



COMMUNICATIONS STRATEGY:

The Jersey Care Model

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Background:

Healthcare in Jersey is changing and this change is now at a pivotal time, with the ongoing work regarding the Jersey Care Model.

Running in parallel, the Our Hospital project (as of October 2021) is at a critical stage as the project awaits Planning approval. Both projects seek to provide the best quality health services for islanders in the future in different ways and are closely linked. One needs to support the other, while having distinctly separate parts.

The Jersey Care Model has a focus on non-urgent and non-acute care in the community. It strives to:

- provide the right services, at the right time, in the right place to islanders, always safely, from the right practitioners
- ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health
- reduce dependency on secondary care services by expanding primary and community services working closely with all expert partners, (whether part of Government or not) in order to deliver more care in the community and at home
- redesign health and community services so that they are structured to meet the current and future needs of islanders
- ensure that services which islanders do not pay for currently remain free of charge – the JCM is not about increasing cost to islanders

Note: The points above serve as the key messages associated with all planned JCM comms.

Re cap: Why our health and social care needs to change:

We know our health and social care services need to change to meet the needs of islanders for the future. People are living for longer than in past generations. But older people often have more complex health needs to manage, which could require more care and treatment as a result.

If we are to continue to give Islanders the high-quality health and social care they expect, we need to keep up to date with how we provide it.

This means that we'll make some changes over the next five years to the way we work. This will ensure we can continue to provide care that meets everyone's needs which is:

- timely
- effective
- safe

This can be achieved by:

moving services that don't need to be provided in the hospital out into the community, so care is easier to access. Key to this is to reassure islanders that *the level of care does not change, only the location*).

Making the changes:

To make these changes, we have to work differently with our current community providers, who are:

- GPs and dentists
- opticians and pharmacists
- community and mental health nurses
- care homes
- community and voluntary sector partners

We won't be increasing costs to Islanders. We'll develop a new way of commissioning and paying for services from those community providers.

What this change means:

Outpatient care in Jersey is currently very hospital-based, and this is not always convenient for islanders who find it difficult to travel to the Hospital. It would be beneficial, therefore, to make care more accessible by providing it (where appropriate) in locations closer to where people live.

This change will mean that Islanders won't need to come into the hospital for some appointments. More care will be based closer to where people live. And it means that the new hospital, when it's built, concentrates on the specialist and emergency (acute) care that only a hospital can provide.

We want islanders to enjoy great physical and mental health for as long as possible. Regardless of age, islanders have the right to expect easy access to the best care and services, including mental health services which are on a par with those offered for physical health.

We want to work with the other people in Jersey who provide great care, like:

- GPs
- dentists
- pharmacists
- care homes
- charities (the community and voluntary sector)

The ambition of the Jersey Care Model is to offer islanders all they need, delivered by an expert in that care, in a place that's convenient to them.

There will be an emphasis on prevention of ill health wherever possible and an ambition that islanders will only need to be admitted to hospital when they need acute care. (*Care that can only be provided in a hospital*).

This isn't about islanders paying more for their services but getting the best quality and value from those services.

Approval of the Jersey Care Model:

The Jersey Care Model proposition was approved by the States Assembly in Nov 2020 through proposition [P114/2020](#) and the [Government Plan for 2021-24](#). This marked a key milestone in developing a sustainable model of care for islanders.

Timescale of work:

The programme of work will commence in 2021.

HCS Outcomes in the 2021 Operational Business Plan:

It is important for the Communications Objectives of the JCM to be linked to objectives within our 2021 Operational Business Plan, which, if successful will help us deliver the following outcomes for Health and Community Services in 2021.

Outcome three (in italics, below) relates directly to the JCM.

The outcomes for islanders should be:

1. Improved Islanders' experience of Health and Community Services
2. Improved health outcomes of Islanders
3. *Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the Jersey Care Model (JCM)*
4. Improved working environment for staff increasing recruitment and retention.
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases.
6. High quality safe services with good clinical and corporate governance functions.
7. Deliver services within the financial envelope assigned to HCS

Communications Objectives for the Jersey Care Model:

The vital communications objectives for the ongoing Jersey Care Model communications campaign are as follows:

- To raise awareness of the Jersey Care Model – that ‘healthcare is changing’ for the better in the future, with a focus on the expert care which people already enjoy and accessibility to that care
- To raise understanding of how the changes in healthcare will be of benefit to islanders and that investment is important
- To influence key healthcare delivery partners and stakeholders to support the Jersey Care Model / ‘Healthcare is changing’ (e.g., care homes, GPs, dentists, charitable care organisations, etc.)
- To address concerns and concerns voiced by the vocal minority,(as seen with the Our Hospital project)
- To offer information to all islanders in a way which works for them: These can broadly be defined as members of the public and patients, healthcare delivery partners and independent healthcare organisations, HCS colleagues, wider Government colleagues, and States Members
- To inspire a sense of positivity and pride about Jersey’s healthcare system, and a drive for continuous improvement
- To raise the profile of Health and Community Services and those who work within it
- To remain impartial and unpolitical – this is about offering the best healthcare services for islanders, in the right place, provided by the right expert, at the right time to the benefit of all

The Issue: - Communicating about the JCM to islanders:

The important work of the Jersey Care Model and the progress of it needs to be regularly communicated to stakeholders in a way which makes sense to them to ensure that they understand the rationale behind the changes needed.

The team working on the Jersey Care Model recognise the importance of regular, honest and transparent communication, whether it is pro-active or reactive.

In late 2019, when the JCM was announced publicly, the JCM team undertook an intense series of roadshows in each of the 12 parishes to announce the proposed changes to islanders and consult with them.

The ensuing Covid pandemic of 2020 rightly was the primary focus last year, and this made face to face engagement with islanders nearly impossible. However, the focus of the work has not changed.

Since the 2019 roadshows, the Jersey Care Model team have had regular and ongoing engagement with stakeholders in the project to drive it forward; this has been particularly important with key colleagues such as GPs and the partners we work with (such as charities of all sizes and those who work with us to provide commissioned services for islanders) who are integral to the success of the JCM but who are not part of Health and Community Services.

The JCM Team are acutely aware of the importance of all stakeholders being comfortable with the progress of the JCM and the intrinsic value of buy-in and support from partners both inside and outside Health and Community Services.

For this reason:

Communications for the JCM will be:

- Ongoing in their nature
- To a variety of different audiences (see Stakeholder list)
- Regular/ad hoc as needed
- From a trusted voice (Ministerial or operational as required)
- Pro-active wherever possible

Action:

It is recognised that for success, a targeted and sustained communications approach is required, as the programme is five years in duration.

A key enabler in this will be the establishment of a dedicated Communications Manager for the Jersey Care Model project (appointment to be made in Dec 2021)

Communications Channels:

Channels for communication will be decided on as appropriate with the task at hand. The choice of channel to communicate will depend on whether we seek to:

- communicate with internal or external stakeholders (or both)
- how quickly the message needs to be delivered
- whether the message is pro-active/re-active regarding the JCM
- whether budget is available to push/"boost" the message

Internal communications channels include:

- Desk drops
- Screen savers
- Face to face briefings/meetings
- Use of Exec team messages on All HCS email
- Use of HCS/OurGov intranet
- Video
- Exec visits to HCS departments

External communications channels:

- Press conferences
- Press releases
- Stakeholder briefings
- States Questions (written and oral)
- Letters to stakeholders (pro-active or reactive)
- Online clickthrough advertising
- Messaging on buses
- All-household mail drops
- Parish magazine adverts/advertorial
- JEP adverts/advertorial
- Video showing JCM ambassadors/partners
- Government wide and HCS social media channels
- Social media channels owned by our partners

(Please note that elements of the above can be rolled into a targeted, multichannel campaign as necessary, so one communications channel supports the other)

It is noted that there is a dedicated budget within the JCM for communications; any costs for any communications campaigns will be agreed with and signed off by the Executive leading the JCM programme, the Director General or an agreed person.

Our JCM Stakeholders:

Internal:

- All HCS colleagues (both clinical and non-clinical)
- Wider Government of Jersey colleagues

Political:

- Ministers (HCS Ministerial Team)
- States Members
- Scrutiny colleagues

Key external stakeholders:

- GPs
- dentists
- opticians
- pharmacists
- community and mental health nurses
- care homes
- community and voluntary sector partners (especially those who have commissioned services with HCS)

Wider key stakeholders:

- Media
- Public

Timings/Rhythm of Communications:

Communications regarding the Jersey Care Model will have a rhythm decided both pro-actively and re-actively.

For example:

- A letter on the Letters Page of the JEP making incorrect assertions about the JCM may need responding to in fast time; this is an example of reactive communication
- A new service funded by the JCM investment may be starting up and we need to advise all stakeholders (internal and external, in the right order); this is an example of pro-active communication

The JCM Communications Promise:

As a matter of course, it is essential to inform internal colleagues, partners and wider stakeholders about any JCM services which come online, or major milestones regarding those services, so all stakeholders feel involved and informed and know that the Jersey Care Model is an “active” and inclusive project.

It is essential to inform them in the right order. So, before any internal or public communications are issued; any stakeholders/partners involved will be informed first, and have the opportunity to see/sign off communication and disseminate that information to their colleagues (as needed) at the same time it is shared with HCS and wider Government of Jersey colleagues.

States Members (in line with current policy) will always receive media releases before the media.

Where appropriate, media briefings will be given to the media to enable them to understand the Jersey Care Model and therefore be assured by it, and enable factual reporting.

We will always strive to:

- Correct mis-information about the Jersey Care Model in the public domain in an accurate and timely manner
- Share news about new services funded with JCM investment; whether those are part of HCS or delivered with a partner, in a timely way (for example, soon after the launch of a service or a change to it)
- Longer term, search for supportive partners to be ambassadors for the Jersey Care Model to help build trust in JCM related communications
- Look ahead to community communications (for example, if a JCM service is based in a certain parish, linking in with the parish’s regular magazine/social media channels to ensure buy-in, understanding and support

Evaluating our communications:

This is about checking what effect the comms produced for the JCM has had.

Key questions:

- What happened once some comms activity happened?
- What did people think, feel and do, and what was the result for the organisation?

These are summarised (with examples) as:

Inputs (content development – insights and resources needed)

- Number of articles/press releases/social media posts/adverts/posters/briefings issued

Outputs (the volume and reach of the activity)

- Reach of the above
- Number of articles
- Number of people attending events

Outtakes (reactions and response of the target audiences to the activity)

- Tone of articles (positive, negative, neutral)
- Social media engagement rates (likes, comments, shares etc)

Outcomes (effect of the communications on the audience in understanding, attitude, trust, advocacy and behaviours/actions)

- Number/percentage of audience who did what you wanted them to do (eg % getting tax returns in on time/flu jabs/ new foster parents /going to La Motte Street for services etc)
- Changes to survey results (staff/polling) in response to specific questions you want to shift opinion on