



Date: 3rd July 2018

## **Budget 2018 – The Hon Neil F Costa MP**

Mr Speaker, as I stand to deliver my eleventh Budget address as a Member of Parliament, and my seventh, as a Government Minister, it continues to be my privilege to serve our community. On this occasion, Mr Speaker, I set out my second Budget contribution as Minister with responsibility for Health, Care and Justice.

On writing this year's address, I considered how best to detail the milestones and objectives that my various responsibilities have achieved in the past Financial Year. Every year, Mr Speaker, I provide to this House an almost complete report, as it were, of all aspects of the business my various Ministries have conducted and intend to carry out in the FY just started. It occurred to me, however, and it will, I hope, sincerely please Mr Speaker, that in the light of the many statements to the press, it would be of more benefit to provide an easily accessible link to all the press statements that detail manifesto pledges fulfilled and other noteworthy achievements. Mr Speaker, should any members of our community wish to consider, they can go to the government website at: [www.gibraltar.gov.gi](http://www.gibraltar.gov.gi) and <https://www.gibraltar.gov.gi/new/sites/default/files/press/2018/Press%20Releases/Costa%2017-18%20PR%20FINAL.pdf>

As a result of providing a link containing my statements, I will address what I consider the most important projects that have been completed or unveiled. I will not enter into all aspects of any one project, as, I dare say, most members of our community will either have read or heard the news. I wish to stress that I struggled to decide which projects and improvements to exclude from my address. I, therefore, highlight to my many indefatigable and innovative teams that I thank each and every one of them, and that no slight is meant if a particular measure has not been mentioned.

The work that I started in late October 2016 to integrate Health, Elderly and Social Care as the Honourable the Chief Minister directed me, continues apace, and I will set out some of the steps that we have already taken to align care in these settings. Similarly, as Minister for Justice, I continue to be in a position to move quickly in drawing up legislation that relates to care and justice.

Mr Speaker, I will commence with my responsibilities as Minister for Health.



## Primary Care

No one will seriously doubt the huge strides taken to substantially improve access to our GPs. It is an important point to make that on a daily basis an average of 450 to 550 persons are seen by our fantastic cadre of GPs. The number of attendances on any one day, which can reach close to 600 persons bears repeating, and places in sharp focus the absolutely fantastic work, carried out day-in-day out by our GPs.

I provide, Mr Speaker, a flavour of the most notable PCC reforms:

### 1. Walk-In Clinic Access

On 27 December 2017, GP walk-in clinics were introduced for the very first time to deal with the winter flu season. Within days, appointment capacity in the PCC was markedly improved, with an average of 48 unused appointments every single weekday. This appointment availability has never been seen in the past and certainly not in the winter months, and our primary care services more than effectively kept pace with the winter flu surge that created media worthy difficulties in European countries.

### 2. Nurse Telephone Results Service

Nurse telephone results represents modern and well-established practice adopted in GP practices in the UK. Two qualified nurses were assigned to operate a telephone service, where patients are contacted to inform of routine clinical results, enabling patients to receive timely reassurance that investigation results have been entirely normal and, crucially, eliminating the need for patients to seek a further appointment with the GP.

### 3. Evening Clinics

Arguably, one of the reforms most requested by patients was that of Evening Clinics. Two highly experienced and clinically excellent GPs were recruited, therefore, and on 21 May 2018 the Evening Clinics commenced, running from 5pm to 8pm on weekdays from Monday through to Friday evening. Evening Clinics provide a welcome and seamless service to patients after they have left work.

### 4. See and Treat Minor Illness Unit

The inter-relationship between A&E and the PCC has been very closely scrutinised to understand the reasons for the high number of patients attending A&E for medical issues that could perhaps be better managed in the primary care setting. It bears repeating, Mr Speaker, that almost the entire Gibraltarian population attends A&E at least once a year, compared to 30% of the UK population. As a result, two young and dynamic full time GPs have been recruited to work in the “See and Treat” service. Nurses and GPs work together to see patients as they walk in the door.

### 5. MyGHA Automated Telephone Service

Further, a modern and fully digitised telephone system, known as the MyGHA Automated Telephone Service and accessed by dialling 2000 7007, was fully activated at 6pm on Sunday 3 June 2018. As at the time of writing, a total of 511 appointments have been successfully booked via this



new system. The PCC has received overwhelmingly positive feedback as to the ease with which appointments can now be booked.

## 6. GP with Special Interest in Substance Misuse and Addictions

A General Practitioner with Special Interest in Substance Misuse and Addictions started work at Bruce's Farm every Wednesday morning from 30 May 2018. Dr Taylor's role is not only as a highly experienced GP in the PCC, but also to work closely with the Drug and Alcohol Awareness and Rehabilitation Services to significantly improve recovery from substance and alcohol addiction. To mirror Dr Taylor's role in Bruce's Farm, Dr Flores dedicates Wednesday mornings to run a GP clinic in Her Majesty's Prison, thereby creating a greater level of continuity for not only prisoners, but also for those who may be connected with Prison and Rehabilitation services.

## 7. Sexual Health Service

On 1 May 2018, a very experienced local GP was recruited to establish and run an extensively planned Sexual Health and Family Planning service. Based in the PCC, this will be a "Well Person Unit" and will incorporate Well-Man and Well-Woman health screening as part of a comprehensive, confidential and non-judgmental family service. Our patients will have access to an experienced and professional source of advice to help them make informed choices for their family planning and commences in September of this year. The aim of the 'Well Person Unit', encompassing Screening Clinics, as well as Family Planning and anonymous Sexual Health, means that any person attending can do so knowing that their presence within the Unit will not indicate the reason for their visit. An entirely non-judgmental, confidential and anonymous service is an absolute must for this service to succeed.

## 8. New Primary Care Centre and Children's Centre

Mr Speaker, the new Primary Care Centre and the new Children's Centre is one of the most significant projects in my privileged time serving as Minister for Health. I have been deeply honoured to announce, with the Honourable the Chief Minister, that by July 2019 works will have been completed to deliver a new and fully bespoke three storey Primary Care and Community Centre in the grounds of St Bernard's Hospital.

Access to the new PCC will be through the main hospital. The ground floor will have 15 GP clinics with Nurse Practitioner and Diabetic Specialist Clinics, a District Nursing office and Nursing Clinics including the Lymphedema Suite and a Nursing Observation and Treatment Area. The first floor consists of a further 15 GP clinics and the Specialist Clinics for Dermatology. The second floor will have 7 Dental Clinics and a central waiting and play area for children waiting to see their Dentist. This floor will also accommodate the more specialised clinics, which, by virtue of being on the top floor, will be slightly more separate from the bulk of clinics on the ground and first floors, thus allowing these Specialist Clinics a greater level of privacy and quiet during clinic hours.

Physically separate to the new PCC, but next to the hospital complex, and in every way integrated with the hospital and new PCC, will be the new Children's Centre; a project very close to the heart of us on these benches and perhaps one of the most voiced requests by our community. The Children's Centre will combine the full range of children's medical health services in an environment designed specifically with children in mind, staffed by specialist staff, General



Practitioners and Community and Allied Health Professionals all dedicated to the youngest members of our community.

This seminal dual project will create new, modern and future-proof facilities. Further, Primary Care will work much more closely with secondary care and the synergies between the GPs and primary care professionals will be far better with their secondary care and consultant colleagues.

Mr Speaker, being able to announce this project, let alone the impressive list of reforms and initiatives in primary care, makes me deeply proud of the achievements of all the PCC teams and the incredible hard work by my healthcare professionals and medical advisors who have the care of this community central to everything that they do every day. From me to all of them, Mr Speaker, and I am sure on behalf of the entire House, thank you.

## **Secondary Care**

Mr Speaker, from Primary Care I move to Secondary Care. The GHA's work in this area has been guided by 5 strategic objectives:

1. effective bed management, sustained bed availability and improved patient access;
2. improvement and expansion of services, including the repatriation of services;
3. establishing and embedding clinical governance structures and systems;
4. returning the GHA to financial balance to ensure value for money; and
5. improving the patient experience and increasing community participation in formal GHA structures.

Mr Speaker, I now set out some of the most notable reforms.

### Introduction of 'flagging' system notifying of any serious medical condition

A new computerised flagging system was introduced at A&E and Primary Care Centre in September 2017 to notify staff of any serious medical condition or disability and of any special assistance required.

### Advocacy Council for health service users with additional needs

As part of our objective to improve the patient experience and increase community participation in formal GHA structures, it gave me great personal pleasure to establish the advocacy council for healthcare users with additional needs. The council is formed by key patient advocacy groups. These meetings have been very productive and represents a new chapter for the GHA and a wonderful opportunity to work closer with our patients and service users so that we can improve and develop care and services that we provide.

### PWC review

### Sponsored Patients



Mr Speaker, as the House knows, I am presently negotiating the contract with one tertiary care provider in Spain and negotiating prices with other providers in the neighbouring area to successfully obtain best value for money, quality and convenience for patients and their loved ones.

Since the 1997/98 Financial Year, the sponsored patients budget spend has increased from £1.8m in March 1998 to £19.4m in March 2017, which represents an average of a 13% increase per Financial Year. This past Financial Year substantial work has been carried out to take back proper control of our sponsored patients' plans of care by GHA consultants. The critical importance of ensuring that our patients' care is fully managed by one of our consultants and liaising with all other professionals has had the welcome effect of resulting in efficiencies of £6.8m compared against the Sponsored Patient's Budget of 2016/17.

I am very proud to note, Mr Speaker, that in the last Financial Year we have seen a marked decrease in Sponsored Patient spending for the first time in many years. It is the first time in the last eleven Financial Years that Sponsored Patients has not gone over budget and has come in at a surplus against its allocated funds. This significant reduction in expenditure in respect of one Spanish tertiary centre in particular is allowing us to reinvest and plough our money into our Health Authority, as we should. I remind the House of the many services already repatriated, such as Vascular Surgery, Renal Replacement (Hemofiltration), Keyhole Bariatric and Colorectal Surgery, Specialist Shoulder and Ankle Surgery, (including replacement shoulders and ankles), Urology and Haematology.

Sponsored patients' allowances were revised in December 2012, where patients who were in receipt of a disability allowance were given an extra 50% of monies they were eligible to claim. On the 1st July 2015, the weekly maximum allowance for sponsored patients was increased by 18% from £427 to £504 per week, with a corresponding increase in the allowances for those staying at Calpe House. Today, I am pleased to announce an adjustment to the daily allowance paid to sponsored patients whilst overseas. At present, the patient and escort receive a daily allowance of £15, which increases to £23 when the patient is admitted. This will now change to a flat rate of £25 per day.

### Clinical Governance

Mr Speaker, at the GHA we are entirely committed to training our staff to the highest standard and to this end we have embarked on a programme to establish and embed clinical governance structures and procedures in the GHA. Various essential committees have been established in the GHA, all of which will contribute to the effective running of the organisation and ensure quality and patient safety.

For me, the very heart of clinical governance must necessarily be feedback from patients and others. In this respect, it is relevant to note that the GHA recently took on board all the recommendations from the investigations carried out by the Ombudsman in his 2017 report. Many of these complaints could have been resolved quickly and efficiently by the GHA, and we failed our patients in not having done so. For every time we have failed anyone, Mr Speaker, I sincerely apologise. The GHA belongs to all of us, and the systems that we are trying so very hard to embed are to ensure that the system works immaculately for every single one of us. If I have said it once, I have said it hundreds of times, and I will never tire of saying it, that we must attend to each patient as though they were our own family and attend to every person as though they were our own flesh



and blood. If we do not, the GHA will have to hear from me every time, until I stop receiving justified complaints. Indeed, Mr Speaker, I must sometimes come across as a Walt Disney villain when I react to the news that our brothers and sisters have been let down for no good reason whatsoever.

As from January 2018, following the Ombudsman's recommendations, the GHA Patient Advocacy and Liaison Service reverted to its original system and handles all complaints in the first instance with the aim of providing a positive outcome before a formal complaint is filed. This change has already resulted in a staggering 40% decrease in the number of formal complaints in the first quarter of this year, compared to the same comparable period in 2016. In circumstances where the PALS service is unable to find a satisfactory solution, they themselves will register the formal complaint with the Office of the Ombudsman, even if the patient does not do so. Our patients, of course, can still continue to complain directly to the Office of the Ombudsman, entirely circumventing PALS. This is because we are keen to receive advice on improvements in an open and transparent manner. We will never learn, unless we act on warranted complaints.

### Bed Management

Mr Speaker, I turn to bed management and whether or not it is possible, as I always maintained from the benches opposite, for not one single operation to be cancelled due to the lack of beds. The former administration certainly thought it was a fool's errand to even try. Let me, Mr Speaker, remind this House of the charming, soft and kind advice provided to me in Parliament by the former administration:

"What will the Government do to ensure that operations never have to be cancelled due to bed shortages? Answer, "nothing". There is nothing that the Government can do to ensure that no operation will ever have to be cancelled because of bed shortages. Not in the GHA, not in the UK, not in the NASA Space Centre and not in the Houston Medical Centre. Nowhere."

The Honourable Minister, realising that perhaps the words were a little bit bruising, decided to sweeten the concluding statement, by saying: "When the Hon Member has a slightly better, broader and deeper understanding of the health service about which he waxes lyrical at the moment, he will understand that it is a nonsense to call for a guarantee that no operation will be cancelled due to bed shortage."

These were the words and the actions, Mr Speaker, of the GSD.

Well, Mr Speaker, this Hon Member who has a bad, narrow and shallow understanding of the health service has ensured that not one single operation, not one, has been cancelled because of bed shortages since 11th January 2017, and not even 3 months into his new responsibilities. But, of course, Mr Speaker to achieve the seemingly impossible, one, at the very least, needs to try, which the former administration self-evidently did not. It may be, Mr Speaker, one of the numerous reasons why we were elected with a fulsome 70% of our brothers' and sisters' votes. Given that members opposite may win the elections...in 20 years' time or so, they will have sufficient time to ponder on these facts and their abject failure in this important area.

It is important to note that the non-cancellation of operations due to bed shortages was continued notwithstanding the winter surge that resulted in 500 extra attendances from 22/12/17-27/12/17



and increased admissions. Average bed availability was maintained during this critical winter surge period at 32 beds per night on average.

More recently, our greatly enhanced Bed Management System, which incorporates weekly multidisciplinary and multiagency Bed Management meetings, packages of care in the community, hospital-based social workers and our new rehabilitation ward, have yielded remarkable results. In this respect, Mr Speaker, I feel it is important to quickly provide the House will the statistics, in order to illustrate the effectiveness of these new measures. There were 52 long-stay elderly patients prior to the transfer to Hillsides. Following the transfer to Hillsides on the 10th and 11th June 2017, we had a total of 26 confirmed long stay patients in SBH. Following the 2nd transfer of long stay elderly-patients to the 3rd floor of JMW on the 17th and 19th April 2018, we actually had an increase in the total number of confirmed long stay patients in SBH to 29. In other words, Mr Speaker, despite 66 additional beds in bespoke residential facilities designed, built and opened by this Government, we still had 29 elderly patients at SBH, confirming what I said as far back in November 2016, that additional bed availability had to work hand in glove with fulsome rehabilitation efforts. Consequently, with the active on going early identification of potential complex frail elderly discharges, the on-going active management of packages of care, and the multi-disciplinary team rehabilitation service commenced in Captain Murchison Ward, we currently stand at the entirely reasonable number of 11 long stay patients in SBH without having added any more residential home beds.

In this area, Mr Speaker, I must, therefore, confess, that even I am truly impressed by the fruits of our efforts. As at 17th June of this year, on average, our bed availability has been 70 beds with a high of 77 available beds on two occasions in June. This represents a profound and remarkable turnaround in the bad availability in SBH and is one of our proudest achievements to date. This has required very hard work and dedication by all members of the GHA, including ERS staff, and extends to other agencies, including the Care Agency. For a man who has become used to living in a quasi-permanent state of exasperation at how long things take to get done, I am very, very proud of every single member of my GHA and ERS teams, and I am sure that the whole House will wish also to commend their excellent work.

## School of Health Studies

Mr Speaker, I turn to the School of Health Studies, which continues to provide a wide range of educational activities across the GHA and which has a special place in my heart, as it allows our people to work whilst studying for their dream careers. It is right, Mr Speaker, that we should do all that we can to nurture our brothers and sisters to pursue their passions, and few careers require such dedication, commitment, compassion and competence than nursing. From the caring, gentle touch and kind word, to highly skilled competence, nurses are the engines of any health setting and we are proud to be investing significantly in our different nursing grades.

The School of Health Studies offers three-year degree programmes in conjunction with St George's University of London and Kingston University London. Our students study full time at home, undertaking both clinical and theoretical teaching in various care areas. The programmes on offer include a BSc (Hons) in Adult Nursing. In addition, the School of Health Studies deliver Enrolled Nurse courses, Diploma Higher Education Nursing, and MSc Leadership and Management for



Health Care Practice, in collaboration with Pearson Edexcel, St George's University of London and Kingston University London and the University of Salford respectively. An extensive variety of programmes on continuing professional development is also delivered to staff at the School of Health Studies.

### Significant events

Graduation ceremonies have taken place with the largest number of nursing graduates receiving awards in Gibraltar. All 14 pre-registration students graduated, with 4 achieving 1st class honours. In addition, Mr Speaker, a further 10 professionals attained the level of BSc in Health Care Practice.

12 Enrolled Nurses and members of staff from occupational therapy also received their QCF level 3 award, along with 17 Health Care Assistants who received the Health and Social Care QCF level 2 award.

### The Future

Mr Speaker, the following programme represents a personal coup for me, as I was continually told that it was impossible to deliver this degree at the School of Health Studies. Nothing, Mr Speaker, lights a fire more under me to get something done than to hear the words that it impossible to do or, far worse, it cannot be done, because it has never been done before. As a result, it is with great personal satisfaction that I note to the House that the GHA will introduce a BSc Mental Health Nursing programme. This degree represents another exciting and hugely welcome milestone for Gibraltar, as this will be the very first time that a Mental Health Nursing programme will have been offered. This programme is being introduced to meet the needs of the ever-growing mental health care services in which the Government have, and continue, to invest.

Even further, Mr Speaker, the Care Agency is inviting applications for a three-year, full-time BA (Hons) course in Social Work, a course which will be delivered here on the Rock. This is also the first time that a degree course in Social Work will be delivered locally. To this end, the Care Agency has been working with the Gibraltar School of Health Studies, Kingston University London and St George's University of London.

After graduating with their BA (Hons) in Social Work, students will become eligible to apply to the Health and Care Professions Council (HCPC) for registration and they can then apply to work as qualified social workers. However, it should be noted that this exciting and challenging course will only run if it is justified by the number of applicants.

Mr Speaker, I take the opportunity to thank the excellent SHS team for their diligence and hard work.

## **Finance & Procurement**

### **Finance**

Mr Speaker, I now turn to finance. As Honourable Members know, the 2017/18 outturn for the GHA is £120.4m, an increase of £1.9m over the previous year. In 2017/18 we were, highly



regrettably, although not for lack of trying, unable to meet our target, as some of the cost savings measures took effect late in the Financial Year. Let me tell the Honourable Mr Clinton that I feel the sting of the failure to come within budget more keenly than he enjoyed pointing it out.

During the 17/18 financial year, monthly financial meetings were held, where all main budget holders met with my honourable colleague, Freeman of the City of Gibraltar and Knight Commander, Sir Joe Bossano, to action initiatives to manage our budget. These meetings proved enlightening and had a positive effect on the managing of issues. The GHA will now also establish sub committees - accountable to the main budget committee - to obtain even more probity and value for money on expenditure. Historically, the GHA has increased its annual spend by circa 9.10% year on year. Without the positive influence of these meetings, therefore, the GHA would have certainly expended circa £130.7m in the 17/18 financial year. We have therefore drastically curtailed the historical overexpenditure trend by circa £10m, and have only had a 1.25% increase on the 16/17 final year-end actuals. Nothing to sneeze at, Mr Speaker.

Further, it is important to highlight, that in the context of the expenditure from the Consolidated Fund, the overall increase 2016/17 to 2017/18 was £14.6m, of which the GHA only accounted for £1.7m, demonstrating the effectiveness of the measures taken.

### Non-Pay Related

From a total of 41 other non-pay related recurrent accounts with an overall total approved budget of £50.9m, 26% is allocated to GPMS: 28% is allocated to Sponsored Patients and a further 10% to the repayment of the Lease and leaseback arrangement for SBH at a recurring annual amount of £4.8M. The remaining 36% of other non-pay related recurrent accounts is distributed amongst other clinical and patient demand led budgets, with Drugs and pharmaceuticals accounting for circa £4m. This increase being mainly due to the high cost of Chemotherapy medication.

### General Developments

The GHA continues to strive to improve processes that will deliver better budgetary control and financial balance. I am pleased to note that financial projections indicate that the GHA will this year keep within its allocated budget, which, in my opinion, is a fair and reasonable allocation to our health services. To that end, we will continue to hold monthly Financial Control meetings to embed the processes we began last year and continually review spending.

### **Mental Health**

Mr Speaker, it is my pleasure to now turn to describe some of the more noteworthy advances in mental health.

Outreach and crisis intervention services through CMHT:

As the House may recall, the crisis and outreach services was introduced during July 2017, within the community mental health team. This reform introduced an additional, and very much needed tier of support for community patients outside normal hours.



## Two bed room flat in the community

In conjunction with my colleague the Minister for Housing, which I thank, the first supported accommodation initiative has been introduced. This initiative assists patients previously admitted to hospital to live independently.

## Mental services for children

Mr Speaker, it gives me the greatest personal satisfaction to announce that a new, and much needed service in the form of a locally available Clinical Psychology for Children and Families is being set up to meet the increasing and expanding demands of children and their families. It is envisaged that when at its full capacity, this service will be able to address the mental health needs of all of our childhood population and their families, right here at home. The Child Psychology team will be an integral part of the GHA Paediatric Neurodisability service to ensure that all children, especially those with additional needs, are afforded timely and effective professional engagement by the comprehensive GHA Paediatric multi-disciplinary Neurodisability team. The Child Psychology team will also assist in the development of locally-relevant, individualised care plans for children and their families, and to help all children be the happiest and healthiest they can be, and so growing up to be productive and valued members of our community.

## **GHA Conclusion**

In summary, Mr Speaker, what my GHA teams have achieved in the last Financial Year is nothing short of remarkable, especially when we consider that we have spent virtually the same as the 16/17 financial year, yet we have significantly increased the number of clinical staff, we have repatriated more and more services meaning Gibraltarians can now access services locally, joint replacement operations have almost tripled, there have been no cancelled surgeries due to lack of beds and we have maintained sustained bed availability in St Bernard's hospital, which is unheard of in recent memory. Moreover, Mr Speaker, as I had the privilege to recently announce in this House, we have achieved significant and hugely welcome reductions in all, but one, of our surgical waiting lists and are working hard to bring that laggard into line. All of this has been achieved by investing in our most valuable commodity, our excellent workforce, which is led by clinicians who are developing, empowering and supporting GHA staff to carry out their work to the highest possible standard. In this important respect, I take the opportunity to remind the House that the staffing levels at the GHA have increased under this government's term of office by 223.5 posts, ensuring the safest provision of care for the services repatriated. 92.5 more nursing staff and 65.5 more medical and Allied Health Professionals since 2011 to date. This, Mr. Speaker, is in addition to the expansion of our Visiting Consultant programme and the increase in the provision of existing services, such as the Douglas Ferro Haemodialysis Unit, which now provides services from 3 days to 6 days per week, and the newly inaugurated Lionel Perez Cardiac Rehabilitation Centre, which boasts entirely new equipment and a refreshed and invigorated programme, all of which has already been announced over the course of the last Financial Year. The GHA has also connected with other Government agencies such as the Care Agency, Education, Housing and Rehabilitation services to provide truly holistic care to the people we serve.



I am firmly of the view that the incredibly hard work carried out by the GHA staff in the last year, the return of the matrons to ensure the highest clinical and other standards on the ward floors and the substantive leadership restructures at the GHA, although I dare say more work is still required in this key area, is but the beginning of a series of improvements that will change the face of healthcare in Gibraltar for the better. It has been my extremely good fortune to be surrounded by such excellent GHA professionals. I also wish to place on the record my most sincere thanks to the Honourable the Chief Minister and Deputy Chief Minister and the Honourable Sir Joe for the countless calls, emails and meetings they have afforded to me in which they have provided me with their invaluable advice and support. Without them, Mr Speaker, I would have been singularly unable to have implemented these reforms.

## Care Agency

Mr Speaker, I now turn to the Care Agency's Social Services, and I start with Adult Services. The overall aim of Adult Services is to provide the highest possible standard of service to those adults who are vulnerable as a result of health or social care needs.

During the 2017/2018 financial year, Adult Social Services received 847 referrals for social work assessments and support, an increase 220 referrals from the 2016/2017 financial year.

Domiciliary care continues to be provided to assist vulnerable or elderly people at home. A new and robust reviewing system is in place to ensure care is provided to those in need. The implementation of this reviewing system has seen 390 individuals receiving a package of care this year. This is an increase of 127 persons from the previous financial year with no increase to the budget.

The implementation of a social work team, made up of two social workers and a social work assistant based at St Bernard's Hospital, has resulted in a total of 83 patients having been discharged with packages of care to support their rehabilitation and recovery. In turn, this has helped prevent failed discharges by ensuring persons can remain at home with the support they require.

The Waterport Day Centre continues to provide an excellent and popular service to around 88 of our elderly citizens weekly who have been involved in a range of different community events organised by the Centre's loving, kind and dynamic team.

Safeguarding awareness continues to increase year upon year. In the last financial year, 41 referrals in respect of a range of different alleged abuse of vulnerable people were received and assessed. Additionally, training has been offered to Safeguarding Lead Managers and Investigating officers across the Care Agency and the GHA.

Expertise and specialism continues to develop in the area of working with people who sexually offend. The Adult Social Service has received training in working with partners of individuals who commit sexual offences; partners of sexual offenders can be positive influences in their lives and help reduce the risk of reoffending. Additional training has been provided in working with individuals with learning disabilities who display behaviours of concern.



Further, developments have been made in the area of working with people with learning disabilities at risk of being sexually exploited. Training and case consultation was provided in February 2018, using the Signs of Safety model. This model will be extended to vulnerable adults within the community in this Financial Year.

Mr Speaker, I will now talk about the work undertaken by the Child Protection Committee, which is responsible for co-ordinating with relevant organisations how they should best work together to safeguard and promote the welfare of children and young people and ensure that agencies provide an effective service. The Committee analyses trends in children's safeguarding issues to advise the Government on the development of appropriate services and resources.

To ensure the Child Protection Committee's on-going professional development, the Care Agency organised their annual training. Over 50 practitioners participated. The Safeguarding Training sub-committee, comprised of practitioners from the Care Agency, GHA, RGP and Education, delivered a total of nine, Tier 1 Safeguarding Training Workshops where 210 public service professionals attended; and two, Tier 2 safeguarding Training Workshops, where a further 39 professionals were trained.

The Child Protection Committee has generated awareness on the dangers of sexting, and it is envisaged all schools will receive presentations before the summer break.

Children's Services comprises a number of different services, providing for children and their families when in need of protection or support. The guiding force driving this Service is that children thrive when loved and cared for, and this, generally, is within a family unit. Early intervention is essential to ensure children are able to live with family and at home and taking action as soon as possible to tackle problems for children and families before they become difficult to reverse and can prevent later detrimental life outcomes, such as poor educational attainment, mental health problems or crime.

As part of our manifesto pledges, the Family and Community Centre was inaugurated on the 27 of September 2017. This centre is a facility for our community, which aims to intervene and support families as early as possible. Since the opening of the Family and Community Centre there has been a steady increase in the development of different programmes and activities taking place for children and families, which are in line with the overall strategies for the Children's Service. These sessions have aimed to provide a welcoming and inclusive atmosphere where older children and young people are encouraged to take part in problem solving, activities, trips, and meaningful debates. The main focus during these sessions has been to provide children and young people with a space where they can be exposed to learning, self-awareness and develop community spirit. The provision of this service equally aims to provide the necessary support and advice to on drug misuse, healthy-living, self-esteem and resilience, and education, amongst other subjects.

Mr Speaker, I now turn to the Disability Service, made up of St Bernadette's Resource Centre, Dr Giraldi Home and several flats in the community. This service places great importance in ensuring its staff is equipped with the expertise and skills to meet the needs of its service-users, and is continually committed in ensuring any training undertaken is specific to the learning requirements of service users.



The Disability Service ensures the highest standard of care for their service-users, which ensures that all aspects of the person's care are considered and it combines both the medical and social care model. The service provides specific behaviour support plans for service-users and guidance not only for staff members but also for our service-users' families and main carers. Additionally, the Disability Services has provided training for family members so as to provide support and equip them with skills so as to ensure the needs of their loved ones are met. This is important, because it ensures consistency in the care provided to persons with learning disabilities, both at home and in the specific services. In tandem, training has also been offered to Royal Gibraltar Police recruits, students from the School of Health Studies and Primary Care Centre staff. The aim of this is to ensure public services have an awareness and understanding of the needs of persons with disabilities and can interact in a clear and safe manner.

The Disability Service provides different types of accommodation to its residents according to their needs. Some of these properties are within the main residential service in Dr Giraldi Home, and others are flats in the community. Again, in this area the Disability Services works with their stakeholders such as Housing Department and Housing Agency, so as to provide refurbishments in line with resident's needs.

The person with disabilities is a person first and the disability does not define them. The Disability Service understands and promotes this; therefore, working in a multi-disciplinary manner is essential as is working partnership with stake-holders. As such the service has created an across-agency therapist committee and pathways of scope for services formed by occupational therapists, physiotherapists and other relevant practitioners in order to work together.

Both St Bernadette's Resource Centre and Dr Giraldi Home have undergone several refurbishments to ensure the safety and wellbeing of its service users and staff. The service has continued to grow. There have been new admissions both in the residential services and in our day centre. Additionally, there has been an increase in uptake for respite services. Disability Services work towards the integration into the community of all persons with learning disabilities; this also means working with families and ensuring they are supported by our services. As part of working in integrating service-users into the community, staff has ensured involvement in charity events and other fund-raising activities such as Think Pink Day, World Mental Health Day and International Down Syndrome Day.

Mr Speaker, I am very proud of the achievements of all the Care Agency teams and the incredibly hard work by my social care professionals who care so passionately for our community. From me to all of them, Mr Speaker, and I am sure on behalf of the entire House, thank you.

## Elderly Residential Services

Mr Speaker, it is with pleasure that I now turn to ERS.

### ERS Medical Services

An Elderly Residential Services Medical Team has been formed. This consists of a Consultant Geriatrician together with three GPs who visit ERS every week-day. This allows residents to



receive an enhanced continuity of care by a familiar clinician and aims at reducing emergency House Calls by GPs from the Primary Care Centre.

### Quality Control

The ERS Nursing Management, together with the ERS Medical Team, have reviewed and updated the existing Minimum Standards for Residential and Dementia Care Homes in Gibraltar. An Inspectorate made up of senior Nursing Staff has been established and is tasked with visiting each of the ERS sites. The Inspectorate will seek to identify areas where there is room for improvement and ensure that any remedial interventions are undertaken. In June 2017, an Occupational Therapist was employed to provide Occupational Therapy services across the ERS to meet the needs of the residents with the intention of improving quality of life and independence.

### John Mackintosh Home Refurbishment

Mr Speaker, this House will recall that earlier this year the ERS was able to open an additional floor at the John Mackintosh Home. The fully refurbished and dementia-friendly floor has resulted in capacity increasing from 54 to 70 residents. The Home boasts spectacular views, spacious bedrooms and common areas. This increase in capacity has also resulted in the releasing of beds at St Bernard's Hospital, which will now be available for acute or planned admissions.

We will also shortly be implementing the outstanding parts of the Dementia Strategy and Vision, outlining key strategic objectives. Some of these objectives have already been met, such as the opening of the new facilities, additional bed capacity, training on dementia, transferring dementia patients from an acute hospital to a dementia friendly environment, dementia awareness and introducing dementia training to non-healthcare groups.

### Hillsides and Bella Vista Day Centre

The new and excellent facilities at Hillsides Residential Home and Bella Vista Day Centre are now running a full service. Hillsides provides specialist care for those living with Dementia and is now well established as a vital addition to the Elderly Residential Services. The Bella Vista Day Centre provides a vital resource for those people living with Dementia who can still remain in their own homes with the support that the Day Centre provides.

Whilst at the Bella Vista Day Centre, service users are visited by a GP from the ERS Medical Team, staff from the Joint Memory Clinic, psychiatrists and associated health care professionals. These interventions mean that whereas previously a person living with Dementia may have had to be admitted to hospital in a crisis, their situation can be effectively managed in their own homes with the support from a network of healthcare professionals and their own families.

From me to all the Elderly Residential staff Mr Speaker, thank you.

### **Justice**

### **Royal Gibraltar Police**



Mr Speaker I will now turn to my Justice portfolio and I will commence with the Royal Gibraltar Police.

### Restructure

The RGP has now embedded its restructure, yet continues to reconfigure itself to meet existing and emerging challenges such as those posed by Terrorism, which has led to the creation of an Armed Response Unit (ARU) from existing resources. The ARU boasts a cadre of dedicated officers whose training and specialisations have increased to previously unachievable levels. A more insidious threat is that posed by cybercrime and the Government fully supports RGP's efforts in this domain.

### Schools and Youth

The RGP continues to invest in Gibraltar's future and therefore has maintained its School Liaison Officers (SLOs). These Officers continue to work closely with schools, youth clubs and other youth organisations. They deliver presentations to various age groups covering a broad range of subjects such as Cyber Bullying, Sexting and Drugs Awareness. SLOs are afforded specialist training and are regularly seconded to the RGP's Safeguarding Unit to deal with child abuse cases.

### Financial Crime

During the last Financial Year, the RGP increased its resources in this business area creating separate departments: the Financial Crime Investigation Unit, (FCIU), and the Money Laundering Investigation Unit, (MLIU), that jointly make up the Economic Crime Unit (ECU). The unit is also developing a terrorism financing investigation capability.

### Training & Conferences

The RGP's budget allocation in training has been substantially increased and has enabled the RGP to represent Gibraltar at international conferences across a variety of policing disciplines such as Security, Economic Crime, Public Protection, Cyber Security, Interpol and Money Laundering. The knowledge gained and the contacts established have served the organisation and, by extension Gibraltar, well. Further, where possible, the RGP has identified and trained RGP instructors who can then deliver training locally at zero cost.

### Crime Scene Manager

Following successful training, the RGP now has two fully trained Crime Scene Managers (CSM). This, together with its increased pool of Senior Investigating Officers, further enhances the force's ability and resilience to deal with major crime scenes investigations. In addition, these officers have now benefitted from training in Post Bomb Scene Management further expanding their skills set.

### Livescan

Government has made a considerable investment of over £165,000 to purchase the Livescan equipment and software that scans fingerprints electronically. This has improved exchange of



information with other Law Enforcement Agencies and the interrogation of external databases, enhancing the RGP's ability to perform effectively.

In sum, therefore, and whilst it is fair to say that Government's investment has served to enhance policing services, what is of inestimable value to our community is the capacity and capability we are building in our police service. A central tenet of policing and, indeed, their core role is the protection of life and property. Government's view is that our continued investment in this key pillar of society will enable the men and women of the Royal Gibraltar Police to continue to effectively do their jobs and keep safe the community they are a part of and serve. I am sure Members on both sides of the House will join me in expressing pride in our police service.

## Gibraltar Law Courts

In respect of our excellent judiciary, Mr Speaker, during 2018, the Rt. Hon Sir John Laws was appointed as a new Justice of Appeal, increasing the complement of the Court of Appeal from 5 to 6 members. This increase will allow for more flexibility when forming a bench for our Court of Appeal sessions.

Further, there continues to be no backlog at the Magistrates' and Supreme Courts in respect of dates being provided for criminal trials and for civil and family applications waiting for first hearing dates. As I have previously noted in this House, I continuously and closely consult the Honourable the Chief Justice so that, should the need arise, extra judicial resources can be put in place. I repeat once again, Mr Speaker, that as to date, no such requested has been submitted.

On the 25 September 2017, Government engaged a Legal Profession Supervision Officer to work with the Registrar of the Supreme Court primarily on anti-money laundering and countering terrorist financing issues. This is a short-term appointment as the functions this Officer is exercising, will in due course, be taken over by the Legal Services Regulatory Authority.

On the 1 November 2017, the Registrar issued Guidance Notes on AML/CFT systems of control. There followed outreach programs organised by the Legal Profession Supervision Officer and engagement with the profession in preparation for the MONEYVAL evaluation that will take place next year, and which is being led by my colleague and indomitable workhorse, the Minister for Commerce, the Honourable Albert Isola.

The Gibraltar Courts Service continues to look at ways in which to improve their services and level of performance, supporting the Judiciary and the legal profession, working with other stakeholders within the justice system to maintain a solid administrative structure through which the public can have access to a timely and efficient justice system.

I take this opportunity to thank our veritably independent judiciary, the Honourable the Chief Justice, the Honourable Supreme Court Justices and Registrar, our learned Stipendiary Magistrate and our Justices of the Peace for daily upholding the rule of law.

## Legislation



Mr Speaker, I turn to matters regarding legislation. It has proved to be an incredibly busy year in terms of the primary and secondary legislation enacted. As a result, I have selected a hugely reduced number of enactments as no more than a flavour of the work that has been undertaken in this area.

In February, Parliament passed the Proceeds of Crime (Amendment) Act 2018. This Act expands the definition of 'unlawful conduct' within the Proceeds of Crime Act 2015 to include behaviour outside Gibraltar by a public official, which constitutes gross human rights abuse, (defined as torture or inhuman, cruel or degrading treatment), of a person, on the grounds that they have been obtaining, exercising, defending or promoting human rights, or have sought to expose gross human rights abuses conducted by a public official. The so-called Magnitsky amendment. Any property obtained through this conduct, will be subject to the existing civil recovery powers. This was in addition to a first set of amendments to the Proceeds of Crime Act, which updated our money laundering offences and made provision for moratorium periods, which may be extended by the court in respect of suspicious transactions.

February also saw the publication of the Public Health (Human Tissues, Cells and Organs) (Amendment) Regulations 2018, which makes provisions for Gibraltar residents to be able to register as organ donors. The UK Transplant team will be contacted as soon as a potential organ donor is identified in Gibraltar, and this will allow for organs to be allocated to recipients on the UK transplant list. The UK transplant list also includes Gibraltarians.

Following on from the work of my colleague, the Honourable Minister for Employment and the Bar Council, this past year has also saw the passing of the Legal Services Act, which represents the first major reform in this area for fifty years and ensures that our jurisdiction's legal profession is subject to more effective regulation. The Honourable the Chief Justice and the Bar Council are working hard to ensure that this Act may be commenced as soon as possible.

On April 23rd 2018, the Lasting Powers of Attorney and Capacity Act 2018 came into operation, making provision for lasting powers of attorney ("LPAs"), advance decisions and introducing safeguards once mental capacity has been lost. The Act represents a paradigm shift as to decision making and to the care and treatment of those individuals who lack capacity. This legal framework empowers and protects those who cannot make specific decisions for themselves. It will work, hand in hand, with the continuous efforts of the Government in increasing the awareness, early diagnosis and care for those with mental health issues and dementia. We must ensure that vulnerable adults are afforded, at a minimum, a certain level of protection. In turn, patients and their families will have greater peace of mind, knowing that a person's wishes will be respected.

In April 2018, a Bill for a new Act to establish the office of Director of Public Prosecution (DPP) in Gibraltar was published. This is in accordance with one of the Government's key manifesto pledges, and I very much look forward to debating this Bill in this sitting of Parliament.

Mr Speaker, the House will recall that it voted unanimously to establish the Law Commission to receive and consider proposals for the reform of the law and undertake the examination of particular branches of the law. The Law Commission is comprised of myself as the Minister with responsibility for Justice, and HM Attorney General as ex officio members, together with a panel of highly distinguished and high calibre local experts in different fields such as education, the environment, financial services and the law.



The Law Commission is presently engaged in examining:

- a) eligibility for parole licences, which in Gibraltar, is usually possible after one third of a custodial sentence has been served, and
- b) whether the maximum sentence available in respect of certain offences in Gibraltar should be amended, or local guidelines issued in their respect, so as to take account of differences between the UK and Gibraltar.

These areas that the Commission is tasked to look into are matters in which I have a particular interest, and which I know the public in Gibraltar are also keen should be properly and fully considered. At our last meeting, the Law Commission received evidence from the Prison Board, the Probation Service and the Parole Board, and I wish to record my sincere thanks for their time and contributions, as well as my thanks to the Law Commissioners for also giving freely of their time on, I think, such an important endeavour.

Further, Mr Speaker, it is with great personal satisfaction to note that HMGOG and the Bar Council agreed the reforms to the legal assistance regime, which were the subject of detailed discussions with the Bar Council and other stakeholders and, in my view, correctly balance the need to significantly improve access to justice by increasing eligibility for legal assistance with the need to ensure that tax payers' money is not used to fund unreasonable cases. We have increased the thresholds for financial eligibility, raising the £5,000 limit for earnings to over £14,000 and increased the capital amounts that may be held by applicants from £500 to £10,000 and allowing the first £50,000 of equity a person has in their property to also be disregarded when working out capital owned. I have no doubt that this entirely new legal framework will decisively and significantly increase access to justice to members of our community who most need it. Further, the introduction of the Duty Legal Representative Scheme, which will commence in October, will secure advice and representation to persons in custody 24 hours, 7 days a week thus guaranteeing arrested persons' human rights.

Mr, Speaker, the Gibraltar Law Officers are currently under more work pressure than ever, because, quite apart from the usual volume of work and converting the relevant government's pledges into legislative frameworks, they have to contend with the legislative realities of Brexit that the Honourable the Deputy Chief Minister detailed. I wish to, therefore, thank them for their continuous dedication.

## **HM Prison**

It has been, thankfully, I am sure all Honourable Members will agree, another unremarkable year for HM Prison. The Prison Board continues to report a mostly relaxed atmosphere observed during their monthly inspections. Statistics in respect of prisoners' minor offences remain static at around 2.6 cases per month

Daily average inmate population figures for January 2018 stood at 47.1 prisoners. The average population for the last Financial Year stood at 46.99 prisoners, down from 53.37 prisoners in 2016-17.



Last year on average, 23.5% of the prison population attended educational classes, 32.2% made use of the gymnasium and 17% attended vocational classes. Inmates also made good use of the two counsellors available to them and attended narcotics anonymous meetings with regularity. Ministers of the various religious denominations visited the prison weekly and offered spiritual support and guidance to prisoners. Indeed, religious educational classes were popular and attended by 23.5% of the population.

Additional initiatives commenced over the last twelve months include meetings with the Senior Management at the Department of Employment with a view of identifying and encouraging potential employers to offer employment to those leaving prison, affording stability and financial support to ex-offenders and contributing to the reduction of the re-offending rate. I am pleased to note that already one employer has come forward and engaged positivity with this initiative, offering offenders an opportunity, with 12 offenders already having taken his offer of employment. Given the difficulties encountered by ex-offenders in such a small community, it is extremely gratifying to see such efforts being made and the hope is that more employers will come forward in due course. HMP is working closely with the Careers Section within the Department of Employment in support of individuals, identifying not just existing employment opportunities, but further training potential in the private sector. In addition, the Department of Economic Development continues to provide a framework in which training and employment opportunities can take place, including the provision of a counsellor for HM Prison. Further, those prisoners nearing release are also offered employability skills workshop together with face-to-face life coaching enabling them to gain insights and clarity towards their future goals, an intervention that not only unlocks human potential but also prepares them for the working world. The management team of the HM Prison Service very much welcomes the early intervention strategy and is happy to facilitate potential employers through the Department of Employment with face to face interviews with those nearing the end of their terms in custody with a view of offering gainful and meaningful employment within our community. Relatedly, during the past eighteen months, a total of 9 individuals had drug testing imposed as a condition of their Parole Licences.

The prison is also trialling the use of electronic tablets for prisoners. This exciting project has been made possible by the ongoing partnership between the prison and a UK provider of specialist equipment for use in prisons. These electronic tablets contain a wide variety of rehabilitation tools inclusive of full educational courses in subjects such as Mathematics, English, ICT and personal development. Inspirational videos, books and other material on a variety of topics including health and nutrition, sport and preparing for employment are also included. An early survey of the trial already showed that 78% engaged in learning, 67% engaged in personal development, 56% engaged in Maths, 44% engaged in preparing for employment and 44% engaged in ICT.

It is envisaged that the next stage of the trial will provide for the infrastructure works necessary to allow for remote connectivity and also for a greater number of prisoners to be involved. Such connectivity will also allow for prisoners to directly interact with relevant departments in the prison when confined to cells. For example, prisoners would be able to report a fault, (for example a faulty shower or toilet), directly to the workshop department, or book an appointment with healthcare, or indeed make a complaint. It is a fine example of how technology can improve the lives of those in custody and, indeed, increase transparency and accountability of prison management.

Mr Speaker, it also gives me the greatest pleasure to report to this House that one of the salient issues for the service over the coming year is the implementation of the recently concluded



resources review. Prison management has been working holistically with staff and union representatives over the last 3 years to discuss and address historical issues. In this FY, selection boards have been held and 5 prison officers selected to start. The resource injection will allow for a safer environment, better training opportunities for officers and also facilitate the introduction of new programmes. This might include 'control and restraint' training, effective searching procedures and general jail craft. The additional resources should also allow for better training in respect of specialisation. One area that the Prison Superintendent is interested in exploring is the introduction of an Offender Assessment System (OASys). This is typically undertaken in the UK by probation officers or specially trained prison officers. With additional resources, the prison service would be able to send some officers to the UK to be specially trained in this field.

Prison management remains committed to the ongoing rehabilitation of offenders, with a view of breaking the re-offending cycle and successfully reintegrating offenders back into society.

I thank the Prison Superintendent, his deputy and all our prison officers for their magnificent work. They truly represent the best of the public service, self-effacingly carrying out their duties with dignity and commitment.

## Reply to the Leader of the Opposition

### Brexit

Mr Speaker, the Honourable Members opposite will not believe me, but when I had finished writing my Budget Speech, I had hardly mentioned them at all. Then, as happens every year, I listen to their contributions, and I feel duty-bound to reply to some of their more outlandish and misjudged comments. The Honourable the Leader of the Opposition says that the Honourable the Chief Minister is ignoring domestic matters on the altar of the "excuse" of Brexit. That is the big lie, Mr Speaker. In the first place, as the third leader of the Opposition after Sir Peter Caruana, I appreciate that he needs to position himself slightly to the right of the Kaiser in order to galvanise the social conservative grassroots of the GSD. I do not think that GSD diehards will forget any time soon that he stood with the PDP that ensured that the GSD lost the election in 2011. It is not, as the Hon Gentleman likes to say, an exaggeration or a myth to so suggest. That is the big lie. It occurs to me, Mr Speaker, that these days, to succeed and to rise to the very top of the GSD, one must have first inflicted the most serious wounds imaginable on the party they represent. On messieurs Azzopardi and Phillips assisting in relegating the GSD not just to opposition, but to almost extinction, they are not only welcome back, but they have taken over the GSD lock, stock and barrel. The Honourable Mr Llamas who walked out of the GSD to become an independent is rewarded by being appointed to shadow important government responsibilities. This is not a criticism of Mr Llamas, of course; good for him for having wangled his way in to such a position, although I reserve judgment and the right to comment if he votes against the Budget. I say this, as only this year, he was unequivocal that it was wrong to vote against the Budget. The Honourable Mr Llamas had to say this on the matter: "It was my view, Mr Speaker, at the time that I had to put Gibraltar first and my party second. It was my view that voting against the Budget, however much I agree with the arguments put in favour, Gibraltar in the context of a Brexit backdrop needs to unite. Mr Speaker, Gibraltar at this point in time, needs parliamentarians to have faith and to support the Government of the day and to show a vote of confidence in Gibraltar, in its economy, in its workers and in its public service. Mr Speaker,



unfortunately the main Opposition Party, the GSD failed to realise the implications of their actions or lack thereof.” Eloquent words, Mr Speaker, with which I entirely agree.

In any case, it is a nonsense to suggest that either the Honourable the Chief Minister or the Deputy Chief Minister are ignoring the people of Gibraltar because of Brexit. It is quite the reverse, in fact. It is in order to secure the prosperity, security, and stability of Gibraltar, and the wellbeing of her community, them included, that our leaders are so, almost single-mindedly, dedicated in making sure that they get Brexit exactly right. It is to get right the most fundamental question facing the people of Gibraltar today that the Honourable the Chief Minister and the Deputy Chief Minister are working so hard, so efficiently and effectively, to make sure that the day immediately after Brexit, and 25 years after Brexit, we can all continue to enjoy today’s prosperity, security and stability. No one can seriously doubt, Mr Speaker, no one, of the unceasing multi-faceted, multi-layered and multi-tracked diplomatic, lobbying, political and official endeavours in making absolutely certain that Gibraltar’s position is at the centre of the UK’s negotiating position. The UK Government’s many assurances to the people of Gibraltar are a matter of record and self-evidently the fruit of their labours. Only yesterday, the UK Prime Minister herself stated such commitments in the House of Commons. I have no doubt that members opposite would have howled their disapproval, if our leaders’ efforts had not achieved such clear statements. One thing, however, is clear, Mr Speaker, and that is that the members opposite will say whatever they think will afford them any political advantage, and the last almost 7 years is littered with the many inherently contradictory policy positions of the GSD, some of which I will proceed to expose today. The electorate, however, will not forgive them for putting petty party politics above the national interest. I, for one, am grateful to the Honourable the Chief Minister and Deputy Chief Minister, as, I dare say, are the vast majority of Gibraltarians, whether they voted for us or not.

In any case, Mr Speaker, it is preposterous to say that the Honourable the Chief Minister is ignoring domestic matters because of Brexit. What on earth does the Honourable the Leader of the Opposition think Ministers are for? What does the Honourable Mr Phillips consider I do every day, if not to serve the public in my areas of responsibility. This office, Mr Speaker, is not full time, it is all the time. Although, of course, the members’ opposite’s accusation makes perfect sense to me, as after 16 years of leadership of Sir Peter, it is, for very good reason, simply inconceivable to them that anything should happen without a Chief Minister’s express authorisation. The many reforms that I have announced in my areas of responsibility alone, some of which I have set out today, is more than ample proof that the Honourable the Chief Minister and Deputy Chief Minister trust their colleagues to work on their areas of responsibility and achieve the government’s pledges.

In any case, Mr Speaker, members opposite are fundamentally wrong, because notwithstanding their constant travel in our national interest, there has not been one single occasion, not one, where the Honourable Chief and Deputy Chief Minister have not been available to deal with health, elderly and social care and justice matters.

### The vulnerable

Further, Mr Speaker, I could not believe my ears, when the Honourable the Leader of the Opposition said that we are failing to address the serious concerns of the vulnerable. That, surely, is the big lie. Has he not read the increased amounts appropriated in this Financial Year for elderly care, social care, health care, the Royal Gibraltar Police and the judiciary? Has he not read in the Estimates the millions of pounds being rightly spent on the most vulnerable in our community? Has



he missed the opening of the Bella Vista Day Centre, Hillsides Residential Home, the additional floor at John Macintosh Home, the packages of care and home support for the most vulnerable in our community? Is he unaware that more of our cherished elderly than ever before receive domiciliary care? Is he unaware of the excellent work of our care workers and our social workers who are taking care of our looked after children and of our wonderful community at Dr Giraldi Home and at St Bernadette's? The statement that we fail to address the concerns of the vulnerable is, therefore, as disingenuous as it is lacking in any thoughtful analysis. And in any case, Mr Speaker, surely the accusation does not lie in the mouth of members opposite, as they have, for the second consecutive year, voted against the appropriations of moneys to pay the doctors, allied health professionals, nurses of all grades, carers, social workers, domestic, industrial and catering staff, and all the other panoply of professionals that are needed to take care of our vulnerable. How does the member opposite think we can take care of one vulnerable person, let alone an entire community, without paying for the salary of all government employees? It is rather as if, having voted in the past 5 years to pay the wages of doctors, they have walked into one of their surgeries and informed them, without any sort of explanation, let alone a detailed and rational one, that they do not agree with the way of carrying out knee replacements and will dock their pay.

I can well understand, Mr Speaker, that they cannot possibly agree on every single item of government spending, of course not; but surely they do agree that we need the entire range of human resources to safeguard, protect and take care of our vulnerable. If they agree that they are necessary, and how could they not, Mr Speaker, then by voting against the budget they are saying that they are not willing to pay for their salaries. It is that simple. The logical course, (and I cannot believe that I am eliciting logic from members opposite when they have exhibited such a critical mass of contradictions since yesterday alone), is to vote in favour of the appropriations to keep on the ventilating machines at St Bernard's Hospital, among many other essentials, and set out the reasons why they disagree with any items of expenditure. As if, Mr Speaker, that is what they have done every year, except last year. Except, that the Honourable Mr Phillip's analysis was singularly and spectacularly bereft of any analysis, instead, uttering wildly unsupported generalisations, such as the unbelievably facile and utterly offensive statement, that we are failing to address the serious concerns of the vulnerable. I will, with the keenest reluctance, email paragraph 15 of his statement to every nurse, every doctor, every allied health professional, every carer and social worker and every police officer, so that it is made clear beyond any shadow of a doubt, that members opposite think they are failing the vulnerable. Or does he think that I personally, and my colleagues, physically attend to administer IV drips or diagnose diseases? Does he not know that our job is ensure our magnificent professionals have the right resources and get out of their way? It is they, Mr Speaker, therefore, who have failed our most deserving professionals by withdrawing their pay. And his statement cannot be construed in any other way. This is because this Government is increasing the moneys spent on all our wonderful professionals and increasing their numbers and increasing services, so if members opposite say the vulnerable are neglected, it can only mean that it is because they say our professionals are not discharging their functions properly. The failure by the Honourable the Leader of the Opposition to afford this House with any substantive analysis of what honourable members opposite would do differently, is compounded by the impossibility to understand their reasons for voting against the Budget, other than for cheap political theatrical effect. That is the Big Lie, Mr Speaker. How can anything they say be trusted, Mr Speaker? Given the Honourable Sir Joe's Bossano incisive and ultimately withering exposition of the GSD's political hypocrisy on this subject, I need not add anything further.



## Industrial relations

At paragraph 32 of his speech, the Honourable the Leader of the Opposition could not resist to briefly alight on the GHA action, notwithstanding the footage, recorded for posterity, of a Unite the Union official being less than circumspect in the language he used against some members of the GSD who shamelessly decided to politicise the action and who admonished them for trying to use industrial relations for their less than noble partisan ends. Naturally, their actions backfired.

Any suggestion that the GSLP Liberal Government would be involved in privatising the GHA, or any aspect of the health services, is as untrue as it is unfair and unjustified. That is the Big Lie, Mr Speaker. I refer the House to the GHA and Unite the Union Joint Press Release issued on the 25 September 2017, where we were delighted to note that in addition to the 81 posts which had been successfully regularised, a total of 57 adverts have been issued in respect of medical, nursing, ambulance service, allied health professional, consultant and non-consultant hospital doctor posts. Moreover, Mr Speaker, the staffing levels at the GHA have never been higher, with an increase in overall staffing levels rising by over 25 % during the last 6 years. The staffing levels have increased as follows:

	March 2011	March 2018	Variance
Admin & Support	175	203	+28
Medical & AHPs	155	220.5	+65.5
Ambulance	34	43	+9
Nursing	389.5	482	+92.5
Industrial	115.5	144	+28.5
Totals	869	1092.5	+223.5

As a result, Mr Speaker, the GHA and I were really and truly hit for six by the contents of a Bulletin issued by Unite the Union to its membership, where it refers to vacancies not having been properly advertised. This was especially the case as my Ministry and I, unite officials and staff representatives had met on no less than 86 occasions since January 2017. Until the Monday before the action on the Wednesday, we were utterly of the view that the meetings had lent themselves, in no small way, to resolving all issues brought to the table, to date. The number of meetings did not include the numerous phone calls and impromptu meetings at Unite' request. Further, the issue of agency workers at the GHA had been raised with me for the very first time the week before. In any case, Mr Speaker, Unite and I are working to bottom out this regrettable misunderstanding and continue to work to ensure a happy workforce. I say that it is no more than an unfortunate misunderstanding, Mr Speaker, because I can categorically confirm that at the GHA, during the



process of recruitment, Agency Workers are used to bridge the gap until the post has been substantively filled, following the established recruitment process. Agency Workers form an important and essential part on the continual delivery of services, providing cover in order to maintain the necessary and safe clinical levels of care. Additionally, the Government has further confirmed again that in the GHA, agency workers are only used for long term absences and maternity cover.

### Value for money

Not happy with vulgar generalisations, which I have now explained why they are wrong, as all generalisation are innately, the Honourable the Leader of the Opposition then says there are serious questions of value for money in the procurement of public contracts, and yet took every conceivable shot when the GHA entirely properly awarded the management of the John Macintosh Home to the most competitive tenderer. This attitude is the Big Lie, Mr Speaker, and is just one manifestation of their inherently contradictory political discourse, which can be proven, yet again, without a shadow of a doubt. This is because the former company charged the taxpayer more for 2 floors than the current operator charges the Government for 3 floors and the additional 18 beds. Moreover, the current operator employed the carers previously working for the former operator. Good for the public purse, where we ask more for taxpayers' money, and good for our residents, who will benefit from a totality continuity of care. How can they therefore be believed on anything they say?

### Training

Then I heard the Honourable Leader of the Opposition say that we are not investing in our future. That is the big lie, Mr Speaker. Does the Honourable Gentleman not hear himself, Mr Speaker? Has he not read any one of my press statements on the School of Health Studies? Well, let me remind him. Since 2012, the SHS has seen 25 of our nurses qualifying as Registered Nurses with 8 further nurses due for completion in September of this year. Since 2012, 47 of our brothers and sisters have qualified as Enrolled Nurses with an additional 17 qualifying in August of this year. Is he so blithely unaware of the facts on the one area in which he professes so much concern, that he does not know, or does not care to know, that Gibraltar is well ahead of the UK in providing leading edge training for health workers to enhance standards of clinical care. The reintroduction of in-house Nurse Enrolment Training course by the School of Health Studies in 2013, has created an opportunity for career progression open to nursing assistants in the GHA, Elderly Residential Services and the Care Agency, who have been in employment for six months. On successful completion of the 18-month training period, nurses will be able to register and obtain a licence to practice with the Gibraltar Nurses, Midwives and Health Visitors Registration Board. They will also acquire an internationally recognized qualification at QCF Level 3 in Health & Social Care. Candidates who have 5 GCSE's or NVQ Level 2, together with QCF Level 3, may then be able to apply for the Degree and register with Kingston University London & St. George's University of London to undertake this programme locally. Learning whilst working, Mr Speaker, the very thing that the Honourable the Leader of the Opposition says we are not doing. How can they be believed, Mr Speaker?



## Conclusion

In any event and to conclude, Mr Speaker, it is no exaggeration to say that it is my distinct honour to discharge important responsibilities for my community and with my community. I relish every moment that I have the chance, along with my teams, to better, to improve, to change a system that can provide better care for our community, to make life better for all those who come into contact with any of my services. My often repeated philosophy is that we must do at work what we would for ourselves and for those who we dearly love. I wish to thank my Ministry staff who, day in and day out, bear the brunt of my sometimes bruising pace, my neurotic review of everything connected to my areas of responsibilities, my fiercely held view that lunch is for wimps and my emails before 5 in the morning and until I go to bed. They are truly a credit to the finest traditions of the public service, self-effacing: discreet, committed, passionate, not afraid of disagreeing with me and telling what's what, fun and a pleasure to work with. Indeed, I will go as far as to say that I am fortunate beyond measure to have been afforded such a magnificent group of persons. Whereas I am not one to express much in the way of emotion, I know their worth, which is more than their respective weights in gold.

And, of course, Mr Speaker, I wish to thank you, the clerk, Paul Martinez, Kevin Balban, Dani Garcia and Frances Garro for your patience, kindness and assistance.

Thank you.