payment criteria for home carers bearing in mind the government's policy is for people to remain in the homes as long as they possibly can?

Madam Speaker -
Honourable Martin Henry.

The Honourable Martin Henry -
Thank you Madam Speaker. I will have an undertaking of having a look. I just like to answer the second half of that question, because it's a far more complex one. People being able to remain in their homes as long as they possibly can is the objective of Health and Social Care period. However, we have on average, 10 people constantly in hospital because they cannot get into the social care setting. There are people potentially in their homes that needs that we would want to be coming into full time care at the moment. That's why I said earlier that we have to take the holistic approach and look at creating more spaces and as well as providing respite care support where necessary, but I most definitely take the Honourable Member's question on board, and it is important that we support those members. I would most certainly want people to be able to stay in their homes as long as possible with the support we can give, thank you.

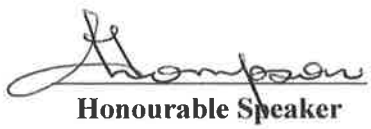
Madam Speaker -
We've only got three minutes Honourable Members. Honourable Clint Beard.

The Honourable Clint Beard -
Thank you Madam Speaker, quick question, you're talking about respite care what facilities are you looking at using.

Madam Speaker -
Thank you. Honourable Minister Henry.

The Honourable Martin Henry -
There's a number of avenues we've looked at with respite care. So I'm going to go into different elements that I require now as a Health and Social Care Service, but other people require the same elements. So what we would love to have from in terms of Health and Social Care is the whole of Piccolo Hill, because the whole of Piccolo Hill allows us to secure that facility and have it monitored 24/7 rather than have individual's placed all over the place, it will be a far more efficient process for Health and Social Care to use one of those houses out there as respite care, as well as being able to support because we already supporting members that should be in other care facilities at Piccolo Hill. So, my push, as it was last time, and it will be with my Honourable friend Karl Thrower when he gets back, is for Health and Social Care to have the ability to be able to secure the whole of Piccolo Hill and create a separate site that we can provide all of these services. So, I do have a plan my Honourable friend. Thank you.

Madam Speaker -
Thank you, Minister Henry, that's the end of the session for this morning. We thank you very much, and we hope that you find this session interesting and informative, as well as members of the public, and as we go about our daily lives, I ask that you will give a thought for the people of Jamaica and other Caribbean countries who are facing challenging times following the devastation caused by Hurricane Melissa. It's times like these I can't help but feel we've got a lot to be thankful for. Thank you.



Honourable Speaker