

# PROCEDINGS OF THE GIBRALTAR PARLIAMENT

MORNING SESSION: 10.00 a.m. – 12.55 p.m.

## Gibraltar, Wednesday, 3rd July 2024

#### **Contents**

The Appropriation Act 2024 — Second Reading — Debate continued	2
Adjournment	31
The House recessed at 12.08 p.m. and resumed at 12.25 p.m	31
The Appropriation Act 2024 — Second Reading — Debate continued	31
Adjournment	39
The House recessed at 12.55 p.m.	39

### The Gibraltar Parliament

The Parliament met at 10 a.m.

[MADAM SPEAKER: Hon. Judge K Ramagge GMH in the Chair]

[CLERK TO THE PARLIAMENT: J B Reyes Esq in attendance]

The Appropriation Act 2024 —
Second Reading —
Debate continued

**Clerk:** Meeting of Parliament, Wednesday, 3rd July 2024. Second Reading of the Appropriation Bill 2024 continued.

Madam Speaker: The Hon. Mrs Arias-Vasquez.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, thank you. I note that the Hon. Leader of the Opposition is not here and I just want to put on the record that he did message last night and inform me of the reasons that he was not here and apologise. So I just wanted to note that.

But, Madam Speaker, given that this is the first Budget debate in the history of the House presided over by a woman, before I begin my speech let me say that I, and indeed every female in Gibraltar, am grateful to the Leader of the Opposition for reducing the first time that a female appeared at the United Nations to defend Gibraltar's right to self-determination to a photo opportunity. I am sure, Madam Speaker, that all the women of Gibraltar join me in thanking the Hon. Mr Azopardi for his generous political mansplaining.

I understand his need to make a political meal out of something that in reality is no such thing. However, Madam Speaker, I assure you that I and every other woman in Gibraltar are *far* more than a photo opportunity.

So, Madam Speaker, it is an honour to rise today to deliver my first Budget address to this House. It is indeed a real privilege to do so as the Minister for Health, the Elderly Residential Service, the Care Agency, Quality of Care, Public Health, Business, Town Planning, Procurement, the Utilities, the Port and the Maritime Administration. I hate to say this but because of the number of portfolios and the breadth there is between them this will be a long speech.

Madam Speaker, as you know, it is no secret that throughout the election campaign last year, I clamoured for the Health portfolio. I said that I wanted the Health portfolio, Madam Speaker, because the experience of watching my son fight for his life at a neonatal unit in Spain had a huge impact on my family and me. It made me experience first-hand the vulnerabilities of our healthcare system and the critical need for comprehensive support for families facing such crises.

I do not apologise for the fact that this experience has shaped who I am. It has also made me appreciate how lucky we are to live in Gibraltar.

Becoming the Minister for Health, Care and Business is not just a political appointment for me. It is a commitment to ensuring that no family goes through what my family and I endured. I am constantly in touch with families who are in difficulties, listening to what their issues are. My Ministry now calls those Gibraltarians in Calpe House or any tertiary institution on a weekly basis

5

15

10

20

25

to ask if they require any assistance. We will show those people that we remember them and that we care. I want to listen.

Madam Speaker, every decision I make as a Minister for Health is influenced by the memories I have of those dark days in the Neonatal Unit and the resilience of my son, Andrew. Those lessons are not just personal. They are the driving force behind my dedication to deliver a healthcare system that is a pillar of support for everyone, especially during their most vulnerable moments.

40

45

50

55

60

65

70

75

80

85

Change, however, does not always happen at a pace that one would like. Change therefore is and will continue to be an ongoing process, a forward-moving propulsion of constant improvement. So, Madam Speaker, every decision I have taken to date, everything I have already announced in relation to the Health and Care portfolio, and everything I will set out in my Budget speech today has been done with the interests of patients and service users at heart.

Although, Madam Speaker, important though this portfolio is, this will not only be a Budget address solely about Health. I will also, of course, try to set out in as much detail as possible all the work I am doing alongside the most incredibly hard-working individuals in the many Departments falling under my ministerial portfolio.

Initially, when I was given this portfolio, Madam Speaker, it looked enormous. However, what a portfolio this size does do is it gives you the opportunity to learn how Gibraltar works. It gives you an oversight into the synergies of the different portfolios and how they interact. It has been a steep learning curve into how Gibraltar operates. Simultaneously, it works to illustrate that no portfolio is a silo, and the Government works at its best when it is working as a whole.

Although, Madam Speaker, it is not possible without being here all day to mention everything we are doing at the GHA, at the Port, in town planning, at ERS, at the Care Agency, at Public Health, at AquaGib, at GibElec, in Business, at the OFT and in Procurement, I will try.

So I guess it is probably a good moment to thank the Chief Minister for his trust in me by giving me this rather large and, I will say, challenging portfolio. As I have said, I consider it a great honour and I will do my level best in trying to make significant and positive changes to the areas for which I am responsible. I must also, of course, Madam Speaker, mention that I am constituency MP for the Westside Area. Although it is not a ministerial portfolio in the traditional sense, it is something which the Chief Minister and the Deputy Chief Minister introduced after the last elections and which I really enjoy.

I have already held various specific constituency clinics and have met with countless constituents when they have requested to see me. I have an open-door policy and take this opportunity to remind those living in the Westside Area that they can arrange a meeting with me by emailing Westsidearea@gibraltar.gov.gi.

Madam Speaker, I turn now to my first ministerial Portfolio, the Gibraltar Health Authority. This is, without a shadow of doubt, the portfolio that takes up most of my time, and you would expect that, Madam Speaker.

Healthcare is something that affects each and every one of us at some point in our lives. It affects us both directly and indirectly, and it is personal. When you interact with the Gibraltar Health Authority, it is normally because you have a problem. When you have a health-related problem, you quickly realise that nothing else matters. It is therefore my responsibility to ensure that we continue to develop and modernise the GHA, to ensure it develops the world-class service we expect it to, with the world-class funding it receives.

Madam Speaker, I think we should pause to reflect on the fact that this year nearly £211 million will be spent on the Health and Social Care budget; £211 million. Let me be bold enough to stop here for a second and explain the discrepancy between this figure and the figure provided by the Hon. Mr Clinton yesterday.

I do not intend to teach my grandmother to suck eggs, Madam Speaker, but I think it is important to note where we got the difference in this figure. The figure he gave yesterday is the figure in the Appropriation Bill, which is a figure for the Health and Social Care budget, which is where the Hon. Mr Clinton got the figure of £207 million. So the figure of £207 million, which is in

the Appropriation Bill, is not quite the amount which HMGoG is giving to the GHA, the ERS and the Care Agency.

90

95

100

105

110

115

120

125

130

135

So if I take the Hon. Member to page 205 of the estimates, the figure given to the GHA to spend is actually £156,430,000. The figure given to the ERS to spend on page 213 is £26,078,000. And the Care Agency figure is £28,183,000. The total, therefore, given to these three portfolios is £210,691,000. The error, therefore, arises from an error which I myself made, so I can understand how the hon. Member opposite made it. The error is because the figure in the Appropriation Bill does not take into account the figure which is actually contributed from the Social Assistance Fund, which is £3.5 million, and the Statutory Benefit Fund, which is another £697 million.

So, Madam Speaker, I think it is important, because if we are to be accused of massaging numbers, if we are to be accused of not giving appropriate figures, we have to at least start from the same basis point. So the figure which is given to the GHA, ERS and the Care Agency by Government is not £207 million, as stated by the hon. Member opposite, it is £211 million.

I would not ordinarily have the temerity, being a mere lawyer, to argue with an accountant on numbers, but given that I made the same error and I actually went and double-checked and I saw the figures were different when I added them up, I asked the Financial Secretary late at night – so sorry about that, Financial Secretary – and he explained why these two figures did not quite add up. I thought it was important that we at least depart from the correct premise.

Madam Speaker, let me contrast that to the 2011-12 budget for the GHA and the Care Agency, as it was then called, which included the Care Agency at the time. The joint figure in 2011-12 was £96,058,000. To split that up, the budget for the Care Agency and what was then the equivalent of the ERS was £17,178,000. Today, the budget for the Care Agency alone, excluding the Elderly Residential Services, is £28,183,000, with a further £26,078,000 spent on the ERS. I think that puts everything in perspective. It shows the level of investment in our people that this Government is willing to make.

Let me take you one further, Madam Speaker. The Hon. Member stood here before us on Monday and stated that the GHA overspend was outrageous. That was the Leader of the Opposition. The Hon. Mr Clinton said the same thing. This message was then repeated on Question Time last night.

I would remind the House that the Hon. Leader of the Opposition was the Minister for Health from 1996 to 2000, and in each and every one of those years, there was an overspend when the budget of the GHA was between £22 million and £27 million. Madam Speaker, with an eighth of the budget that we currently have, there was an overspend of between 5% and 8% per annum. But I am proud to form part of a Government that puts its money where its mouth is and invests heavily into healthcare.

Whilst I am often told that this is not enough, we need to stop and take stock of just how much that budget is and focus on how absolutely amazing it is that we have that budget. Globally, healthcare is under significant pressure. As countries around the world continue their post-pandemic recovery, they are facing increasing pressures due to ageing populations, populations with comorbidities and significant workforce shortages. Indeed, workforce pressures will be the most significant issue faced by the health and care sector over the coming years, with countries competing globally to attract the appropriate number of trained and experienced staff. Despite these quite significant pressures, I am immensely proud of the fact that the GHA continues to improve and evolve to meet the post-pandemic needs of our community.

Madam Speaker, in this address today, I intend for the benefit of the Members opposite, and indeed for anyone watching, to set out the main achievements of this past financial year and the aspirations and the challenges that we expect to face in this next financial year across the GHA's main service sectors. I also intend to explain why the figures in the Budget Book are the way they are. They are not meant to hide figures. They are not meant to massage any budgets or anything. They have been arrived to as conscious decisions and I intend to explain it as I go through my budget.

Madam Speaker, as hon. Members opposite will have seen, earlier this year I announced the commencement of a consultation for a significant Health and Care restructure. I am pleased to report to the House that the consultation is going well, with meetings with the unions, both Unite the Union and the GGCA, taking place every two weeks, as well as *ad hoc* meetings with other stakeholders. The proposed restructure, Madam Speaker, has been carefully thought out and specifically designed to improve services and increase efficiency in what is the largest area of public expenditure.

140

145

150

155

160

165

170

175

180

185

190

As from September 2024, I will be taking over as Chairperson of the GHA Board. I will be appointing the Chief Secretary as its Vice-Chair. The Financial Secretary will also be appointed as a board member. This will provide, in my view, the necessary oversight expected from a Health and Care budget of £211 million a year. Yes, once again, Madam Speaker, £211 million. By joining the board, it brings policy closer to the GHA, but it also helps Government understand the issues faced by the GHA.

Madam Speaker, I make no apology for the fact that I consider it my aim and indeed my duty to make sure that every single pound spent in that budget is used to its absolute maximum effect for patients and service users. My role is to continue to develop policies which expand services whilst always keeping an eye on costs and ensuring that we are being efficient with our resources. Indeed, we are introducing an internal audit function in the hospital to ensure that this is the case. As is appropriate in a Budget speech, I will go into detail on how this will be done later on in the speech.

At the GHA Board meeting held in April, Prof. Ian Cumming just announced his intention to step down at the end of his term in June. Madam Speaker, given Prof. Cumming's exceptional knowledge and experience, I have asked him to continue to support me as Minister for Health and also the GHA in an advisory capacity going forwards. We will seek advice from professionals when their expertise will deliver a better service in a more streamlined manner and assist us to save costs. I am happy to say this, despite criticisms from the benches opposite.

I would like to take this opportunity to thank Prof. Cumming on behalf of the Government and I am sure the whole House for his work during his time as Interim Chair of the GHA Board and, in particular, for his work in assisting us with the fight against COVID. (A Member: Hear, hear.) I am therefore very pleased that Prof. Cumming was bestowed the Gibraltar Award in May by the former Governor, Vice-Admiral Sir David Steel.

Madam Speaker, I want to make something abundantly clear. We are not re-politicising the GHA. The GHA will remain completely and entirely clinically independent and us politicians will not be able to interfere with any clinical decisions whatsoever. This will be set out in an accountability agreement, which I intend to publish before the changes take place later this year. But there does have to be a closer interaction between those delivering on policy and those who set it. The GHA and HMGoG have to work hand-in-glove to ensure administrative and policy oversight.

Madam Speaker, I emphasise again the Government's involvement as Chair of the board will be focused on setting of policy and budgetary oversight. I will also be publishing, Madam Speaker, a patient charter, setting out patients' rights and responsibilities within our healthcare services and to show that we are serious about these things, the Government is serious about enshrining this charter into law. I am pleased to report that the drafting of such a charter has already commenced and I expect to be in a position to publish it later this year.

Additionally, as part of the consultation, we are reviewing what changes are required of the existing Gibraltar Health Authority Act. At this stage, Madam Speaker, it is envisaged that the Care Agency CEO will form part of the Gibraltar Health and Care Authority's Board. In my view, Madam Speaker, this is essential to ensure that all three heads of the patient and service user services are sat around one table, discussing policies and pathways to improve the services for the patient. This was highlighted by the Mental Health Board in their annual report as a way of improving mental health services in Gibraltar and has been raised with me by NGOs, such as the Gibraltar Mental Welfare Society, and I could not agree more.

Madam Speaker, as I have said time and time again regarding these proposed changes to our health and care services, none of these changes will result in anyone losing their job. That is absolutely not what we are doing. In fact, I was happy to provide the unions with these assurances when we first met, ahead of my Health and Care restructure announcement in April of this year. We are proposing these changes to further improve the service, to modernise the service and to make health care and social care provision more seamless across the board and to future-proof the service. All of these changes, as I have already said, are being designed with the interests of patients as our primary focus.

Madam Speaker, before I continue, this House will know that in December I announced that the previously published plans to redevelop the entrance to St Bernard's Hospital using the COVID-19 Fund would not go ahead, given the response received from the public and presented to the Government via a petition. Throughout the COVID-19 pandemic, countless individuals and commercial entities donated money to assist the GHA in its fight against the pandemic. This money was consolidated into a special fund and has to date not been used.

The COVID-19 Fund currently stands at £2.7 million. Earlier this year, I announced a public consultation on the use of the COVID-19 Fund. I am pleased to report that we have had an excellent response to this public consultation, with approximately 100 responses, many of which have been carefully thought through and are extremely detailed.

I have therefore appointed a referral panel, consisting of both healthcare professionals and lay people, to look into these cases and recommend to me how the £2.7 million should be spent. The panel has now convened to determine the feasibility of the responses.

Madam Speaker, I should mention though, at this stage, that it is the Government's intention to distribute the money as widely as possible and not spend the £2.7 million on a single project, as was previously announced.

I would like to thank the public for engaging with us at the Ministry for Health on this, and I look forward to making an announcement after the summer on how exactly this money will be spent, breaking it down to the penny in order to be completely transparent.

Madam Speaker, I now turn to acute services at St Bernard's Hospital. The modernisation of the GHA's acute services under the Reset, Restart and Recover banner continued apace during 2023-24. Successful waiting list initiatives, new pathways of care and significant capital developments all took place throughout the year.

Madam Speaker, just to put some of these waiting list initiatives into context: in January 2023 there was an average of a 96-week wait for a hip and knee clinic appointment. The latest figures provided to me are now at 9 weeks. This is a reduction of 87 weeks' waiting time. Madam Speaker, for routine endoscopy procedures the waiting times have dropped from 34 weeks to 6 weeks in the same period. Whilst I accept that there is definitely more yet to be done, this is a significant step in the right direction.

Madam Speaker, the 16-year-long-term strategic partnership with Philips in the form of a maintenance equipment service contract is now in place. A mobile X-ray unit, six ultrasound systems and a brand new fluoroscopy unit for real-time moving X-ray imagery have been installed and are already in use. After a very successful first 12 months, this has been expanded beyond diagnostics with over 300 pieces of legacy equipment, including ventilators and monitoring equipment, on-boarded on to the contract.

Madam Speaker, the design for the new Cath Lab is now complete, and works on the construction and installation that began in May. As I confirmed in Parliament only last week, work is also apace to staff the new Cath Lab, with recruitment continuing.

As I announced earlier this year, to mark Cardiac Awareness Month, the Government is committed to delivering the Cath Lab during the third quarter of this year, Madam Speaker, and I am happy to announce that we are expecting this to be ready on schedule. This means that angiograms with the potential to introduce stents will now be done in Gibraltar.

I was delighted to have visited the site together with the Gibraltar Cardiac Association in May to see for ourselves the commencement of the works. This is an important service development

195

200

205

210

215

220

225

230

235

240

and it is a crucial part of the Government's commitment to deliver more services locally if it is safe and beneficial to do so. We said we would repatriate, and that is precisely what we are doing.

Madam Speaker, once this new Cath Lab is online, patients will be transferred from A&E to the Cath Lab in approximately 90 seconds. This is not just political. This saves lives. This will save Gibraltarian lives and, unfortunately, everyone in this room will at some point have a family member affected and will thank His Majesty's Government of Gibraltar for this initiative. (Interjections) A remarkable improvement to the current situation, which involves having to be transferred to a tertiary institution in Spain, with the consequential delays that that could involve.

No Government has repatriated the amount of services that we have back to Gibraltar, and we are committed to continuing to do so. We want our people to go to Europort for world-class services and to be able to go to the comfort of their own home after having received treatment.

Unfortunately, I know from personal experience quite how difficult it is to travel with a sick family member back and forth to the UK for treatment. Although I must say, Madam Speaker, that for those of us who must do so, we are absolutely blessed to be able to use the magnificent facilities at Calpe House, Gibraltar's home away from home.

Separately, we have launched a cancer-tracking service in conjunction with the Breast Clinic which, following positive feedback, will be rolled out to other specialities in due course.

We are also making considerable progress with the digitisation of our patient records, which is already providing vast improvements to the way that we operate, by making patient records more easily available to clinicians.

We have carried out a major review of all our stocks and stores control systems and have introduced automated dispensing cabinets and electronic stores management and stock control and procurement systems.

Madam Speaker, last month I was delighted to visit the theatres and the stores team to see for myself the new Omnicell stock-control system. I am continuously speaking about this in Parliament and therefore I thought it was important to go and see what this actually looked like. Standing here and describing it does not quite do credit to the system. I would be more than happy to invite the Hon. Shadow Minister for Health, Ms Ladislaus, to attend with me to see for herself how this new stock control system functions. Put simply, it is a fully automated stock-control system which assists greatly with the management of medical supplies.

In effect, the Omnicell system is a huge system which acts like a huge dispensing machine where items get dispensed individually. This is then recorded online to have an accurate control of stock.

Madam Speaker, the GHA's Theatre Department has been the first Department to see this new system introduced, with staff telling me they are extremely happy with it. Not only does the system assist with stock management and procurement, but it has the added benefit of freeing up clinical staff who would otherwise need to be dedicating time to the purchasing and management of stock levels.

Additionally, this new system flags low stock and allows the GHA to purchase items that are essential, which in turn has a positive impact in reducing the amount of cancellations that take place at theatres as a result of lack of stock in a particular area. Operations cancelled for this reason are now the exception, I am pleased to say.

Madam Speaker, although we began the roll-out of this new system in the GHA's Theatre Department for obvious reasons, the intention is to continue this roll-out over the coming months to the entire GHA. This is a slow process which has already proven to provide hugely positive results, not only in terms of cost saving and reduction in medicinal waste, but also in terms of resource allocation and reduction in cancellations.

We will be in a position to confirm quite how much will be saved later on this year, but initial indications, Madam Speaker, suggest that this could be in the region of saving up to 40% in terms of medical supplies. This is a great example of how money can be saved with an improvement made to patient outcomes with no negative impact at all on patient services.

265

245

250

255

260

275

270

285

280

Madam Speaker, we are listening to our clinicians. It is interesting to note that our budget submissions are prepared long before 18th June, the date the Hon. Lady opposite's article in the *Gibraltar Chronicle*. I want to explain the lines in the Budget to show how we are actually doing exactly what she said that she would want to see done in terms of the use of locums in the system, or rather the use of consultants in the system and the reduction of the number of locums in the system.

295

300

305

310

315

320

325

330

335

340

Let me take you through this and let me take you through the benefit – let me take you through this as well for the benefit of the Leader of the Opposition, who believes that we are massaging the numbers in terms of locums. If you look at the detail of the complement on pages 201 and 202 of the Book, the complement of medical and allied professionals is now 258.5 from 242.5 in 2023-24.

Madam Speaker, if you go through the list, there is a complete breakdown of all the clinicians that we are increasing in their number this year, year-on-year. What we have sought to do in the Budget this year, Madam Speaker, is precisely what that article said that we should be doing, when the figures already said that that is what we were doing. So what we are doing is that we are increasing the complement of clinicians in the GHA to increase the number of those on fixed-term contracts so that we decrease the number of locums in the budget.

So when the Leader of the Opposition says that we have reduced the line for locums in the Budget, he is entirely correct. We have reduced the spend on locums this year, as can be seen from line 12 in the Estimates Book. We have reduced that line because we have increased the salaries line, because we have increased the number of consultants in the GHA. So we are not massaging figures, we are not trying to hide anything from the Opposition. We are actually working with clinicians and working with what clinicians are telling us to do in order to better improve the services of the GHA.

For the same reason, Madam Speaker, visiting consultants have also been reduced by the sum of £120,000. Once again, I have spoken about the repatriation of services to Gibraltar. We are therefore having to bring fewer visiting consultants over to Gibraltar because we are bringing the services to Gibraltar. So the reduction of lines in the Budget is being done in a calculated and controlled manner, working in step with the GHA and the clinicians in the GHA who are telling us that this is beneficial.

You see, Madam Speaker, locums are often expensive as they frequently charge more than consultants, doctors and nurses employed on fixed-term contracts. We also have to supply accommodation for such locums. Locums are also here for a short period of time. So if I give you an example, the Morrison's factor does not exist when it comes to locums. I will not bump into a locum and recognise him as a person who is treating my mother because I do not know who he is. He is here on a short-term contract.

If we increase the number of clinicians, if we increase the number of consultants who are on fixed-term contracts, as we have stated that we will do in the Budget Book, what that means is that the continuity of care will be there. These are not just things I am saying, Madam Speaker. These are things that can be followed in the Budget Book. So if you go line by line through the Budget Book, as the Members opposite have been provided with, you will see that what I am saying is actually what is reflected in these figures.

Madam Speaker, we also carried out a review of our Pathology Lab practices and output, which has led to improvements in how services are delivered. The brilliant team at the lab, who I publicly thank here today, have carried out over 3.2 million tests last year. That is a remarkable statistic, Madam Speaker.

Additionally, our parents can now enjoy a purpose-built Day Infusion Unit with extra capacity for the care of our patients. We started our new trauma network with King's Trauma Centre in the UK and have already had our first patient airlifted there. Additionally, we have opened a new Laminar Flow Theatre where we can undertake more complex procedures in specialties such as orthopaedics.

Importantly, Madam Speaker, we are investing in training our people. I have said this numerous times in Parliament. We will be running a course for advanced healthcare practitioners in order to train 30 nurses in the next two years. This will assist in freeing up capacity in A&E and will provide us with resilience at the Hospital. We need to look to train more Gibraltarians and we are committed to doing so.

Madam Speaker, two new front-line ambulances were delivered in 2023-24, with a further two front-line vehicles and a new High Dependency Unit vehicle purchased for delivery in 2024-25. These new ambulances are now expected to arrive after the summer and I am advised that these three new vehicles will be operational from the day they arrive in Gibraltar.

Additionally, Members opposite will recall that a new ambulance dispatch system was introduced at the GHA on 30th April 2024. The dispatch of the ambulances has moved from the Fire Service and is now undertaken by the GHA. This new system is based upon international best practice, with the introduction of an initial clinical triage process, which will prioritise the dispatch of ambulances to the sickest patients first. The new dispatch system is a significant undertaking and I would like to thank the entire team for their hard work and professionalism in ensuring the smooth handing over and enhancement of the system.

Madam Speaker, as we move into 2024-25, planning and design is well under way for the new chemotherapy suite and the aseptic suite, and I really look forward to seeing those coming to fruition over the coming year or so. In order to assist this House on current planning, the completion date for the new chemotherapy suite is early 2025. The new suite will greatly enhance the service users' experience and make the journey for those with cancer that little bit easier.

Madam Speaker, this is a huge development, of which we should be rightly proud. The new suite is larger, making the overall patient experience better and will improve service provision.

I must stress again because this is important. Everything we are doing in healthcare is being done with the interest of patients as our primary focus. We are looking to upgrade our endoscopy equipment and replace wash kits to ensure that we have state-of-the-art medical kits.

Regarding our Day Surgery Unit, the GHA is always exploring ways on how to improve this unit by increasing its throughput and ensuring more activity is undertaken locally as day cases rather than patients being transferred to Spain or the United Kingdom. The Day Surgery Unit is one that I often receive praise for, Madam Speaker, and they are a great team which offer brilliant services.

Madam Speaker, the 2023-24 financial year was extremely busy for the GHA, with some headline activity figures being as follows. A&E attendances saw a 4.4% increase in activity between 2023-24, yet in spite of this overall A&E performance still remains excellent.

I think that with the introduction of the new minor injuries unit at A&E, which with two young boys I have had to use on more than one occasion, combined with the exceptionally phenomenal work carried out by A&E staff 365 days a year, the experience for A&E is significantly improved and I will support them to continue to improve, although I accept that we can, of course, still do more and more we will do.

If you look at the number of cases going through theatres, you can appreciate the year-on-year increase in activity and productivity that is being delivered. In the financial year 2022-23, there were 3,576 cases operated. In the financial year 2023-24, there were 3,888 cases operated locally. This represents a 9% increase in activity year on year. In all of these areas, the additional activity represents real people who have been treated. As we look forward, the GHA will continue to be diligent in reviewing all of its waiting lists and times to ensure our communities receive the best and the timeliest service possible.

Madam Speaker, we are looking at ways to allow our consultants and divisional leads more autonomy with their budgets. Starting with theatres, we will be looking to pilot a scheme to devolve all budgets to divisional heads. We will look to empower them, whilst being able to hold them to account on departmental expenditure. This is very important as we are asking those very teams to improve efficiencies.

Separately, Madam Speaker, it is important to note that the GHA is there for those who have consistently paid into the system. We need to be conscious and protect that which we have, as it

350

345

360

355

370

365

375

380

385

390

really is a great system. For this reason, we are, firstly, strengthening the administration and accounts team to ensure that all non-entitled patients are properly charged when using our Hospital. We are, secondly, strengthening the supporting legislation. This is in no way intended to catch people out when their health card is expired and they are a couple of months out. It is intended to ensure that those who are travelling from abroad pay for the services they receive.

400

405

410

415

420

425

430

435

440

445

The aim here, Madam Speaker, is to ensure that the world class services are provided to those Gibraltarian residents who are entitled to healthcare because, as anyone who travels outside Gibraltar knows, if you go to any other healthcare system in the world, you are likely to be asked for payment and insurance details before healthcare is provided. That, Madam Speaker, is a source of revenue that we must ensure is not lost, particularly when we are already and continuously providing care to these individuals.

That is a summary of acute services. It is important to note that acute services are your first port of call with the GHA when you are seriously ill. Ensuring a streamlined service in theatres, A&E and the other acute areas means that the overall experience with the GHA will be much improved. Investing in our acute services will ensure timely diagnosis treatment plans, which improve patient care, reducing complications and ultimately reducing cost in this area.

Madam Speaker, I turn now to a hugely important, and often controversial, area of our healthcare system: primary care. The Primary Care Centre saw 144,267 GP appointments in 2023-24, which was up from 132,408 in 2022-23. That is a 9% increase. That is a slightly startling average of 12,022 appointments a month.

On a less positive but very important note, I would also like to mention the 17.7% increase in missed GP appointments, which is a poor use of valuable clinical time and a waste of resources and is an area which we will focus upon in this coming year. The number of missed GP appointments in the last financial year has equated to 3.8% of all appointments. In reality, that equates to an average of 459 appointments every single month being wasted, with no one able to take up those slots.

Madam Speaker, I have tasked the GHA Director General and his team at the PCC to propose ways in which the Government can attempt to reduce this figure and I look forward to making announcements on this in coming months.

The increases in activity year-on-year show no signs of abating and we are predicting similar increases in activity all across the GHA areas in 2024-25. Despite this increasing demand, access to see a GP in Gibraltar is good; but do not get me wrong, I fully accept that we can improve this even further and I am currently looking at ways to achieve this. We need to stop the mad scramble for appointments at eight o'clock in the morning. To assist us to achieve this, we will be appointing someone tasked to do this by the end of summer.

We are actively looking at ways in which we can increase access without increasing cost. The use of advanced healthcare practitioners and advanced paramedics can take the pressure off, for example. I am very proud that we have recently appointed five senior paediatric support workers who are the foundation of the neurodevelopmental pathway, linking with psychiatrists, paediatricians, speech and language therapists, occupational therapists and dieticians to provide better support for parents and schools. These will assist in delivering the neurodevelopmental pathway.

Madam Speaker, I am pleased to say that we have now shared this document with the Opposition – Ms Ladislaus and Ms Sanchez in particular – and we are looking to release this as soon as possible after the Budget, once we have had a chance to sit down with them and go through their comments.

This financial year has also begun with a review of the administrative processes in the PCC, as well as the GHA more generally, with the objective of improving further the access to GPs. During the year 2024-25 I am very keen to develop a primary prevention strategy for Gibraltar that will cover all of our screening programmes and be based upon a Covenant for Health between individuals, our communities, HMGoG, charities, the private sector and the Health and Care agencies. This work will focus upon keeping people fitter and stronger for longer in their own

home settings and out of the Hospital because, Madam Speaker, prevention is *always* better than cure. The Director General and the Director of Public Health are already working upon a Covenant for Health for Gibraltar, which I expect to be in a position to publish before the end of the year, and more on that in a little while.

Madam Speaker, I now turn to the mental health provision in Gibraltar. I recently brought a motion related to mental health to Parliament, and I appeared on a GBC *Viewpoint* programme, together with the hon. Member opposite, Ms Ladislaus, last month. I am not shying away from criticism when it comes to mental health. It is true to say that we have come a long way, but I absolutely accept that there is a lot more that needs to be done and I am determined to tackle the issue head on.

We are looking to take the final steps set out in the Mental Health Strategy produced in 2021. Mental Health Services have seen significant change and development over this past year. I will attempt to set out some of the most significant changes.

Madam Speaker, I am delighted to confirm that we have identified a building in the town centre which will house the new CMHT. The building is located right at the heart of the town, albeit in a discreet location. It is a beautiful art-deco building with lots of light, which historically has had to have a huge entrance installed, which is perfect to make this building wheelchair accessible.

The entrance had to be created, you see, to allow the printing presses to enter the building. It is a building linked to a library, the Garrison Library. We will be refurbishing the old *Gibraltar Chronicle* printing press building to accommodate the new community mental health facility. However, this will not purely be a 'lift and shift' of the current services.

We will be using the opportunity of the relocation to deliver a whole new model of care, integrating physical and mental health and which will provide support for employment, accommodation, rehabilitation, therapies, and financial advice. It is intended to be a net to ensure that people find the support they need *in* the community, so that matters do not escalate until they then require hospitalisation and that they do not fall through the net.

All of this is largely to be done through the donations of a benefactor, which I think is important for the Hon. Mr Clinton to hear. This benefactor will be providing the lion's share of the funding. A short video showing the location will be uploaded on to the Government's social media page shortly to show the exact location. We will be commencing the design phase of this project shortly.

Madam Speaker, the Housing Outreach Team is a newly developed team who have been in post since early last year. They provide oversight on all houses belonging to clients with severe and enduring mental health concerns, both in private and in Government housing. The service monitors cleanliness of houses, together with furnishings, basic needs, etc. They make sure that patients are up to date on the utility bills, their personal paperwork; for example, ID, passport, GHA health cards, etc. The Housing Outreach Team established recently have served as a reinforcement for preventing inappropriate admissions, thereby proving success in the community.

The Gibraltar Young Minds team has undergone a significant transformation. They now have one registered mental health nurse, two enrolled nurses, two counsellors, one child psychologist, two psychiatrists, and one part-time external child psychiatrist. I am pleased to inform the House that the restructure has greatly reduced the waiting list for children to be seen within the service. This year, on average, the time for referral from first contact to time with the team was two weeks.

The Gibraltar Young Minds team conduct allocation meetings every week attended by all professionals within the team, together with the Head of Child Social Services and a representative from the Department of Education. This process reinforces accountability and governance to all referrals made to the service.

I would like to take this opportunity to thank all the staff at Gibraltar Young Minds for their efforts and dedication to improving our children's mental health services. We look forward to further improvements this coming year.

Madam Speaker, the GHA has a newly appointed Clinical Governance Lead who will ensure a framework is developed where mental health services are accountable for continuously improving

495

450

455

460

465

470

475

480

485

490

the quality of care and to safeguard the quality of our service. There will be quarterly reports delivered to the GHA Board, promoting accountability and transparency. We will be exploring different options here to optimise access to that service.

I am pleased to announce the first ever registered mental health nurse training is due to commence in September 2024, which will be running for three consecutive years. The BSc programme has been developed to meet Gibraltar's local needs and is in line with the Mental Health Strategy 2021-2026, where we emphasise care in the community over hospital admissions.

Turning to sponsored patients, our Sponsored Patient Department overseas expenditure is currently £11 million annually and this Department is responsible for ensuring patients receive good clinical care from tertiary services in both Spain and the UK.

Madam Speaker, the reality is that we are a small Hospital which is dependent on tertiary centres. Over the past few years, Gibraltar has successfully repatriated services both from Spain and the UK, one other example of this being that in 2023 we undertook our first local cochlear implant. During 2024-25, we will continue to review all external referrals with a view to repatriating services where it is safe to do so, but also to ensure that we are getting the maximum return for our money.

Madam Speaker, the Hon. Leader of the Opposition criticised the fact that this budget has been reduced, and referred to it as one of the examples of us massaging the figure. The reason why this budget has been reduced, if I take you to it – it is currently in line 39 of the Book. It has been reduced from £16.06 million to £11 million. The reason for this is simple. We are repatriating services to Gibraltar and, therefore, the need to send patients abroad should be lessened.

However, this service is patient led and we will not shy away from sending patients to tertiary institutions if this is required. Therefore, if there is over-expenditure under this Head, it is because it is required because it is a patient-led service.

Let us once again not forget that the Hon. Leader of the Opposition was the Minister for Health between 1996 and 2000. In every single year that he was the Minister for Health there was an overspend in this section of the Budget. So yes, we have allocated a budget of £11 million against a forecast outturn in 2023-24 of £16.06 million.

But to give one example, in 1998-99, there was an overspend of 20.83% by the Hon. Leader of the Opposition, from a budget of £1.9 million to a spend of £2.4 million. This also gives an idea of the enormous growth that we have enabled in this Budget.

Despite repatriating activity, we will continue to need the support of external providers in both the UK and in Spain as there will be certain specialist procedures that it is neither safe nor cost effective to undertake in Gibraltar. With this in mind, the Sponsored Patient Department has been reviewing all of our external arrangements with a view to improving the services offered to our patients. If any external centre does not meet our exacting requirements, we will have no hesitation in moving services to another provider; and, Madam Speaker, we have indeed done so.

During 2023-24, the GHA have also entered into an arrangement with a local private provider, GibMed, for the provision of MRI scans locally, thereby increasing the provision of diagnostic services offered locally. Whilst there were some teething issues here, the service we hope is now up and running again, with patients now being sent to the new facility.

Madam Speaker, as with most western countries, Gibraltar is seeing an increase in its elderly population. We are lucky within Gibraltar that elderly care services are provided by Elderly Residential Services and that ERS is always looking to improve and develop its services to meet the needs of our communities. I would like to draw the House's attention to a number of important initiatives that took place over the course of the last year at ERS.

Firstly, the Government launched a new Dementia Strategy that is aimed at co-ordinating all local resources to improve the quality of care for dementia patients. I am sure the Dementia Strategy will be very impactful and a steering group has been set up under the leadership of the Director General.

I would like to take this opportunity to thank the Gibraltar Alzheimer's and Dementia Society, which until very recently was so ably led by the late Daphne Alcantara, for their work throughout

550

505

510

515

520

525

530

535

540

the year, alongside our National Dementia Co-ordinator, on all matters dementia related. The National Dementia Co-ordinator was something GADS — and Daphne in particular — had been lobbying Government on for some time, and I am delighted to say that, as part of the Dementia Strategy, a dementia-qualified person has been appointed to this role. This is just part of the legacy which Daphne leaves behind and which was so clearly demonstrated across Gibraltar, not least with the symbolic lighting of the Moorish Castle in purple, the colours of GADS, following her sad, untimely passing.

As I have mentioned in the past, the Government is committed, as set out in our manifesto, to working with GADS on all matters dementia related. We will be looking to further develop the Dementia Strategy with the assistance of the relevant clinicians and GADS. Only together will we be able to move forward to improve dementia provisions for those living with this condition and their families.

Madam Speaker, additionally ERS, in conjunction with colleagues from St Bernard's, have been reviewing the frailty pathway to ensure seamless multidisciplinary work and much more will be seen of this in the coming financial year. The 2024-25 financial year will see some exciting developments within ERS, including the revaluation of the care delivery model with outsourced sites, to prevent discrepancies in care provision and ensure cost-effective healthcare delivery.

There is a need for ongoing training and professional development programmes for both clinical and non-clinical staff to enhance staff skills and knowledge. Investing in the workforce will improve service delivery and outcomes for the organisation.

Finally, we will develop sound financial strategies to ensure the long-term viability of ERS, with cost-effective operations and prudent financial management. As I announced in April, ERS will be retendering for its external service provision at Hillside, John Mackintosh Wing and Bella Vista, and this process is now well under way.

The objectives of this exercise are to improve service delivery by holding external contractors accountable to high-quality standards whilst at the same time delivering improved value for money for the taxpayer. I am confident, therefore, that 2024-25 will see new and improved services for our community under the auspices of ERS. Elderly patients are vulnerable and have given a lot to Gibraltar. They deserve the best care, dignity and respect and we will ensure that this is the case going forward.

Madam Speaker, Gibraltar should be rightly proud of its healthcare services, and I am rightly proud of our healthcare system. As with every healthcare system in the world, the GHA needs to adapt and evolve to the increasing needs of the population. As we move into this next financial year, the GHA is reviewing its workforce strategy to ensure that it has the appropriate skilled workforce for the future and is engaging more fully with local schools and the University of Gibraltar to ensure a continuous stream of talent for years to come.

The GHA is also reviewing its financial controls and procedures to ensure that it gets the best value for money from each pound of public expenditure. Madam Speaker, if I may, I think the appointment of the Chief Secretary and the Financial Secretary on to the GHA Board will assist greatly on this front.

The review of our workforce is looking at workforce contracts but also tenders for external goods and services. Additionally, and importantly, we have already separated complaints from the Patient Advice and Liaison Services. This separation provides independence for anyone concerned about the quality of service that they or their loved ones have received. The first port of call for anyone with concerns continues to be the GHA's PALS, which is now clearly signposted in the GHA, but if this then develops into a complaint, it is referred to the Complaints Department, which is independent of the GHA and overseen by my Ministry.

I hope this gives confidence to our service users that complaints, as and when they arise, will be dealt with quickly and transparently and action will be taken where necessary. I would like to take this opportunity to thank Alex and Daniel from my Ministry for their efforts in running the Complaints Department successfully. I am sure they are already known to many in the community.

600

555

560

565

570

575

580

585

590

As I have already stated, the 2024-25 financial year will see the strengthening of financial controls within the GHA and will build upon the substantial work undertaken in 2023-24. Highlights of this include the establishment of a finance sub-committee; the establishment of an internal audit function at the GHA, which is sat within the GHA but is entirely independent from the GHA. Phases 1 and 2 of the Theatre Inventory Transformation Project has been completed.

We have appointed a legal services manager to streamline claims. Divisional leads appointed in medicine, primary care, surgery, these are aimed to improve operational activities, enabling greater efficiency, leadership and enhanced patient care.

We have established an EMIS Project Board. The new CMHT project has been announced, and the GPMS removal of the clawback legislation has been amended and is to be gazetted in 2024. The list goes on, Madam Speaker.

Modern technology will play an increasing role in how health services are delivered for the future. With this in mind, I have specifically instructed the GHA to review how it will future proof our services using artificial intelligence and digital technology. My objective is to present an Al/digital strategy for the GHA during 2024-25 and I am very excited about how this technology can be deployed to improve patient care services. This continued modernisation of the corporate functions of the GHA will ensure that it can continue to evolve and maintain the quality of clinical services delivered at the highest level, comparable to those delivered internationally.

Madam Speaker, before I turn to other areas of my ministerial portfolio, I hope that I have been able to provide an accurate snapshot of the state of the Gibraltar Health Authority at present. It is clear to us on this side of the House that the GHA continues to develop and improve its service.

At the heart of any healthcare system are a group of dedicated, professional and hardworking staff, and I would like to say a big thank you to each and every member of the GHA. From the Director General and the rest of the GHA executive team down, every single member of the GHA has worked flat out throughout the year to ensure that, no matter what, the GHA continues to provide the first-class standard of care expected from it. I continue to try and meet every single member of this outstanding team and to listen to the views of the GHA at every level.

Madam Speaker, I have no doubt that 2024-25 will continue to bring new challenges to the GHA, but I am also convinced that the GHA can rise to the challenge and continue to deliver outstanding care for all of us. I wish to take this opportunity to assure the GHA that I will continue to fight their corner, and I know that each and every individual working for the GHA is consistently looking out for patient interests in step with HMGoG's view.

Public Health is a portfolio which I always thought needed to go hand in hand with the Health portfolio. Our aim is always to keep people healthy and out of hospital, Madam Speaker. Incidentally, this reduces costs in the best possible way. Keeping people healthy in the first place and out of hospital reduces the spend of the GHA because people do not get ill in the first place.

Madam Speaker, I therefore now turn to Public Health. How healthy we are and how long we live are impacted by a range of factors. Some of these, such as our genetic makeup, we cannot change but other factors we can personally influence; for example, living a healthy lifestyle, the environment we live in, our jobs, our housing and our education. These are called the wider determinants of health or the 'cause of causes'. This is why the Public Health team have been working on developing the Covenant for Health that I will personally be leading on, with the Director of Public Health and the Director General.

Madam Speaker, this new Covenant for Health will be the primary prevention strategy for Gibraltar and it goes hand in hand with our Health Strategy. The Director of Public Health and her team have been developing the building blocks of this covenant over the recent months. These include the Joint Strategic Needs Assessment, or the JSNA, tobacco and nicotine control, including vaping – more to come on that in a moment – and starting a six-step whole system approach to healthy weight, including a physical activity strategy, and breaking the intergenerational cycle of adverse childhood experiences.

14

605

610

615

620

625

630

635

640

645

655

Firstly, the Joint Strategic Needs Assessment, or the JSNA. The first phase of the JSNA will be launched today. It is a website with information about various illnesses, with statistics relative to the population, and can now be found on the GHA website. This is a website which contains an enormous amount of data. It is an important aspect of the Public Health system because it starts exploring trends in the wider determinants of health.

660

This, I am advised, will help us identify what is driving and causing our ill health and what policies and interventions are needed to address these as a result. Indeed, some interventions are already contained in our manifesto; for example, the significant and systematic public awareness campaign making explicit the link between obesity and cancer and investing in weight reduction programmes and medication.

665

The JSNA will help us track and demonstrate the impacts of interventions whilst fully recognising that change at a population level often takes many years to achieve. Madam Speaker, there is no short-term quick-fix solution to this.

670

Secondly, tobacco and nicotine. All the evidence suggests that the greatest risk to our health remains smoking. We know that locally, upon becoming pregnant, nearly 20% of our mothers smoke and about half manage to quit during their pregnancy. The Government considers this figure is too high. Smoking not only affects a mother's health but also that of the baby in some of the most formative years of their lives.

Smoking is hard to quit. Nicotine is a highly addictive substance and this is why the focus over the previous year has been strengthening the GHA smoking cessation service through improving access to booking appointments, expanding the range of doctors who can prescribe nicotine replacement therapy, and advocating the message that you are far more likely to have a successful quit attempt with support.

675

Public Health, alongside the mental health team, has set up a 'coalition of the willing' to assist those who wish to quit smoking. There is a specific nurse who has set up a smoking cessation support group in Clubhouse and offers a nicotine replacement therapy.

680

Madam Speaker, I would like to take this opportunity to recognise the fantastic supports which are offered by mental health charities in Gibraltar. Whether it is Clubhouse, GibSams, Childline or the Gibraltar Mental Welfare Society, they all provide valuable support to our services. This support needs to grow and be encouraged, as will be seen with the new community mental health facility. Again, we achieve better outcomes when we work collaboratively, the GHA, Public Health and all the charities.

685

In 2023, 731 people were seen in the Smoking Cessation Clinic. During October, as a direct result of the 'Stoptober' campaign, 98 people were seen by the Smoking Cessation Clinic, the greatest number by month by far, indicating that people do want support and help to quit.

690

The National Focal Point for Tobacco Control that I chair as Minister for Health continues to meet and co-ordinate the strategic agenda for tobacco and nicotine control. I am pleased to report that Gibraltar was presented with an award for the work that we are undertaking on the tobacco control agenda by the UK Health Overseas Ambassador in 2023.

695

Vaping has been an issue of significant debate over the last 12 months, with many parents expressing concerns to me regarding the number of young people vaping. Whilst it is generally recognised by the scientific community as being less harmful than smoking, vaping is not harm free and the long-term effects are yet to be determined.

700

There is the perception that all young people in Gibraltar are vaping. The Public Health team undertook a survey in 2023, in partnership with the University of Gibraltar, where nearly two-thirds of the children in Years 7 to 13 responded. This represented 2,179 children, all of whom were questioned on their vaping knowledge, habits and experiences.

The majority of children have not vaped. However, as much as this may be reassuring, a third of the children had vaped at least once in their life and this increased with age.

705

Of those children who did vape, when we compared this internationally, our children vaped more than in other countries. This is why we are progressing with plans to ban the sale of vapes

to children and are working closely with the Department of Education and headteachers to try and prevent our young people starting and continuing to vape.

This study also identified a concerning finding that of the Year 13 pupils who responded to the survey, one in 10 had smoked cigarettes in the last month. This indicates that we still have a considerable way to go in terms of reducing lifelong impacts that smoking has upon the health of our population. These young adults will be the smoking parents of the future, affecting not only their health but through passive smoking the health of those around them. That is why I am pleased to announce that a consultation will be launched this September to explore the feasibility of developing a smoke-free generation for the future.

The third aspect of the Covenant for Health is supporting our population to achieve a healthy weight. Another significant risk to our health is not being a healthy weight. By this I mean being underweight, or overweight, or in the normal range for weight but not having a healthy balanced diet rich in vitamins and minerals. Being underweight can lead to osteoporosis, or brittle bones, and infertility. Being overweight leads to an increased risk of developing cancer, increased risk of having a heart attack and increased risk of having type-2 diabetes.

These drivers of obesity are complex and are related to personal, environmental and societal factors. It is sadly not as simple as 'eat less and move more'. We have commenced a six-step whole system approach to healthy weight.

The focus during the last 12 months has been to establish our data monitoring and mapping our local drivers of obesity. I am advised that we have identified nearly 3,000 adults with type-2 diabetes in Gibraltar. This is a condition that is strongly linked to being overweight and there is now an established evidence base which finds that reducing weight can revert most people back to not being diabetic.

Finally, in terms of the Covenant for Health, there is a focus on children. In 2023, the Director of Public Health established a working group to address the intergenerational cycle of adverse childhood experiences, or ACEs as they are otherwise known. ACEs refer to situations where children face negative experiences, such as domestic violence or parental substance abuse, that can have long-term detrimental effects.

These impacts not only affect individuals but also place economic burdens on services like rehabilitation. The working group has adapted the concept of ACEs for Gibraltar, mapped relevant services, and is now reviewing protective factors and exploring ways to strengthen them. These efforts align with the youth strategy for Gibraltar and initiatives by the Department of Education and the Care Agency. The intergenerational cycle of ACEs can be stopped and we are determined to do so.

Finally on this section, we are looking to set up a group to focus on the effects of screen time for children. We are currently scoping this out between the Director of Public Health, paediatricians and the Education Department.

I will now move on to the health protection aspects of Public Health. (Coughing) Not sounding very healthy over there. (Laughter and interjections)

The global health threats from infectious disease remain a risk for us all in this post-pandemic world. (Coughing) In most countries the threat of a future pandemic remains at the top of national risk registers. Global co-ordination of responses is undertaken through the International Health Regulations framework, or IHR.

The Director of Public Health continues to work in partnership with many different agencies and Government Departments to protect the health of the population. These offices include the Office of Civil Contingencies, the Environmental Agency, the GHA, the Port, the Airport and the Department of Education.

Additionally, Madam Speaker, we are improving and strengthening our ability to detect and manage outbreaks through our surveillance systems. The Director of Public Health launched an electronic notification system in May 2023. From May to December 2023 over 100 infectious disease notifications were submitted and managed.

735

710

715

720

725

730

740

745

750

Examples of outbreaks include the Legionnaire's disease outbreak where we identified four cases, one of which sadly passed away. We rapidly identified the outbreak through our surveillance systems and I personally chaired five strategic co-ordination group meetings to ensure that we had a robust, co-ordinated and resourced response.

To improve our health protection capability further, our Director of Public Health has been providing specialist public health advice into the redrafting of the 1950 Public Health Act to strengthen this to encompass an all-hazards approach, including notification of suspected chemical and radiological hazards. This will mean that we will have some of the strongest public health legislation out of any UK Overseas Territory to enable us to rapidly identify and respond to the health threats of our population.

Madam Speaker, vaccines do play a vital role in protecting the health of our population. We have a well-established childhood and adult immunisation programme provided by the GHA. Vaccines are monitored through the GHA Immunisation Committee, which the Director of Public Health chairs.

In this Committee they monitor uptake, review the evidence for developing new or amending existing programmes and review any adverse vaccine event reporting. The reason this is important is because in the early part of the year the UK reported that they were experiencing a significant measles outbreak and the World Health Organisation reported growing levels of concern regarding outbreaks across Europe and globally.

Although measles is often a mild disease in children, measles in adults can result in miscarriages, still births and, indeed, deaths. This is a vaccine-preventable disease and as a result our Director of Public Health developed a Gibraltar measles plan drawing upon the previous experiences from our last outbreak in 2008.

As a consequence of the move into enhanced surveillance, by offering an MMR vaccine catch-up programme we have had no confirmed cases of measles in Gibraltar. This should remind us of the importance of ensuring that we continue to achieve high levels of vaccine uptake in our population.

Madam Speaker, finally, I am pleased to announce that I have initiated a review of the Medical and Health Act 1997 that provides the legal framework for the functions of the Gibraltar Medical and Registration Board and the Nursing Registration Board. These boards are responsible for the registration of doctors, nurses, allied health professionals, pharmacists and dentists and deals with complaints regarding their professional conduct.

The Health Centre workforce is evolving and new roles are being developed emphasising the importance of patient safety through robust and proportionate regulation of health professionals. The review is looking into whether this should be an independent body.

Madam Speaker, in summary, therefore, there are many aspects to the Public Health agenda that cover health, well-being and health protection. Working across the various Government Departments is vital for us to be able to influence and change the wider determinants of health and enable us to become one of the healthiest places in the world to raise our children.

I would like to thank the Director of Public Health, Dr Helen Carter, and her incredible small but hardworking team at Public Health for their great work in ensuring the protection of our population. Dr Carter is a great example of a leading woman in her speciality, whose job it is to look out for the well-being of the population. As I think I have demonstrated, Madam Speaker, the work they carry out is often quite gloomy but incredibly necessary and the Government is grateful to Dr Carter and her team for this.

Madam Speaker, I turn now to the Care Agency. The budget of the Care Agency is indeed £28,183,000. Forecast outturn for 2023-24 was indeed £31,420,000, but I am pleased to announce that we are looking constantly for efficiencies in the area. Efficiencies, to give concrete example to the Opposition, to the hon. Members opposite, include the allocation of children to foster carers, which is an improvement on the quality of the lives of the children who are placed into care.

770

775

760

765

780

790

785

795

800

Efficiencies include working with the Housing Department to ensure that 18-year-olds are allocated homes. Efficiencies include changing the set-up of the housing provided to individuals so that the number of carers can be rationalised, whilst always working within safe parameters and the appropriate guidelines. We are requesting that the Care Agency finds efficiencies in the way it is run. We are actively going through proposals to ensure that this is the case.

Learning Disability Services continues to rapidly expand in all areas. The demand is primarily transitioning students from St Martin's School to attend the centre and new admissions into residential services. The Community Learning Disability Team also remain an essential service to families who require support in the form of social work input and respite services, and there is also a steady intake of referrals and demand, resulting in full caseloads for each member of the team.

Madam Speaker, the House will have seen the Government's announcement last week regarding the successful tender award for the provision of domiciliary care and home support services to Lifecome Care Ltd for an accumulated amount of £3,836,573.28 based on the rates submitted and the existing requirements of the service. This decision was made through the Government Procurement Department.

I am very pleased that we now have a modern, contractual framework in place, ensuring that the Government, through the Care Agency, can provide better continuity of care at agreed rates, which ultimately benefits the service user. There are also clearly defined service standards included in the tender package, and therefore the contract, which will mean that the Care Agency is better able to hold the service provider to account.

As at the end of 2023-24, the team remains with 107 open cases which are actively being worked on. A further 50 remain on record as children in need who may need support in the future. This year has seen the addition of one full-time social worker to this team.

Learning Disability Services continues to strive towards excellence in services and adhere to their main aim, which is to provide person-centred support to individuals with learning disabilities, recognising and honouring their unique identities. The Care Agency's dedicated staff actively support individuals in achieving their aspirations and promoting their inclusion within the community.

A plan to move all learning disability services to a new purpose-built facility is in the initial stages of development. Over the next 10 years it is projected that there will be an additional 20 residents requiring housing in the Learning Disability Services centre and approximately 200 service users attending the centre.

As the Minister with responsibility for the Care Agency and indeed also, separately, for quality of care, I believe it is only right that we do whatever we have to do now to ensure that we future-proof the service, even if the benefits are not seen for another 10 years. They will be seen sooner, though, Madam Speaker.

Decisions in this area should not and are not taken for short-term political gains. They are taken for the long-term benefit of the service user.

Madam Speaker, referrals into Adult Services have plateaued and the number of care packages at the end of the year has slightly reduced by 11 packages, although this still remains high at 692 packages. Assessments were carried out on 486 of over-80-year-olds, which is an increase of 100 assessments within 2023-24. A total of 233 packages of care were reviewed and adjusted to meet the assessed needs of the clients.

The Community Social Work Team ended the year with a total of 277 open cases, 85 home support service, 84 domiciliary care and 108 social work support. 60 cases were supporting clients with mental health requirements, which is an increase of 21 from 2022-23.

The very successful Waterport Day Centre for the elderly accommodates 106 clients with an average daily attendance of 18 to 24 clients. There are currently 125 clients registered at the day centre, with an allocation of at least one day per week. This is another service which will be going out to tender, with a view to improving the efficiency of the service. That is in reference to the care packages, Madam Speaker. Apologies.

830

810

815

820

825

835

840

845

850

860

865

870

875

880

885

890

895

900

Moving on to the Care Agency's Children's Services. This service encompasses a wide range of support and interventions designed to ensure the well-being and safety of children and families. These services are typically provided by qualified and experienced social workers, who play a vital role in safeguarding children and promoting their welfare. Social workers in Children's Services are dedicated professionals who work across various teams to address the complex needs of children and families in their care.

Social workers within Children's Services have statutory duties under the Children Act 2009 in respect of various matters relating to children, including safeguarding, providing interventions for children in need, including those with disabilities, and providing accommodation and care for children who need this. As regulated professionals, they are bound by Care Agency policies, professional guidance and a code of ethics which uphold professional standards to ensure that we provide our targeted client group with quality care and interventions.

Within Children's Services, social workers operate in multidisciplinary teams, collaborating with professionals from diverse backgrounds such as education, health and the RGP. Their primary responsibility is to assess and evaluate the needs and risks faced by children, often working closely with families to develop intervention plans that address those needs. Social workers engage in direct work with children, conducting interviews, observations and assessments to gather information about their circumstances. They also provide guidance and support to families, empowering them to make positive changes and overcome challenges.

Through their tireless efforts, social workers strive to create a safe and nurturing environment for children, ensuring their rights and best interests are upheld. What is done within this service is truly remarkable for a very vulnerable group of children, and I want to acknowledge that here today in Parliament.

Madam Speaker, the Therapeutic Team provides specialised therapeutic interventions within the context of high-intensity and high-risk cases. New referrals have reduced for 2023-24 by 52 referrals, although the ongoing active cases have increased by 71 in the same period. This suggests that cases are far more complex and therefore remain open for longer.

Bruce's Farm is a residential facility to support clients with substance abuse or addictions. It may be beneficial to Members opposite, and indeed those watching, if I explain referral pathways to Bruce's Farm. This is a key way in which the GHA interacts with the Care Agency.

Individuals can self-refer to the Drugs and Alcohol Rehabilitation Services or they can be referred by a GP or any other health professional. The DARS team will carry out an assessment and then refer to the consultant psychologist, who will assess and then decide whether to detox at Ocean Views, an assessment if this is required or otherwise.

If a detox at Ocean Views is required, the patient goes on to a waiting list, followed by admission to Ocean Views as soon as a bed becomes available. After the detox has been completed, the patient is transferred to Bruce's Farm directly from Ocean Views.

If, however, a consultant psychologist decides that a detox at Ocean Views is not required, the patient is admitted directly to Bruce's Farm. Bed capacity at Bruce's Farm has increased from 13 to 16, with admissions increasing from 39 to 52 in 2023-24. Additionally, the Therapeutic Team provides support to clients in the community, and in 2023-24 they provided 624 hours of clinical support.

Madam Speaker, as I have said before, the Care Agency has exceeded its 2023-24 allocation, finishing at year end with an outturn position of £31 million. This is against an allocation of £19.8 million, an overspend of £11.2 million. The most significant variance against this budget was £9.8 million, which relates to relief cover of £13.8 million for the year against a budget of £4 million.

We have asked the Care Agency to look into this and rationalise this particular service so that this does not happen again this year. Relief cover accounts for circa 45% of the overall expenditure of the Care Agency and is something the Government has increased exponentially, much to the benefit of the most vulnerable in our community.

910

We are, however, looking at ways to control the expenditure without affecting the service. I think that is the key here. We need to control and keep an eye on that expenditure without affecting the service. We believe, with the advice of the Care Agency, that that is something that it is possible to do.

Madam Speaker, let me be clear. In 2011-12 the domiciliary care budget was £750,000. In the financial year 2024-25 we have allocated £3.5 million to this Head alone, now called Home Support — Supported Living in the Community. These figures, however, show the level of investment which we are willing to make in these services and as all Members of this House will know, these services are vital for the community. These figures are incomparable to what they were in 2011.

Madam Speaker, the Care Agency held their annual award ceremony earlier this year, which I was delighted to attend, alongside my colleagues the Minister for Equality and the Minister for Justice. This event recognised the dedication, commitment and professionalism of the staff who constantly go above and beyond in carrying out their duties. Thirteen individuals were presented with awards and one team award was awarded.

Additionally, I am particularly proud of this, Madam Speaker. At the Excellence and Innovation Awards ceremony hosted by the Chief Secretary, the Care Agency's Tank Ramp — Dry House Project also came runner-up in the Project Achievement Award, which recognises a Department which has successfully executed an innovative project.

On behalf of the Government and I am sure all sides of the House, I wish to extend our heartfelt thanks to the CEO of the Care Agency, Carlos Banderas, and all of the very passionate Heads of Service – Giselle, Julie, Jennifer, Rachel and Monique – as well as all of their dedicated teams, for their extraordinary work throughout the year in supporting the most vulnerable members of our society. Their efforts frequently go unnoticed, but today I want to recognise the hard work and dedication the staff put in 365 days a year.

Madam Speaker, you will be glad to know that I now move away from the Health and Social Care portfolio into something rather different: town planning.

The Town Planning Department continues to have a high volume of applications, with almost 500 applications received during 2023. In the last year, the Department has successfully filled a number of vacant professional posts in both the town planning and the building control sections. I am pleased to report that within the next few months it is expected that the Department will have its full complement of professional staff. When I say 'in the next few months' this is solely because recruitment is taking place.

The nature of applications to Town Planning is variable and includes household developments, extensions to buildings, internal works, as well as major developments. Major developments dealt with in the last year include the Bayside One residential project, the National Stadium, the redevelopment of the old Bayside and St Anne's Schools, various development proposals along Devil's Tower Road, the new theatre at John Mackintosh Hall, the proposed new college and the residential development to the rear of the Cross of Sacrifice, a new hotel on the site of Marina Bay car park, and the first phase of land reclamation at the Eastside.

The Development and Planning Commission continues to meet on a regular basis, with a total of 11 meetings held in 2023. The DPC meetings are open and transparent and continue to be held remotely and live-streamed on the Government's YouTube channel, ensuring that the DPC proceedings are easily accessible to the general public. We will continue to keep under review the arrangements for DPC meetings to ensure that the planning process remains open and transparent.

Madam Speaker, as the House will know, the Government recently announced the successful tender award of the Gibraltar Development Plan. The tender was awarded to Nathaniel Lichfield & Partners Ltd following a competitive tender process conducted via the Government's Procurement Department. The tender award will mean that the existing 2009 Development Plan can now be evaluated with a new plan, reflecting a more modern Gibraltar.

20

915

925

920

930

935

940

945

950

955

This is hugely important and will go a long way in ensuring that we preserve Gibraltar's natural appeal whilst also protecting our economic interests. Our aim is to ensure sustainable growth *and* economic development. I would like to thank all the officials involved in the procurement process for their work and look forward to receiving a first draft of the new Development Plan as soon as practicably possible.

I should add in the interests of full transparency that the tender was awarded for an amount of £634,973.25. And I am advised that the new Development Plan should be completed within a period of 24 months.

Madam Speaker, unfortunately the e-Planning service that allows the submission of applications online had to be taken offline due to certain security vulnerabilities. Implementation of a temporary interim solution was delayed, but I am pleased to report that the new temporary portal for applications went live on Monday, 10th June 2024.

Work had already started on developing a permanent replacement for the existing portal and this work continues. In the meantime, the Department continues to work on its rolling programme of updates and improvements to the back-end of the e-Planning system and to improve its functionality further.

The Department is currently engaged in a process to evaluate the existing Building Regulations and multiple building codes to align them with the most recent standards. This involves revising all 11 remaining parts to adhere to UK and European standards.

Madam Speaker, this will empower Building Control personnel to uphold standards, achieve best practices and guarantee the health and safety of both occupants and users of the built environment. At the same time, there is a review of the pertinent sections of the Public Health Act under way to establish Gibraltar's inaugural Building Act.

The Government contracted an expert external consultant to develop a Seismic and Wind National Annex for Gibraltar, which has now been drafted and is currently being reviewed before finalising. Once the review has been completed, the annex will be incorporated into the Building Regulations to form part of the legal framework for Gibraltar building design codes. This will ensure that Gibraltar's buildings are constructed to internationally recognised standards for earthquake and wind loading.

Madam Speaker, we are exploring the possibility of establishing the Considerate Contractor scheme in Gibraltar modelled on that which currently exists in the United Kingdom. The Considerate Contractor scheme is a hugely successful scheme in the UK which determines how large-scale contractors can build with minimum nuisance to their surroundings. This will, in my view, greatly assist the public in terms of minimising the disruption caused by construction.

The Government is committed to ensuring that we have an open and transparent planning system that is rigorous, efficient and effective, and that buildings are constructed to the highest standards. I would like to thank the Town Planner, Mr Paul Naughton-Rumbo and his team for work on this front.

Madam Speaker, I turn now to Gibraltar Maritime Services. Before going into some detail on the work done by both the Gibraltar Port Authority and the Gibraltar Maritime Administration respectively, I wanted to take a moment to speak about how we would improve the maritime product in Gibraltar going forward.

The synergies between these two entities are, in my view, crucial to ensuring the Gibraltar Port and the broader maritime sector's success and growth. We are, therefore, frequently marketing both the Gibraltar Port and the Gibraltar Maritime Authority under the same banner.

Both the Gibraltar Port Authority and the Gibraltar Maritime Administration are committed to maintaining and enhancing Gibraltar's status as a global maritime hub; and as a result, through their joint efforts, they will continue to drive forward the success of Gibraltar's maritime sector, ensuring that it remains an important and integral part of Gibraltar PLC's overall economic and strategic framework.

Madam Speaker, in order to facilitate this joint approach, I will be convening the Gibraltar Maritime Strategy Council every month to work on and develop the strategic aims and outcomes

980

965

970

975

985

990

1000

995

1010

which will form part of the Gibraltar Maritime Strategy. These meetings will take place in my Ministry and will be chaired by me as Minister with responsibility for Maritime Services. By taking an active role in these discussions, I aim to ensure that our Maritime Strategy is comprehensive, forward thinking, and aligned with both local and global maritime developments.

The council will focus on addressing current challenges, exploring new opportunities and setting actionable goals to enhance Gibraltar's position as a leading maritime hub and global centre of excellence. It will also co-ordinate the maritime efforts of the Port and the Maritime Administration.

This collaborative approach will ensure that Gibraltar continues to be an attractive place to do business and will, in my view, not only contribute significantly to trade but, importantly, also to our economy. We need to ensure that we future-proof our Port and we do not and will not rest in our efforts to attract further business and other maritime services to Gibraltar. We will do this by continuing with our marketing strategy of direct engagement and face-to-face marketing with clients and potential partners, as well as through new and innovative ways which I have no doubt will be discussed at the Gibraltar Maritime Strategy Council.

Madam Speaker, 2023 saw a number of events held under the umbrella of Gibraltar Maritime Services, including attendance at the International Bunker Industry Association annual dinner, held in London, which saw attendance by some of the key players in the bunkering and maritime industry in Gibraltar.

One notable event was the London International Shipping Week, held in September 2023, which holds a distinguished reputation as an international shipping event, providing invaluable networking opportunities for leaders across various sectors of the international shipping community, including regulators, charterers, finance institutions and ship owners.

This event attracted guests such as the UK Secretary of State for Shipping, the IMO General Secretary and a very high calibre of leaders in their industry and provided an exceptional platform in which to talk about the Gibraltar Port and its potential. Many of the Port's key players also attended what we plan to be the first of several marketing events using this model, in order to keep Gibraltar at the forefront of minds in the maritime world.

Additionally, the third Gibraltar Maritime Week took place in June. This was, Madam Speaker, yet another successful locally-held event that attracted international participants from Singapore, Maldives, Malta and other maritime jurisdictions.

Maritime Week serves as the perfect platform for us to recognise the contributions made by the maritime industry to our local economy and the global trade network. We are committed to hosting further similar events in the future as we, on this side of the House, believe it is very important to get people *to* Gibraltar to appreciate the unique geographical and geopolitical advantages that Gibraltar offers. There is definitely no better way to do that than by bringing them to Gibraltar to see for themselves.

In January of this year the Gibraltar Maritime Services attended a reception at the Yacht Club of Greece, hosted by HM Government of Gibraltar, where stakeholders from Gibraltar's maritime industry connected with the Greek maritime community. Given Greece's significant presence in global shipping, commanding 21% of global tonnage, Gibraltar Maritime Services are optimistic about attracting interest from this strategic sector.

To this end, Madam Speaker, Gibraltar Maritime Services once again hosted the Gibraltar stand at Posidonia 2024. This was held in Athens this June. This event remains one of the most anticipated and prestigious maritime events globally and the Gibraltar stand is always a popular stop for those interested in finding out more about the local maritime industry.

I was delighted to attend Posidonia this year as its Minister for the Port and the Maritime Administration. It was clear to me, purely based on the interest we had at the Gibraltar stand, and the number of companies wanting to find out more information about Gibraltar and its Port, that Gibraltar remains a global centre of excellence.

Madam Speaker, I would like to take this opportunity to thank all our sponsors and partners involved in these events. The reality is that without their support, both commercially and

1020

1025

1015

1030

1035

1040

1045

1050

1055

financially, it would be virtually impossible to promote the Gibraltar Port at the level that we do. So, thank you.

Madam Speaker, I turn now to the Port itself, and 2023 saw a number of events which impacted the Port of Gibraltar in one way or another. These include the removal of the OS 35 in July which took a lot of effort and impacted on the resources of the port up until the time of its removal; the ongoing impact of Russian sanctions on ships not being allowed to call at Gibraltar; the disruption to port operations due to several bouts of bad weather during the course of the year; and the general slow recovery of the maritime sector from the COVID-19 pandemic, as well as other global maritime events, including incidents which have led to dramatically reduced traffic through the Suez Canal.

But the resilience of the Port of Gibraltar to adapt to these challenges has allowed the Port Authority to once again perform above expectations, both in activity in some of the sectors and also financially. All of this, Madam Speaker, despite the geo-political tensions affecting global trade.

Madam Speaker, the continuing seesaw effect in port activity seen in 2022 has continued throughout 2023, into the early part of 2024 in different sectors of the Port. This can be seen in the figure for overall vessel calls to British Gibraltar Territorial Waters, where we saw an increase of 0.7% in all calls in 2023 against 2022. But for the first quarter of 2024 we have seen a small drop of 1.53% against 2023 figures, largely in part to port operations being suspended due to bad weather. However, we expect to see a swing back into positive territory in the second quarter of 2024.

Madam Speaker, bunkering activity – the mainstay of port activity – saw an increase in bunker calls of just under 4% in 2023 against the 2022 figures, and we continue to see upward trends in the number of bunker calls in the first quarter of 2024.

Madam Speaker, Gibraltar is one of the very few ports worldwide that can offer both conventional fuels as well as LNG and biofuel deliveries to any vessels opting to take up these currently viable fuels. Along with industry, we are consistently looking at ways and initiatives to make the Port greener. As a result, Gibraltar remains an attractive port for bunkering and we see continued interest both from the vessel operators calling at our Port, as well as from prospective port operators seeking to set up in our Port and offer their services to this trade.

Madam Speaker, LNG bunkering is also growing with an additional LNG bunker being granted during 2023 and growth in calls and volumes are picking up exponentially. To quantify, we already saw that the total number of supplies carried out in 2023 have been exceeded in 2024, and this also applies to the quantities of LNG supplied as a whole.

Gibraltar's support and positioning to offer this service shows the Government's progress in supporting the transition of the maritime industry towards greener fuels. This further reinforces the importance in this field.

Madam Speaker, we continue to work with the industry to make sure we are ready to support the maritime sector when new fuel solutions achieve the level of maturity required for their uptake as mainstream fuels for the maritime industry and is also part of the Government's effort to support greater sustainability in shipping in the Port.

Yacht visits to Gibraltar saw an improvement of some 6% overall in 2023 against 2022 figures, and we anticipate that this positive trend will continue through 2024, given Gibraltar Port's reputation as a reliable port to call, especially for crew changes, supplies and other important services.

Madam Speaker, it is well documented that the cruise industry continues to recover from the challenges of the fallout from the COVID-19 pandemic, and repositioning decisions, changes to itineraries and stiff competition from regional ports who continue in their efforts to attract cruise companies to call at their ports, are an added challenge.

This is one of the many areas with which I have the pleasure of working closely with my friend, the Minister for Tourism, and I must say he is doing a magnificent job in promoting Gibraltar

1075

1080

1070

1085

1090

1095

1100

1105

1115

abroad to cruise liner companies. I will therefore leave it to him entirely to go through the cruise figures.

Additionally, Madam Speaker, we are working on a Port Master Plan to identify how best to support the local industry within the constraints of the limited space available in the Gibraltar Port, so that we are in the best possible position to support the maritime industry. This ties into the plans for the new cruise liner terminal. A key aspect of this initiative consists of drawing in the stakeholders and taking their views and needs into account as we plan the future of the Port.

I now turn to the Authority's finances. As I mentioned earlier, the Authority continues to perform well. As at the end of financial year a total of £9,068,997 in revenue had been received.

The estimated revenue figure for the financial year 2023-24 was £8,274,000. A late payment of an invoice of £500,000 was received in this financial year, which should have been paid in the previous financial year, and we also received an additional new licence fee of £250,000 which did not factor into our original estimate submission.

Expenditure was £6,883,168 against a budget of £6,807,000 for the full period. The increase of £51,308 was as a result of an insurance policy renewal fee which was higher than anticipated at the time of the estimate submission.

Madam Speaker, a review of Port tariffs is ongoing with some minor adjustments already being implemented, namely, to tug operator licence tariffs, the LNG bunkering levy and a green incentive scheme discount. Further adjustments to Port tariffs will be considered where necessary, in consultation with stakeholders, to ensure a fair and reasonable approach is taken.

Madam Speaker, in 2023 it was reported that the refurbishment and repairs of Watergardens Marina would commence. I am pleased to confirm that this project has now been completed although some additional extras have been requested.

The Gibraltar Port Authority have a number of initiatives and small projects under way in order to improve services, and in turn improve Port activity as a whole. I hope to be able to report on these as they evolve in the coming months. To this end, our communication and engagement with the local maritime community is a fundamental factor in this process.

Madam Speaker, I would like to take this opportunity to thank the magnificent and extraordinarily hard-working Captain of the Port, Mr John Ghio and his team at the Gibraltar Port Authority for their efforts throughout the year.

I turn now, Madam Speaker, to the Gibraltar Maritime Administration, the GMA. The GMA's reputation for having a robust legal framework, efficient registration processes and a commitment to safety and quality standards, continues to attract interest from ship owners globally. Although it is true to say that the pace of new registrations remains sluggish, we are encouraged by recent expressions of interest, some of which have resulted in several new vessels registering in the last few months.

The registered yacht fleet remain stable, showing no significant changes in number. Similarly, the Small Ship Register demonstrates consistent growth in line with recent trends. As of 1st May, the fleet size consists of 130 ships, 860 yachts and 373 small ships. Part of the efforts of the Gibraltar Maritime Council will be to look at ways to grow this.

Our register remains White-Listed within the Paris Memorandum of Understanding on port state control. The Paris MoU White List represents quality flags with a consistently low detention record. The GMA's ongoing vision is to uphold and enhance the reputation of its register by promoting a large and diverse fleet without compromising quality and continues to work towards trying to reach pre-Brexit and pre-pandemic levels in terms of fleet size and revenue.

The Maritime Academy in the University is also doing very well and is attracting vessels to Gibraltar. I will let the Hon. Minister with responsibility for the University deal with this in its entirety.

Madam Speaker, the GMA remains dedicated to improving and enhancing its e-services. The Administration's Seafarers' Division continues to issue a significant number of provisional and full-term flag-state endorsements. The GMA's efforts in promoting its ship and yacht register abroad continued during 2023 to date.

1135

1120

1125

1130

1140

1145

1150

1155

1160

Throughout the relevant period the GMA's survey division has also continued to provide ongoing support to its global fleet 24/7, 365 days a year through its emergency response service for safety and security matters. The GMA continues to work closely with the UK Department for Transport and other UK government agencies in the provision of this important service.

Domestically, the GMA maintains its commitment to offering technical assistance and support to the Gibraltar Port Authority as well as various other Government Departments, authorities and agencies. The GMA, in its role as Port State Authority, was part of the multi-agency team that investigated and brought about the successful prosecution case brought against the Master of the *Gas Venus* following the oil spill that took place in the Bay of Gibraltar in August 2023 during a bunkering operation.

The GMA remains integral to the Gibraltar maritime cluster, serving as a facilitator of international trade and commerce by providing a maritime register committed to the highest standards of safe ship operation, protection of the marine environment and the welfare of those working on board. In partnership with local stakeholders, the GMA is committed to further promoting its high-quality service and the many benefits its register and Gibraltar as a maritime jurisdiction provide to ship owners and the broader international shipping industry.

I would like to take the opportunity to thank the Maritime Administrator, Mr Dylan Cocklan and his team for their work, in particularly in ensuring Gibraltar and its port remain in the mind of industry players.

Madam Speaker, I turn now to the first of the public utilities that fall under my ministerial portfolio; the Gibraltar Electricity Authority or the GEA. Work continues at North Mole Power Station to further improve the performance of the installation in terms of output, reliability and emissions. On emissions, our CO<sup>2</sup> emissions again decreased by just over 3% from 118,669 tonnes in 2022 to 115,445 tonnes in 2023.

Madam Speaker, it should not be lost on the House, and in particular to Members opposite, that in 2016 – prior to LNG being used in Gibraltar as our primary fuel for power generation – CO<sup>2</sup> emissions stood at 161,358 tonnes. That is to say, our CO<sup>2</sup> emissions, caused as a result of power generation, have dropped by almost 30% since then and this will continue to be the trend.

The Battery Energy Storage System (BESS) will be operational in just over 13 months. In fact, the contract between HMGoG and the provider was signed in my office on 14th May 2024.

This exciting new project will pave the way for the removal of our existing temporary power generating sets at North Mole, whilst at the same time provide non-polluting power grid resilience as it will be used primarily as a 'spinning reserve' and will reduce power outages which might be derived from mechanical and/or electrical issues at our main power station. The commissioning of the BESS will also contribute towards a further reduction of our carbon footprint.

Although events around the world continue to impact on fuel costs, in particular gas prices, the price the Gibraltar Electricity Authority pays for its LNG is locked into a pricing mechanism which provides shelter despite the volatility of fuel markets, resulting in significant savings when compared with natural gas spot market prices. Notwithstanding this, it is important to note that the average consumer in Gibraltar only covers 50% of their actual consumption, with the Government subsidising the remaining half. This practice sets Gibraltar apart from other regions around the world.

Madam Speaker, on the renewable energy front, more land should become available shortly for the development of further solar initiatives. This will provide a significant boost to the total installed solar capacity in Gibraltar and contribute significantly towards achieving our green energy targets. We are working to deliver this project in this financial year.

Improvements to the public lighting network continue to replace our existing street-lighting with LED and/or low energy lanterns, thus further reducing overall consumption. Works are ongoing behind the scenes to provide the full required power capacity that is envisaged for the Eastside Project in years to come. High voltage cables totalling about 12 km in length are already being laid between a newly constructed high voltage distribution centre to the new Waterport Distribution Centre.

1220

1170

1175

1180

1185

1190

1195

1200

1205

1210

Madam Speaker, in the financial year 2023-24, £2,382,320.82 was invested into our network. This includes new substations, upgrades to existing substations, high voltage and low voltage cabling, as well as expenditure on road infrastructure. Additionally, the availability of shore power to supply vessels calling in Gibraltar is progressing well.

The GEA, together with the Gibraltar Port Authority, will soon commission infrastructure and systems at the Extension Jetty that will allow vessels which are usually or temporarily berthed alongside to have access to shore power. Again, jointly with the GPA, systems are being considered that will allow cruise ships to connect to shore power when visiting Gibraltar, a possibility that can only be seriously considered following the commissioning of the North Mole Power Station and its inherent surplus capacity whilst using clean fuel. I recently visited Malta with the Captain of the Port and the CEO of GibElec to explore these options further.

Madam Speaker, I would like to take this opportunity to thank the CEO of GibElec, Michael Caetano and the rest of his magnificent team who work flat out throughout the year to ensure, insofar as humanely possible, that our lights are on 24/7, 365 days a year.

We have committed to a Health and Safety review, further to issues recently raised by the workforce as well as looking at a workforce review again, as requested by the workforce. Finally, a new course for apprentices is due to start this September under the apprenticeship schemes to be provided by the Hon. Minister Santos.

Madam Speaker, I turn now to the second of the Public Utilities I am responsible for: AquaGib. During the last financial year AquaGib has spent approximately £15 million in order to maintain and improve the provision of potable and seawater supply and sewerage services available in Gibraltar. This expenditure, Madam Speaker, also includes an investment of £1.2 million on asset maintenance projects, which included funds from the financial year ending March 2023 that were unable to be spent due to the fire at Powers Drive.

Madam Speaker, AquaGib have been working on a number of major projects, which include the replacement of potable and seawater mains where significant at the following locations: Red Sands Road, Devil's Tower Road, Hospital Ramp and Engineers Road. They have been involved in the cleaning and maintenance of the service reservoirs at Governor's Cottage, the reverse osmosis remineralisation system renewal, and the replacement of customers' water meters, meter cupboards and meter manifolds.

Madam Speaker, following the fire at Power's Drive in July 2022, AquaGib has completed the repairs to its damaged asset inside the tunnel, including improvements to the location of the saltwater supply pipe which will, importantly, provide additional resilience to this asset for the future.

Works to remove the temporary diversion pipework has also been completed in this financial year, including burial of part of the pipework to provide additional resilience as an alternative supply route for the future. These works were completed in August 2023.

Madam Speaker, AquaGib continues to work with its insurers to finalise the totality of the claim relating to the Power's Drive fire, with partial payments of £900,000 being received so far in relation to the costs incurred. It is expected that the insurance claim will be finalised before the end of March 2025.

AquaGib's expenditure for the following financial year is estimated at £15.6 million in order to maintain and improve the provision of potable and seawater supply and sewerage services in Gibraltar. In addition to this, AquaGib will continue to work with HMGoG on the delivery of new projects, including the development of a new AquaGib site to relocate water production and other AquaGib facilities on North Mole, and the completion of the new infrastructure for potable and saltwater delivery from the Waterworks reservoirs to the entrance of the new Eastside development area.

I am looking at several issues raised by the workforce and remain committed to resolving these issues in a practical and conciliatory manner. I am cognisant that I have to revert on some of the outstanding issues in the next couple of weeks.

1235

1225

1230

1245

1240

1250

1255

1265

1260

Once again, Madam Speaker, I would like to thank Paul Singleton and his team at AquaGib for the work they do on a daily basis.

Madam Speaker, I turn now to the Government's Procurement Department, another portfolio for which I have ministerial responsibility. The Procurement Department is the beating heart of Government equity. It is the Department which ensures the award of all large projects go to the most efficient solution. Importantly, Madam Speaker, it is not always about cost. It is about the provision of great service, efficiency and cost.

The Procurement Office is currently responsible for the on-demand value-for-money sourcing of goods, services and works through tenders and requests for quotes, adhering to the legal and policy thresholds outlined in the various procurement regulations and the HMGoG's Purchasing and Procurement Policy for Government Departments.

The Department's work over the past year has included the following: provision of the respite services for the Care Agency; provision of domiciliary care and home support for the Care Agency; insurance for the Care Agency; provision of care and facilities management services for Elderly Residential Services at Hillsides, Bella Vista and John Mackintosh Home; tender for the provision of IVF to the Gibraltar Health Authority; and numerous others which I will not go into. These are just a few examples of the numerous projects the office handles.

In addition to these tasks, the Procurement Office is also involved in managing crossorganisation contracts; maintaining the Government's e-Procurement system; and providing helpdesk functions to both public service and private-sector users; monitoring purchasing practices within Departments; and managing the Government's preferred suppliers, etc.

Additionally, Madam Speaker, the Procurement Office has been assisting the Chief Secretary with investigations stemming from the Principal Auditor's report, reviewing procedures to enhance efficiency, transparency and effectiveness in public sourcing, and revising the procurement regulations which are set to be amended in the coming months. This office keeps us all in check.

They have been working with consultants to launch a new website and they have been training the Gibraltar Health Authority's Procurement staff in the use of the Government's e-Procurement system and processes governed by the Procurement Regulations. This ensures a standardised approach to sourcing that is easily accessible to businesses.

In the coming months, the Procurement Office will be working closely with the Digital Services' Purchase to Pay team to deliver further improvements. When I say, Madam Speaker, that the breadth of the portfolio shows exactly how Government works, this is a perfect example.

They will also work with the Department of Personnel and Development – formerly known as the Government's Human Resources Department – to provide additional training to Departments. Furthermore, they will partner with the Ministry for Equality to explore how social considerations can be incorporated into the Government tenders process, building on their current existing work with environmental considerations.

Madam Speaker, I would like to take this opportunity to thank Jordan Borg and the staff at the Procurement Department for their diligent work throughout the year in what is a crucially important area of Government business.

You will be glad to know, Madam Speaker, that I am on my last portfolio. I have left Business to the last because it is a ministry with huge potential for Gibraltar going forward. As will be known, we have recently appointed a new CEO for Business.

Business makes a huge socioeconomic contribution to Gibraltar. Our Government fully values this contribution, not just in economic terms through tax receipts and job creation, but also in terms of the wide selection of goods and services that businesses provide to our community.

This positive interaction between business and its customers underpins Gibraltar's success and prosperity as one of the world's smallest but well-diversified economies. Twelve years ago I was fortunate enough to be appointed as Chairwoman of one of Gibraltar's business representative groups, a position that I proudly held for six years. I was privileged to have been involved with that organisation since the Mari-Lou Guerrero era.

1290

1275

1280

1285

1295

1305

1300

1310

1320

This was a formative experience, not only teaching me first-hand about the real issues that our local businesses face, but also about their resilience and their drive to succeed. Above all, that is what makes me want to help them. It has also taught me a lot about Gibraltar and the way that it works, which is exactly what Mari-Lou told me that it would do.

I recently had the opportunity to look back at one of my first interviews as Chairwoman, and I was reminded that the inspiration I had back then is what continues to drive me today: my enjoyment of working with Gibraltarians, for Gibraltarians. There is a wider benefit to Gibraltar PLC that serves us all, Government included.

So against that backdrop, I am embarking on a new strategy for Business. The business community has been calling for this and we have listened. As I deliver this Budget speech, we are publishing a strategic plan that sets out how we intend to achieve the four strategic goals that we have set for the next three years.

Of course, this plan will be a work in progress that we will continually improve and mould to changing circumstances. We need the business community's participation to make it succeed. If we work together, we can get the job done.

For now, our strategic plan plants the first seeds for transitioning the Office of Fair Trading towards a wider business remit, bringing together the OFT and several other Government-led functions like business registration, and soon to be employment and other business-focused initiatives.

Some of our initiatives are already under way, such as the Gibraltar Enterprise Scheme loans, which I will touch on later. We will rely on initiatives like these to shape and achieve our strategic goals. At the core of our strategy, Madam Speaker, is to make business easy. Easy for new businesses and also easy for existing businesses.

Every minute spent away from Government red tape is another minute that that business can invest in growing and thriving. We have everything within our power to make this happen. The ultimate aim is for the ease of doing business in Gibraltar to become an attraction in its own right.

By the time I leave this portfolio, businesses will hopefully see a significant improvement in business interactions with Government. Over time, and working in conjunction with the wider Government, ease of business can be the flywheel to achieving our long-term ambitions. We want to make business easy by tearing down red tape and improving co-ordination between Departments. We have started by rolling out a temporary application form for new business licence applications.

I recently announced at the GFSB annual dinner that business registration will be transferred from the Department of Employment to Business. For the first time we will see a joined-up approach between business licensing and business registration. But rest assured, this is just the beginning.

Changes are being made to the e-Gov platform so that it works better for business users and for our Departments. This is being done as we consolidate and simplify our legislation and the processes contained therein. Advanced plans are already under way for improving entertainment licensing, leisure areas and tables and chairs regimes.

Madam Speaker, unfortunately, all of these goals go slower than we would like to see them, but they are in the throes of being done. Our goal is to create a seamless experience for businesses to engage with Government; or as I put it at the GFSB dinner, for the setting up and running of your business to be as smooth and simple as the technology in your pocket.

We anticipate seeing the fruit of this work within the next year. But there are also other initiatives that we are working on now to make business easier and less cumbersome.

In March this year, we launched a public consultation on the audit threshold for businesses. We are grateful to all the individuals and businesses that gave feedback. The audit threshold has not generally kept up with inflation.

Having considered this feedback with my Cabinet colleague, the Hon. Nigel Feetham, who has ministerial responsibility for Taxation, we have decided jointly to raise the audit threshold to

1345

1325

1330

1335

1340

1350

1355

1360

1370

£1.75 million. We will monitor the impact of this increase as there may be scope for a further increase in the future.

Along with that, the consultation also brought up suggestions relating to the individuals who can sign compilation reports. We do believe that this needs to be looked at. We will be exploring this further with the Tax Office and if necessary with the FSC. We are also considering a number of other suggestions that were put forward by consultees.

Beyond improving ease of doing business, I also want to demonstrate visible enforcement. This is the second strategic goal set out in our plan. Enforcement is the key to ensuring businesses compete on a level playing field. If that enforcement is visible, it will serve as a catalyst for noncompliant businesses to become compliant. But enforcement cannot happen in isolation, it needs to be preceded by a multi-pronged awareness campaign, and we want to roll that out in a way that is efficient and informative. We must improve the quality of our product by ensuring our laws are fully complied with by everyone.

The third key goal within our strategic plan is to improve communication. The publication of our strategic plan is a first step in that direction. I am grateful to the business representative groups that have kindly reviewed our strategic plan with us: the Gibraltar Chamber of Commerce, the Gibraltar Federation of Small Businesses, the Main Street Consultative Board and the Business Advisory Board, and their underlying associations.

Thank you. Our relationship with each of these groups remains as important as ever. Our communication with them provides us with crucial feedback that goes right to the very heart of our Parliament. And I am very pleased to report to this House that we have gladly incorporated the suggestions and improvements that they have put forward.

But we also want to push a culture change that sees us become more pro-active in our communication with businesses. Our communication occurs at different levels beyond our excellent engagement with these business representative groups.

To the interactions that we have with regulated businesses and their consumers, we intend to put these interactions on to a more modern and interactive footing. We want our communication to have value. So, as part of improving our communication, we have also published a report with some of the OFT's highlights of the past year.

It has been almost 10 years since the OFT was established and in that time it has made steady progress. But as with any project of this nature, there are always areas we can look to improve. The annual publication of this report will provide an important overview of the business landscape in Gibraltar.

The 30 real estate agents that are regulated by the OFT have transacted over £300,000,000 between them in the past year. And I am pleased to report that their compliance standards of anti-money laundering have improved significantly. The real estate sector has played an important part in our White-Listing. Together with the Anti-Money Laundering Team at the OFT, they deserve all the credit for their hard work.

The Consumer Protection Team have also dealt with over 400 consumer complaints, leading to almost 60 investigations and 90 trader inspections in the past year.

Whilst navigating the transition to the new Fair Trading Act 2023, the Business Licensing Team have issued 700 new business licence applications. That brings the total number of active business licences in issue to 3,000. Business is evidently on the up.

That brings me to the last of the strategic goals within our plan: business development. Business is the driving force of Gibraltar's economy. With my legal background and current portfolio, I see the synergies between the financial sectors, tourism and the Port.

All of these sectors also interact with business in one way or another. In real economic terms, businesses falling outside these traditional labels also make up an invaluable contribution to our GDP.

As I mentioned earlier, their importance is amplified as we, as a community, are their main customers. Recognising their value, we want to build a strategy that supports and grows their contribution by promoting business.

1390

1385

1375

1380

1395

1400

1410

1405

1415

1420

Business, as a sector, needs attention. It deserves attention. We want to bring new, high-quality businesses to Gibraltar. We will seek to identify target sectors and markets where we see the potential for sustainable and diversified growth.

We need jobs in sectors that attract our highly qualified students. We need to have an outlet for the extremely creative and talented people that Gibraltar possesses. We want to encourage them to return to Gibraltar to service an international clientele as well as our domestic one.

In today's day and age, the world can be their oyster. We will therefore establish delivery bodies so that we can grow the sectors that best fit our long-term plans, identify their target markets outside Gibraltar and support them as a Government.

In order to encourage our young entrepreneurs, I am today announcing a waiver of business licensing fees for applicants aged 21 and under. I am also pleased to announce to this House that we have recently opened a new round of applications to the Gibraltar Enterprise Scheme.

This scheme was launched to facilitate loans from participating banks to start-up businesses. Further details can be obtained on our press release, or by emailing GibraltarEnterpriseScheme@gibraltar.gov.gi. We have also put in place a phased plan for our One Stop Shop and I expect this to be rolled out in coming months.

We hope our strategic plan provides the business community with our vision on how we intend to help them stay ahead in an increasingly competitive and globalised environment. We face a pivotal time with the treaty. We are on the cusp of a shift in the economic opportunities that lie before us.

Gibraltar's businesses have historically succeeded in the face of changing and challenging circumstances. Our Government is here to facilitate any transition to a treaty-based economy, so that we can generate maximum prosperity from the opportunities that will come with it. But we need to be ready in either scenario, be that facilitating the economic prosperity that comes with a treaty, or surviving and thriving without one.

Madam Speaker, I would like to take this opportunity to thank our newly appointed CEO of Business and the OFT, Mr John Paul Fa, as well as the wider OFT team for their great work throughout the year.

I will also take this opportunity, Madam Speaker, to state that the Members on *this* side of the House intend to focus and work together to carry out the jobs that we were voted in for. Myself, and all my colleagues on this side of the House are committed to working together to improve the business environment in Gibraltar. There are no *Hunger Games* going on over here. However much Members opposite might want to see us fighting each other, that is simply not our style.

Winter is not coming. Summer is here. We will leave the *Game of Thrones* to the hon. Members opposite. We will double down and focus on the prosperity of Gibraltar.

My job, and indeed *our* job, is to bring in business, be they regulated business through the Financial Services portfolio, or unregulated business through my own portfolio to increase the prosperity of Gibraltarians. From my own perspective, I can assure Members opposite, that no matter the goading that we are subjected to, our focus will be to work *together* to ensure that Gibraltar business is as attractive a proposition as possible. That is what we were voted in to do, Madam Speaker, and that is indeed what we shall deliver.

Madam Speaker, given the number of ministerial portfolios for which I am responsible, and indeed the size and money appropriated to them, it is just not possible to set out every single area of work in each of those areas. Thankfully, I think, in this instance.

We have done a lot in these past nine months together and I could not have done even a fraction of that work without my team, who deserve all the credit for the things that get done right and on time. Every single day I am amazed by the great work done by the many public servants that I have had the pleasure of meeting since October last year.

Madam Speaker, they constantly work behind the scenes quietly and efficiently, without seeking any recognition. Far too often our public servants are criticised but, Madam Speaker, I can tell you, as someone who comes from the private sector, that the work our public servants put in for the benefit of us all is, frankly, remarkable.

1445

1430

1435

1440

1450

1455

1460

1465

1470

Madam Speaker, I would not be able to do this alone. My small but quite incredible team at my Ministry are the engine that allows me to work; often at fifth gear. But I must say, despite being a very small team, the engine is well oiled and without them the transition and getting on to the numerous portfolios would have been impossible. I want to thank each and every one of them and I want them to know how grateful I am to them for their diligence; often at all hours of the day.

Adrianna, Edwina, Aaron, Annie and Stephen. Thank you. Thank you for your support from the very first day that you came onboard.

Madam Speaker, I would also like to thank you, Mr Clerk and the rest of the Parliament team for their assistance throughout the year and for making us new entrants to the Parliament feel so welcomed.

Madam Speaker, for these reasons I, too, commend the Bill to the House. [Banging on desks].

#### Adjournment

**Chief Minister (Hon. F R Picardo):** Madam Speaker, after that two-hour tour de force I wonder whether the House might recess for 15 minutes before we continue?

Madam Speaker: Yes, the House will recess for 15 minutes.

The House recessed at 12.08 p.m. and resumed at 12.25 p.m.

# The Appropriation Act 2024 — Second Reading — Debate continued

Madam Speaker: Yes, the Hon. J Ladislaus, who I am glad to hear is recovered a little at least.

Hon. J Ladislaus: Madam Speaker, I am grateful.

Before commencing I do want to refer to the hon. Lady's mention earlier in her speech, of women in politics. That was at the commencement of her speech. It must be said at this point, that the generic reference made by the Hon. Leader of the Opposition in his speech that there will be photo ops in the leadership campaign has been twisted and misrepresented.

I have here what the Leader of the Opposition stated in his Budget speech and it was that:

Whatever happens on that side it looks certain that we will witness the longest leadership election campaign in history, because we already have at least two contenders and the actual vacancy may not arise for some time. So it may mean that the upstaging campaign of social media promotion or photo opportunities will long continue. We think we know who he is backing, although one never really knows.

There is nothing in there suggesting any sort of comments by the Hon. the Leader of the Opposition about the Hon. Lady's, the Hon. Minister's UN visit. One cannot take a generic comment made in the context of the leadership election that is to ensue, and twist it to mean something that is pejorative to women.

As a woman, as a parliamentary colleague, I want to extend my congratulations to the hon. Lady for being the first Gibraltarian woman to address the UN. As she and others will be aware, I have since my first election campaign in 2019 advocated for there to be more women in politics. Indeed, it must be said that I have had nothing but support from my male colleagues, not

1510

1505

1500

1485

least from the Hon. the Leader of the Opposition who, Madam Speaker, is my mentor both in the legal profession and now in my political endeavours.

It is an absolute honour to serve in a Parliament where there are five women, with you, Madam Speaker, as the first female Speaker that Gibraltar has had. We have made history as the Gibraltar Parliament with most female Members in its composition.

Things are changing, women are gaining more representation, but we are still nowhere near where we should be and there is still very much to be done to attract more women into politics, into positions of leadership within our community.

Perhaps I sound like a broken record because I persistently repeat the same mantra, Madam Speaker, but I will never tire of saying that, not until we achieve not just equality, but also equity in representation. I recently participated in a Commonwealth Women Parliamentarians webinar on Barriers to Women's Participation and Representation and, Madam Speaker, let me say that I was dismayed to hear that only 23.3% of Cabinet members worldwide heading ministries are women. Not even a quarter.

For our part, change must start here in this House. It is not attractive to a mother with young children – nor a father for that matter – to have no clue as to something as simple as when Parliament will be sitting. It plays havoc with childcare, and not everyone has access to private childcare. Many rely on family and friends.

It may sound small, but simple changes like these make the world of difference and lay the foundations for increases in the number of women who may be considering participating in politics. We await those much-needed reforms to the way in which this House conducts its work. [Banging on desks].

Madam Speaker, money makes the world go round. It is as timeless a concept as is truth or shame, authenticity or patience. But money cannot buy any of the pillars of good governance like transparency, accountability or integrity, and all those are needed to ensure that taxpayers' money is used for the benefit of all and not just for the enrichment of a few at the top to the detriment of others; particularly those who are most vulnerable and those who have least financial means in society.

Those, Madam Speaker, are the people within our society who suffer the worst impact when taxpayers' money is frivolously spent and sometimes limited resources are not utilised in the best way possible, or redirected in the most efficient way.

Poverty is still very much something that many do experience in Gibraltar and with the soaring cost of living it is becoming ever more difficult for many to access the basics and that, sadly and increasingly, includes healthcare.

We have heard for some years now that the reason behind much of the debt that Gibraltar finds itself in is attributable to the COVID-19 pandemic. Far too many times answers to questions in this House still attribute shortcomings in the healthcare system, shortfalls in resources for law-enforcement agencies and inefficiencies to that pandemic, when the route cause is mismanagement of finances.

Before sitting down to prepare this Budget speech, I listened to several speeches given by Opposition colleagues in the past few years and the themes, concerningly, remain the same. Despite the billions in debt that the Government finds itself in, there are still countless instances of frivolous expenditure, lack of controls and an unwillingness or inability towards transparency to the public for the way in which irresponsible spending impacts upon people's daily lives.

There is rarely a more significant impact upon life than where it concerns ill health, be that in terms of physical or mental health. You can be the richest person around but if you do not have health then you have nothing, Madam Speaker.

Imagine now what life must be like for those who have neither health nor the wealth to seek treatment to improve matters, because in the past nine months it has become increasingly obvious to me that there are a great many people within our society who find themselves exactly in that boat and some, having rowed against the current and countless storms for a long time, will wait for many years to see land.

1530

1525

1515

1520

1540

1535

1545

1555

1550

For some, Madam Speaker, their boat will sadly never reach land at all because it will be too late. For many, not having the financial resources means that they cannot at times access healthcare, which should be far from reality in a system which should be set up to provide *everyone* with healthcare based on needs and not on a person's ability to pay.

That was a right enshrined within GHA's formalised constitution, implemented by this Hon. Chief Minister's Government in 2019, and which has since disappeared from the GHA's website. As the anthropologist and physician, Paul Farmer said:

If access to health care is considered a human right, who is considered human enough to have that right?

In the past nine months since the last election I have met, spoken to and had email correspondence with a great many individuals who have told harrowing stories of their experiences as GHA service users. The common themes which unite all those individuals, with very unique stories, seems very much to be a lack of or inefficient use of resources.

Let me be clear: we have got the talent and the willingness within the GHA to deliver excellence in healthcare, but even the most talented burn out and even the most talented require resources at their disposal.

Although I will inevitably hone into some specific areas within this address, the list of issues is not exhaustive and any areas which I have not specifically flagged need not be taken to be completely without issues. In fact, the opposite is true.

There are far too many areas where concerns have been raised to point every single one of them out today. We would need weeks, Madam Speaker, perhaps months to dissect them all. But that does not mean that I will not address those during the life of this Parliament, and the public should rest assured that that will be so.

Some of the first Questions which I asked in this House pertained to the ambulance fleet, and it is extremely worrying to say that this is a subject on which Questions in this House, coverage by the media and public debate has been plentiful, particularly in recent years. The fact is that the GHA's ambulance fleet has needed new vehicles since this Government came into power in 2011, and it has taken them 12 years to commence the urgently needed replacement of the current fleet of ambulances via a formalised regeneration plan.

Unfortunately, this has not happened before thousands of taxpayers' pounds have been spent on mechanical work on those vehicles, which has equated to putting a plaster on an incision made during open-heart surgery and sending the patient home within hours of their arrival in the post-op recovery room.

The number of times that ambulances have broken down at critical moments since the last election is shocking, to say the least, and an indictment on the lack of financial prudence and the prioritisation by this Government of the aesthetic and the popular over urgently needed crucial necessities.

From 2019 to 2023 the GHA incurred £191,150.43. So, Madam Speaker, almost £200,000, in respect of mechanical works to the ambulance fleet. The GHA then had to rely on the Spanish company, Helicopteros Sanitarios, for a period of five weeks at the commencement of this year so that it would have access to a High Dependency Unit, because the GHA does not have one, yet.

The St John Ambulance High Dependency Unit, which the GHA relied upon and pays for the use of, also happened to be over 10 years old at the time and therefore, under Spanish law, unable to operate in such capacity in Spain. The cost of contracting Helicopteros Sanitarios for a period of just five weeks was €57,139.76.

The cost of the High Dependency Unit that has been ordered for the GHA which, incidentally, we were initially told was to arrive in October 2023 and then in March of this year, and take between five to seven weeks to adapt and has not yet arrived ... Indeed we have heard today from the Hon. Minister that it is due to arrive now after summer, as well as the two new frontline emergency vehicles was £281,748.

1580

1575

1565

1570

1585

1590

1595

1600

1610

When one considers the amount spent in the past four and a half years on maintenance of the current fleet, it is easy to see that at least one new vehicle, if not two, could have been purchased with the money spent and already been operational.

Madam Speaker, in a document of September 2018 entitled 'Operational Productivity and Performance in English NHS Ambulance Trusts', which followed a review, the observation was made that:

Maintenance costs for vehicles in operational use for less than six years are on average £4,200 a year. Once a vehicle is in use for over six years, this increases to £6,900 on average.

I do appreciate that we are in Gibraltar and not in England, but many of the points made herein are relevant to our fleet.

An older fleet is, therefore, generally more costly to operate than a modern fleet. They also are likely to become less reliable and more prone to breaking down. Ambulance trusts did not routinely collect data on this. The operational life of an ambulance depends on the base vehicle, maintenance regime and mileage. At seven years the average ambulance will have travelled around 350,000 miles and is likely to have required the engine to be replaced. The consensus amongst ambulance fleet managers is that this should generally be considered an upper limit for an operational ambulance in daily use. For some models, this should be even lower at five years. We were told that a modern fleet can help increase staff morale and helps decrease the risk of infection. This is because there are fewer areas for potential infection to develop, for example in cracks, dents or tears in the cabinetry and seating of older vehicles.

Madam Speaker, it is beyond concerning that there does not appear to be a proper maintenance programme for the maintenance of these essential vehicles, which are frontline healthcare equipment that is critical in emergency situations. Not to mention, the fact that older vehicles are no doubt likely to be less fuel-efficient than more modern vehicles, thereby adding to operational costs. As well as being more polluting, which is ironic when considering the pollution levy of £520 per annum that the Government were prepared to charge owners of vehicles that were over 10 years old at the commencement of this Budget session.

If that is not bad enough, the already dire situation has been compounded by the fact that there has also, until very recent months, been a lack of a formal programme for the regeneration of the fleet, which is just one more example of failing to future-proof our health system, that has ended up costing the taxpayer more than was necessary, as well as putting patient safety at risk, which this Government continues to do whilst the GHA waits for the new vehicles to arrive by continuing to rely on the existing ambulance fleet in the meantime.

I am certain that, when given the choice, many a Gibraltar citizen would have chosen the purchase of a new ambulance fleet over redevelopment of the entrance to the Hospital, as was the initial plan for the use of the £2.7 million in the COVID Fund. Thankfully, the public voice prevailed on that issue and the planned project did not proceed.

It is notable, however, that the £2.7 million would allow for the purchase of the entire fleet of the new ambulances which the GHA is in desperate need of, and there would still be funds left over from that to invest in infrastructure to house our ENTs and our paramedics.

On the subject of desperation, Madam Speaker, I would be remiss if I did not address the subject of mental health in this speech. No matter how many times I mention it, it will never be enough, because issues of mental health have traditionally been on a back foot within society when compared with funding and with support for initiatives which address physical health.

Therefore, Madam Speaker, this area needs far more support to get to where it needs to be. Currently, a proportion of the Health budget is allocated to mental health services annually, as with other individual departments within the GHA. The time has come, however, to allocate a separately identifiable budget to mental health services to allow for targeted funding of the areas, which a specially recruited individual would consider are in most dire need of the allocation of those resources.

1620

1615

1625

1630

1635

1640

1650

Mental health is a highly specialised area which requires a different approach from generalised healthcare. Given that the Government's position is that they are already spending significant amounts on mental health services, this separation would not cost anything and would provide further transparency as to the allocation of resources.

1655

Time and time again we hear of the inordinate delays suffered by some of the most vulnerable members in our community who require the services of the mental health system, which are failing many.

1660

Just because something is deemed to be better than it was, does not mean that it is in a satisfactory or acceptable place. I very much welcome the Minister's position on this, that there is still much to do. Perhaps much more than the Government even realise or wish to accept.

We keep hearing how the complement of psychiatrists and psychologists is complete and how waiting times are gradually coming down, but we do not hear of how the conclusion that the complement is complete has been arrived at. Or by who.

Nevertheless, that does not address the very real issues that service users experience when

1665

Nevertheless, that does not address the very real issues that service users experience when they need immediate help, and they must wait months on end to access that support. What does the person suffering from a mental health crisis do while the waiting times are reducing? What should the parents of a child awaiting assessment for Autism Spectrum, ADHD or other such neurodevelopmental disorders do?

1670

They are forced to wait and their symptoms to worsen, which in turn only serves to increase the pressure on the service. Because when it comes to mental health, unlike in other areas of healthcare, treatment is often continuous and more than one session is usually required to address the issues that service users present with.

This all conspires, Madam Speaker, to paint a picture of a Government in massive debt, forced to take the decision to cut services for lack of funds. Take the five trainee counsellors that were recruited last year and have been undertaking their training. Having seen at least 45 service users in the process on a voluntary basis only to be informed that their services would no longer be required in May of this year. The reason provided for that by the Hon. Minister was the need for the establishment of a formalised training programme.

1675

But when one considers that the trainees had already been undertaking the role for which they were training and were relieving fully-trained counsellors of a significant workload, the reasoning provided falls by the wayside. Worse still, we now have a situation whereby the GHA could continue to benefit from free services from some of these trainee counsellors, some who have some training hours outstanding and they have refused it.

1680

The Hon. Minister's response that a meeting has been set up to speak with those trainee counsellors, some of whom are now fully qualified, is another example of reacting when this Government realises that people are not simply going to go silent when they have been treated like expendable commodities.

1685

A meeting to assuage these professionals is not going to address excessive delays in the waiting times for service users to see a counsellor. It does nothing for the lack of continuity of care, and even less for GHA staff morale and trust in the Government that employs them.

1690

When asked whether plans for the establishment of the new Community Mental Health Facility involved an increase in the staffing complement, the response was that there were no immediate plans and that this would be kept under review. It is yet another example of a Government that is reactive in its approach and not proactive. It is all well and good to provide shiny new facilities, but if the infrastructure is not present to support it then the service user will not gain the intended benefit.

1695

Moving on, Madam Speaker, to the intended repatriation of some of the services provided by the GHA to Gibraltar. Whereas the intention is laudable and in principle should produce cost savings in an area which clearly absorbs a large proportion of the overall Health budget — and I observe here that there was a difference of over £6 million between 2023-24 estimated expenditure for sponsored patients, which was £10 million, and the forecast outturn of £16,060,000 — the reality is that we must also be conscious of our size. And the fact that,

particularly in the state in which public finances are currently, we are unlikely to have the resources to provide the sometimes highly specialist, diagnostics and treatments that some GHA service users require. Not all, but some.

Indeed, where there are plans for the introduction of new services, so too should there be plans to review the staffing complement, prior to the launch of those new services. I fear, Madam Speaker, that waiting to review how things develop will only produce a situation where service users are presented with state-of-the-art facilities with not enough staff to run them, which compromises quality of care and could also compromise patient safety.

It is, therefore, welcome that the intention is recruitment of new staff before, for example, the new Catheterisation Lab is opened. Nevertheless, shouldn't the new Oncology suite, which most certainly appears to increase the Department's capacity, also result in the recruitment of further staff, be that clinical or administrative?

Recruitment prior to the opening of a new Department, Madam Speaker, provides an opportunity for training and for the staff to orient themselves with the new environments and equipment before the services are rolled out to service users. The risks of taking a reactive approach, as we often see with this Government, is that existing staff are often left to shoulder the burden of added responsibilities without any review of remuneration.

It leads to demotivation, resentment and too many times burnout. Which in the long term costs the service and the taxpayer even more, not to mention the impact that it has on continuity of care for patients, and the well-being of the workforce.

But increases in the number of staff cannot be the only way in which improvements can be achieved. The efficient use of the resources that the GHA already has is imperative in improving the service. There has been a 5% increase in staffing levels within the Health Authority – and that translates to an increase of 58 to the complement to be exact – and yet it is not reflected in the still excessive waiting times for referrals, the lack of communication between Departments that we still see, and the experiences that too many service users are reporting.

It is not the fault, Madam Speaker, let me be clear, of the dedicated and talented staff of the GHA, but rather the system that they must work within and the lack of resources that they are forced to toil with.

On the subject of this Government's approach to management of the Health Authority, it is no secret that there is great concern on this side of the House in respect of the restructure of the Health and Care system announced by the Hon. Minister Arias-Vasquez in April of this year.

I will leave the details as to the issues surrounding the Care system to my hon. colleague, Mrs Sanchez, as Shadow Minister for Care. But I do express great reservations as to the creation of a Health and Care Authority, which would result in a department of massive proportions and all the administrative complexities that would arise when integrating systems that are completely different.

The GHA in and of itself is already a large Department in terms of the size of our small nation, with its own complexities as to budgetary allocation and resources. The combination of the medical and social care spheres, which typically have different funding models, are likely to present significant challenges in the alignment of both. Can the distinct interests and systems of these areas really come together in a way that does not sacrifice the effectiveness of each to competing interests?

Inevitably, there will also be need for expenditure for this marriage to happen. Processes and systems will need to be adapted to allow for this new super Department to function, and staff will require training. In the unavoidable period of transition, it is highly likely that issues will arise.

The key will be whether such a large service will have the sufficient resources and framework in place to cope with the changing demands on it. It seems to me rather unlikely, considering the obvious attempts at cost savings that are taking place.

If this Government's message is that financial prudence is of the utmost necessity, then for what reason is the Hon. Minister embarking on this integration of these services, and at such an unstable time in terms of what is to come regarding Brexit? The plan appears to be contradictory

1720

1715

1705

1710

1725

1730

1740

1735

1745

to the aims of the 'Reset, Restart and Recover' programme, announced by this Government less than three years ago.

Regarding, Madam Speaker, the Minister's intended take over as Chair of the GHA Board, there is cause to be cynical about this proposal. You see, Madam Speaker, the real issue does not lie in the fact that the Minister is actually to sit on that Board, although it remains to be seen whether they have learnt from mistakes of the recent past and they avoid micromanagement. The big issue lies in the fact that this Government made a song and dance about abandoning that approach in 2021, and we now see a complete U-turn a mere two years and eight months after the Minister's predecessor announced this Government's plan to reconfigure the GHA board to:

Ensure that it functioned as the key strategic and oversight body for the GHA. This change would separate the functions of the GHA and the Ministry of Health and Care and included the appointment of a new independent Chair of the GHA.

When this Government came into power in 2011, they set about making changes to the structure of the GHA which, slowly, they have now realised, have taken them nowhere. What we are seeing now is a return to the same structure that the GSD had in place, just with different nomenclature for the CEO as Director General, and the Minister chairing the GHA. Having scorned it at the start of this Administration, they have now decided that it may be the way in which the system works after all.

These wild swings in a policy that is so very central to the way in which our Health Service is run indicate that the Government is either directionless, or that they cannot get it right and they are forced to oscillate between policies as a reaction to mismanagement, which causes them to have to return to the drawing board with alarming frequency.

The Health budget is the biggest of all received by Government Departments, and with the level of that expenditure there must be strict financial controls in place, and an emphasis on data gathering to identify the areas where funding and resources are most needed and to drive policy in that direction. I do thank the Hon. Minister for her invitation to see the Omnicell system in play. I will very much like to see that system at work.

In a nutshell what the GHA needs, Madam Speaker, is a Minister that does not micromanage, and independent and professional managers who are not stifled by ministerial intervention. It remains to be seen whether the most recent approach will finally be successful. Given this Government's history in this area, I have serious misgivings.

Turning now, Madam Speaker, to the Justice portfolio, the portfolio under which all our law enforcement agencies, emergency services and court services fall. It is under this portfolio that the responsibilities for ensuring public order and safety, protecting individual rights and liberties, and ensuring access to justice comes. A deficit in the funding and resources available to the Departments that fall under this portfolio translates into compromising public order, health and safety, exposing individual rights and liberties to abuse and curtailing access to justice.

I have in the past nine months, and beyond, due to having been a practising lawyer until recently, had plenty of examples brought to my attention of the impact that a lack of funding and resources is having on these areas. We need only take a walk on Main Street to realise quickly that there is a distinct lack of police presence. Our iconic 'bobbies on the beat' are declining in numbers at an alarming rate.

Morale is at an all-time low and the reasons given by officers for this in the survey by the Police Federation at the beginning of this year ranged from poor organisational management, high stress levels and a poor work/life balance, coupled with the fact that officers feel that this is not adequately remunerated and that they could be earning more elsewhere.

The survey showed that 97% of officers are dissatisfied with their salary and allowances compared to other uniformed bodies. It was also very significant that a lot of the pressure is down to low staffing levels, with 90% of officers requesting more resources. The RGP's complement of 258 was 34 officers down in October of last year.

1790

1755

1760

1765

1770

1775

1780

1785

1800

When I press the Hon. Minister for Justice in this House for answers as to how these issues are going to be addressed, I am oftentimes referred to the recent complement of recruits who passed out earlier this year. In his Budget speech yesterday, we heard of the recruitment of 12 new officers who are currently in training and who are expected to be deployed soon, and of a number of vacancies, all of which we of course welcome.

However, whereas recruitment is of course the obvious way to address staffing levels, it appears that the other, which is the implementation of retention strategies, is neglected. It is not a wonder that there are over 15,000 unexecuted warrants of arrest in Gibraltar. The RGP's resources are stretched to the limits just in dealing with day-to-day operational duties.

The high turnover of officers is testament to the low level of morale and decreased job satisfaction in the force. Who wants to work in a high pressured and high-risk role when they are not even provided with the resources to adequately carry out their basic responsibilities, and must spend half of their time fire-fighting the inadequacies in the system?

Resources being stretched to breaking point really is a theme that permeates throughout the Departments that fall under the Justice portfolio. We only need to look to recent threats as to industrial action by Borders and Coastguard officers due to health and safety risks. They should not have to reach the stage where strikes are the only way forward, especially when it concerns health and safety risks in the workplace.

This is meant to be a Socialist Government, Madam Speaker. One in which, in theory, workers' rights should be central, not an afterthought. This Government should sit up and take notice. Their approach should be proactive, and once again not reactive when there is little other option remaining to them to keep the peace. These are the men and women who patrol our frontiers and keep us safe. Where is their basic setup?

Unfortunately, Madam Speaker, Borders and Coastguard are not the only Agency suffering from a lack of resources which negatively impacts the way in which they can operate. Customs is another Agency where Government's unwillingness to maintain equipment, like the launches – or is it perhaps an inability due to there being no funds available for this purpose – is wreaking havoc with their operational capabilities, as well as risking the safety of our Customs officers.

What, Madam Speaker, is the purpose of expensive equipment when there is no regular upkeep of the same? Simply being able to say that agencies have been provided with tools is never going to be enough when those tools are not functioning.

Madam Speaker, where is the succession planning? We see a lack of this throughout the Civil Service. What happens when a senior, experienced and specialised officer leaves or retires, or even if they are on long-term sick leave? Are others being provided training early enough to enable a smooth transition or cover? Is recruitment being targeted specifically enough with a view to having the right people coming up the ranks who can take on these specialist roles in future?

The answer appears to be no, because what this Government then does in those scenarios is to spend extra on temporary solutions, consultants or external companies; or, worse still, the roles remain vacant and the responsibilities are assumed by others who may not have the capacity or the specialised skillset to undertake them.

Budgeting must take more account of equipment maintenance programmes, retention and regular audits of law enforcement capabilities and needs, so that gaps in resources can be identified and addressed earlier on, before the issues grow so exponentially that they then require a far higher level of expenditure to address them. The cost of this failure is not just to the public purse, it is to the ability of these law enforcement agencies to carry out their duties diligently and in a safe way. The cost is also one of human resources, because retention within too many law enforcement agencies is a serious issue; and lack of motivation and burnout are rife.

On the subject of the social impact that limited resources or misallocation of funds have, if we consider that the Prison did not have counselling available to inmates for over three years, because of a lack of succession planning and unavailability of resources, it is easy to see how society is being failed by this Government's mismanagement of the public purse.

1810

1815

1805

1820

1825

1830

1835

1840

1850

One of the most central aims of a prison sentence should be rehabilitation. I have said it and I say it time and time again. Without counselling inmates are not being given the best opportunities to address psychological, emotional and social issues that are often contributors towards offending behaviour. There is much to be said for the benefits of proper counselling to prepare an inmate to transition back into society. Madam Speaker, it lays the foundations for that person to become a productive member of society.

The consequence of a lack of counselling at the Prison is that our society ends up with a revolving door of offenders whose issues are never addressed; crime rates worsen, which we have seen in particular in respect of juvenile crime; and inevitably the knock-on effect is that there is a higher cost to the taxpayer and the cycle continues.

It must therefore be said also that many of the offenders who would benefit from counselling are young offenders, for whom there is no facility available outside of the adult prison population. If a child or young person is not given the right support when they have lost their way, we cannot hope that they will break offending cycles in adulthood, and we have seen that time and time again. I have unfortunately seen plenty of examples for myself when I was practising as a criminal defence lawyer. Madam Speaker will have seen examples also in her capacity as a judge. Many young offenders are bright individuals with plenty of potential, but if resources are not allocated to this area, then crime becomes their way of life.

Madam Speaker, I am not criticising for the sake of doing so, nor to score political points. The people have had enough of – to use a colloquialism – 'las peleas de patio'. I like to think that a great part of my role is to advocate for the vulnerable, the voiceless and those who feel hopelessly failed by society. The French philosopher, author and political activist, Albert Camus, famously said that:

By definition a government has no conscience. Sometimes it has a policy, but nothing more.

I cannot agree with that quote in its entirety because a government is made up of humans who can choose to have a conscience. The Budget is an opportunity for a government to extend a much-needed lifeline to better the lives of Gibraltarians and those who have chosen to make Gibraltar their home, not to increase hardships on those who are unable to make ends meet, despite hard work, long hours and untold sacrifices.

A social conscience is as necessary as economic savvy to deliver a better future and it is that which I implore Ministers to check in on when making decisions that hit at the very heart of our people's welfare. A lot has been said of the new dawn that was being heralded in when the current Government came into power in 2011. But, as the old adage goes, Madam Speaker:

Red sky at night, shepherd's delight, red sky in the morning shepherd's warning.

The new dawn, Madam Speaker, perhaps that is what they were warning about after all. Thank you.

#### Adjournment

**Chief Minister (Hon. F R Picardo):** Madam Speaker, I move that the House should now adjourn to take the speech from the Hon. Minister for Employment and Culture at 3 p.m. The show must, after all, go on.

Madam Speaker: We will recess until 3 p.m.

The House recessed at 12.55 p.m.

39

1855

1860

1865

1870

1875

1880

1885